

Fit For The Future - What matters to you?

Postcodes from West of the county

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

			Response Percent	Response Total
1	Strongly support		50.28%	90
2	Support		31.84%	57
3	Oppose		6.70%	12
4	Strongly oppose		5.59%	10
5	No opinion		5.59%	10
			answered	179
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (90)

1	Gloucester hospital is renowned for putting the fear of God into people when they have to go there for care, removing options for Cheltenham - especially during a pandemic seems insensitive to say the very least. We live in Stroud but have previously chosen to drive to A&E in Cheltenham to avoid GRH. I think there should be a lot more work going into trust in our services and more specifically the paper pushers at CCG before trying to garner support for another master plan that will inevitably cost trillions, be done without consent and have frustrating outcomes for patience and staff.
2	Gloucester itself is simply not big enough to accommodate current demand yet alone the additional 5,000 plus hour being built in Cheltenham in the next few years!
3	But needs much bigger a+e at GRH
4	Many patients do not have transport and will be unable to travel to the 'alternative' hospital.
5	It would make sense to send sick medical patients to a single site where a full team can look after them rather than patients going to two different sites where they experience long wait times on AMU because the clinical rotas have lots of gaps.
6	need to put all the expertise in one place 24/7
7	In a county this size , with the shortage of doctor and nurses we need to ensure that we have the safest care available and to do this efficiently as possible we need to have services centred on one site , in acute medicine GRH is the preferred site. This will not be popular with Cheltenham people but they have to accept that they will never ever have a fully functioning hospital on their site .
8	This already works well with the acute medical take at GRH and all patients can be seen within the 14 hours that has to be a great improvement. Patients not being seen means their stay may be longer and their recovery poorer. It is frightening as a patient or relative if you are waiting sometimes days to be seen or reviewed and this would prevent that so a definite yes from me.
9	I think it should be split between the 2 hospitals so that you can go to the nearest hospital to where you live. I see no reason that both hospitals can not have enough or share staff so that this can happen
10	Bed demand at GRH already very high in comparison to CGH; consolidating all of medical take to GRH would sustain or even increase this demand. It is hard to see how the current situation, even pre-winter demands and Covid resurgence, can be maintained without regular black escalation statuses and ""clearing the decks"" of patients to CGH. Patients seen at CGH ED would need to be transferred to GRH if they needed an AMU bed.
11	There's no point, the trust is focusing too much on the 'front door' and acute medical unit! What about the rest of the hospital, not good for pt. flow is the other services aren't looked at properly! Also not everyone lives in Gloucester, this is not their nearest hospital!

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		Response Percent	Response Total
12	It's not clear what services will be 'removed' from GRH in order to accommodate a CoE. Also by locating a major single service at one of the two hospitals doesn't address the increased time to travel for patients from the East of the County, the parking inconvenience (every part as bad at GRH as CGH, or cost of travelling further. Equally it does seemingly support (perceptibly at least) the downgrading of CGH A&E more permanently which is already and will continue to be an appalling decision.		
13	I would prefer to go to a site where the specialists are, rather than a hospital that is nearer but there are less staff available		
14	this move is completely unsafe and a silly move the organisation. Cheltenham needs an amu too.		
15	Cheltenham needs an acute care ward. how can you have a functioning a and e, which the trust keeps on insisting it will have at Cheltenham with no where for the patient to go after initial treatment? putting sick people in ambulances to grh is ridiculous. making the public believe they will have an a and e when they will have a sub par service is deceitful		
16	A centre of excellence is a title conferred on a centre by other institutions and is not something you can simply decide to be. Aspiration to excellence is essential but not if this is considered zero sum - i.e. we can aspire to be a centre of excellence in A and therefore B will not be excellent. Also there are currently services which are already considered excellent : does the Trust know what these are and do the various plans consider that aspiring to excellence in one domain might strip and already considered excellent service of its status?		
17	Focusses resources in one place and should be located where ED is located		
18	Enables acute medical team to focus their resource on one site rather than being split and struggling to cover both hospitals.		
19	More expertise on one site and better care		
20	this move has made it very unsafe for patients as grh staff just cant cope with the high volume of patients they are getting. The worst move they have decided to do.		
21	Having a more centralised provision will be more beneficial to patients.		
22	I cannot see any reason to make a case against it		
23	I strongly believe in centres of excellence and to me it is clear that the GRH is the only site for such a service. One significant factor is the possibiliyy of more timely access to Mental health services		
24	At present all medical take is at GRH and therefore at CGH we get all the medical patients that are difficult to manage and that GRH do not want. By having medical take at both sites the types of medical patients are more evenly spread.		
25	To help flow.		
26	I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.		
27	having access to wide range of specialists as quickly as possible seems key		
28	Concentrate this and the required support services for this on one site		
29	Acute medicine consultant workfroce better concentrated to provide sustainable rota on single site rather than split across two hospitals. Better use of resources at singel site with economies of scale need to caution about overnight medical cover being adequate across remaining patients at CGH and patient frlows for walk-ins would need acute medical offer		
30	There just isn't a big enough ED at Gloucester, not enough Resus vays and just too cramped		
31	Best location in the county for this service		
32	It is the right approach for the future.		

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		Response Percent	Response Total
33	Because without a facility for acute medical take at Cheltenham it would be much more likely that the A& E dept at CGH would be rendered unviable. Travel times from the East of the county would be increased. If this option were to be adopted the facilities at GRH to accept the increased number of acute medical patients would have to be considerably improved.		
34	A centre of excellence in one location enables experience and expertise to be shared, high standards to be set and maintained, as long as its management is supportive and creates an environment where the organisation and the individual members can learn and develop, not compete.		
35	It makes sense to me have the expertise in one centre.		
36	The options outlined appear to make medical and operational sense		
37	This will give best outcomes for patients. Highly skilled teams will be able to care for patients & be able to support each other.		
38	If this is thought to be a good idea, it probably is!		
39	The proposed solution in the Consultation Document appears sound.		
40	Gloucester is in the centre of the county so it would be logical to have the acute medical take here.		
41	Creating CoEs across the county will inevitably create a good deal more traversing of the county for patients. I can empathise with the desire to make best use of resources.		
42	I think it is important that the best acute care is needed where there is a concentration of expertise. Diluting staff expertise in two centres is not the best way to achieve this. Having acute medicine (acute medical take in Gloucester makes absolute sense, and I do appreciate that for some cases, subsequent transfer to the regional centre in Bristol (e.g. BRI/Southmead) may still be required for the most serious cases.		
43	More effective/efficient to have one centre for this		
44	The concentration of key resources in one place to reduce duplication and wastage.		
45	I wish to ensure that the best treatment is available as timely as possible and is not compromised by duplication of service across sites.		
46	all experts in one place considering the staff shortage the NHS is currently under		
47	It enables Gloucester Royal to be a centre of excellence for treating trauma patients which will improve patient outcomes. Takes pressure off cold case planned beds.		
48	Opportunity to improve recruitment and retention of staff a strong argument for single site, linked to 24 hr consultant A&E		
49	If this means moving acute patients from Cheltenham to Gloucester then I oppose. These are normally time critical cases and travel is clinically detrimental. There are large and growing populations in both towns and future demand will require acute services at both sites.		
50	I can understand the reasoning and rationale for this option but I worry about capacity, if everyone suddenly has to attend GRH with no option to attend at CGH will waiting times be longer, will standards of care to the community be affected, will it mean that other treatments and services suffer at GRH. I am not against the proposal but these are some thoughts and questions I am having as a (potential) service user and a resident of Gloucestershire. I worry that this is also a step to wind down care and service provision at CGH too.		
51	Its a long way from the outer borders of the county - and not much use if it takes over an hour to get there - starting from 999		
52	It makes sense to centralise this area		
53	The rationale seems clear		
54	As I live in the Forest of Dean it would be far more convenient for my family as possible patients to be treated in Gloucester		

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		Response Percent	Response Total
55	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		
56	Quicker access to specialist doctors Shorter waiting times Costs of transfer for GRH to CGH for some patients and ambulance service pressure is a concern		
57	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
58	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
59	Overall better patient outcomes and improved workforce environment.		
60	Makes absolute sense to have a Centre of excellence. Paramedics and GP's will know where to take and send associated patients rather than pot luck between two options.		
61	Glos Royal needs to improve		
62	Save on staffing and equipment by focussing on one location. Provide a better service.		
63	A good central location with good transport links. Ensure more bus services from out laying locations		
64	This sounds like it would lead to the loss of Acute Medicine at CGH. I have really noticed during the COVID changes that this often leads to multiple patient transfers across areas and hospitals which can be difficult and dangerous. Several patients on RYE had been to 4 ward areas prior to arriving on RYE.		
65	The creation of a COE will benefit staff and Patients However a more "joinup" public transport option needs to be considered - the holder of Gloucester main Bus provider Stagecoach should be able to used their daily/weekly/monthly bus pass in the 99 that links the two hospitals.		
66	Gloucestershire Royal already has good facilities and these could be improved if it was made a centre of excellence.		
67	Lack of community beds and placements means that this is needed across both sites in Gloucestershire especially GRH as cheltenham is more surgical and recent changes have only shown the failures of trying to downsize it and move specialities		
68	Having one centre of excellence in Gloucestershire should allow for more throughput, giving staff more experience, leading to better outcomes for patients.		
69	More convenient/centralized.		
70	Increased chances of seeing the right specialist more quickly. Will provide more focussed training/learning opportunities for junior doctors and medical staff, with continuous supervision by senior doctors. This will contribute to attracting staff and improved retention rates.		
71	Because I live in Gloucester.		
72	The facilities can be enhanced at less cost at this hospital		
73	It would make sense to have a particular specialism in one location to avoid possible delays to be seen by a specific consultant and relieve unnecessary travel between sites.		
74	With ever more complex equipment and specialist staff required it makes sense to centralise the service providing the infrastructure, beds and staff are provided. Such a move must not be seen as part of a cost cutting exercise.		
75	Central to county for us in FOD		

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		Response Percent	Response Total
76	We have to be realistic about the challenges and do what's needed to try and mitigate them.		
77	I don't want to go to Gloucester Royal it has a bad reputation and I would not be happy there.		
78	Both hospitals more encourage to train and keeping staff.		
79	I think it is vitally important to be able to have access to the right specialists (senior doctors) in a time of need, also address safety issues		
80	Although I support this option I have the following concerns:- Glos is a large county to have one A&E consultant led overnight. This will have an impact because in emergency care timing is vital and many patients will have to travel further to get the treatment they require.		
81	Strongly support the idea of having 'specialties' at one of the two hospitals only.		
82	Possible, good concentration of staff		
83	Because of the increased local population both sites should be used.		
84	A specialist unit such as this makes sense.		
85	To concentrate the necessary skills in the centre of the catchment area		
86	A state of the art hospital should be built in the forest of dean. Five Acres would be excellent, with maternity facilities. The travel to Gloucester and Cheltenham to and from the forest is horrendous and expensive.		
87	Keeping track of all medicine and where they are used.		
88	More specialist nurses required in Acute Medicine. Real lull in activity when you get up to Acute Medicine.		
89	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
90	If one centre will numbers be too high who need to be seen		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

			Response Percent	Response Total
1	Strongly support		48.04%	86
2	Support		35.75%	64
3	Oppose		4.47%	8
4	Strongly oppose		6.70%	12
5	No opinion		5.03%	9
			answered	179
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (79)

1	There is too little trust in the care provided by GRH, from poor food, lack of staff, nasty conditions and poor staff morale to convince me that a bunch of desk workers in Brockworth have the support of the grass root level staff. There needs to be far more public trust in CCG and GRH before big moves are planned.
2	I think split site working for all departments should end. Single site for each speciality should be a priority

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
3	If General Surgery cannot sustain a rota across two sites then for safety reasons we should divert patients to a single site so they can receive treatment in a timely manner.		
4	need to centralise expertise 24/7 ideally alongside other emergency services		
5	See previous answer. Best outcomes for patients is having centralised specialist units where training can also continue and also attract the best and Bridgestone staff .		
6	All emergency cases come to GRH and I feel that Emergency General Surgery should be at GRH because of this.		
7	It should be able to be at both hospitals, hopefully this will mean less people at each of the hospitals and also the nearer the hospital the better chance you have of helping someone especially if it is life or death		
8	Again, for same reasons as Acute care - GRH doesn't have capacity		
9	Same reason as before, I know there aren't enough specialists, it makes sense to me to have them in one location. If I was in need of emergency surgery I'm not sure I would care where I was as long as someone with the required skill and knowledge was in the same place.		
10	Over working the system, more operating out of hours due to long busy list which is dangerous, battling different specialties on emergency lists resulting in longer waits for patients who might need an urgent operation, waste of Cheltenham general theatre teams skills, experience and facilities.		
11	Long emergency waiting list. Long waiting times in a and e. No beds. Rushed surgery. Waste of Cheltenham General facilities and staff.		
12	Lack of beds, long a&e waiting times, longer wait for operations		
13	This is important BUT is not and should not be seen as mutually exclusive to a centre of excellence in pelvic resection		
14	we still receive urology emergencies into the theatre department with no provision for paediatrics overnight and no anaesthetic cover from 2200hrs apart from the DCC Doctors If emergencies are to remain in GRH then it needs to be all emergencies or proper provision for patients that remain in PACU after 2200hrs		
15	Avoids duplication and reduced likelihood of routine/elective surgery being cancelled due to emergencies.		
16	More expertise on one site leading to better care		
17	cgh also needs general surgery so thr ED should be re opened to		
18	I can see no reason against this proposal		
19	As before I strongly support ""centres of excellence"". It seems appropriate that this should be colocated with Acute medicine		
20	I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.		
21	I want to see best staff possible in an emergency - I don't mind where it is but Gloucester makes more sense		
22	Because the majority of emergency admissions go to Gloucester so it is logical for them to have all emergency surgery. However, I think Cheltenham needs to have a 24 hr ED with a specialism in oncology, urology and colorectal.		
23	Best location and facilities in the county		
24	see above		
25	I have to travel to both hospitals, so it makes no difference to me.		
26	Again one location makes sense		
27	Skilled teams can provide care needed People may have to travel, but for a good outcome it is worth it		

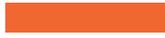
Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
28	If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.		
29	The proposed solution in the Consultation Document appears sound.		
30	Service already good		
31	I believe it is essential to have emergency general surgery at two locations in the county ie Cheltenham and Gloucester.		
32	Much more favoured is spreading surgical procedures across the county's various community hospitals. It would also provide more centres of learning for the clinical staff.		
33	Makes sense to specialise		
34	It makes sense to concentrate expertise at one hospital, and GRH has already road tested this approach.		
35	will it mean no surgery at other hospitals and will they then be less of a centre of excellence. Assume not so need care with wording and implications		
36	Concentration of key resources in one place to reduce duplication and wastage.		
37	Makes absolutely sense to centralise and link in with the 24/7 emergency care concept. It is simply not feasible to deliver across two sites and making GRH the site fits with the 24/7 emergency pathways.		
38	Benefits patients outcomes to have a centralised service, that will strive to become the centre of excellence		
39	Mocking all emergency services to GRH site logical I terms of collocation and impact on ambulance services		
40	As long as theatre space would increase in line with the need		
41	Please see my comments on the previous section regarding capacity and my support of the proposal IF the level of service is maintained to ensure that full and effective delivery, commensurate with the population of the area, can still be provided (or this proposal makes the service delivery more efficient).		
42	Better to have emergency care in one place with a full team of experts . Planned surgery can then take place at Cheltenham		
43	Better care for the community		
44	Gloucester closer to M% for post accident care and emergency admissions		
45	Emergency general surgery should be available at both hospitals		
46	It seems sensible and more cost effective to centralise services		
47	Anything that improves capacity, reduces cancellations must be good. I prefer option 2		
48	Reducing waiting time, planned surgeries that are preformed on time contributes significantly to the health and wellbeing of patients and their families reducing stress and unnecessary waiting times		
49	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
50	As previous question.		
51	Glos Royal needs to improve.		
52	Specialist staff and equipment in one location. Saves on time and money.		
53	As stated before about transport links.		
54	The other options are more suitable		
55	Gloucestershire royal already has good facilities and several operating theatres with experienced staff		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
56	Recent months have shown that the shutting of A&E in Cheltenham and the removal of emergency surgery/planned surgery from Cheltenham has negatively impacted on patients and their experiences when previously having it on both sites worked due to the available DCC beds and the larger capacity. Raises questions of who is to blame for deaths when emergency surgery is not available on one site and someone dies on route, that is negligence where those that have made these decisions do not bare the blame, no family or patient deserved to go through this. Plus as Gloucestershire is continually expanding with a rising population having one center for emergency surgery is simple foolery as it will not be able to cope with the ride in demands on already under funded and under staffed wards that receive no reprieve or help of any kind regardless of what is passed around internally or via media outlets		
57	Larger teams with a range of skills should give better outcomes.		
58	Good communications hub.		
59	Quicker, more direct access for patients to the right specialist. A 'centre of excellence' will be an attractor for young doctors. Concentration of the right staff cover. Concentrated and improved learning opportunities for junior staff. However, resources, including beds, nursing staff and theatres, will need to be increased at GRH accordingly.		
60	As above Because I live in Gloucester		
61	The facilities can be enhanced at less cost at this hospital		
62	This would be a more efficient use of resources.		
63	I can see the advantages of the proposal but I am concerned GRH's capacity to provide the capacity and service levels proposed.		
64	Central to county for all		
65	It makes sense to co-locate emergency medicine and surgery at GRH		
66	I would prefer to go to Cheltenham Hospital.		
67	Improved dr cover including a review by the correct sub specialty		
68	Mental health at Cheltenham Good centre		
69	Yes I would like this to stay in Gloucester I am bias I live just outside Gloucester I like the benefits to staff members and staff retention.		
70	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
71	Better building and access		
72	Because of the increased local population both sites should be used.		
73	A specialist unit such as this makes sense.		
74	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
75	Please note my previous comments the journey from FoD especially for older people is worrying and expensive. Hospital transport has failed badly and causing long delays in returning home. I am 90 years of age		
76	Look at the appointment systems and make the phone system shorter.		
77	A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged.		
78	Your second option		
79	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is sit just a hope		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

			Response Percent	Response Total
1	Strongly support		47.73%	84
2	Support		34.66%	61
3	Oppose		2.84%	5
4	Strongly oppose		2.84%	5
5	No opinion		11.93%	21
			answered	176
			skipped	5

Please tell us why you think this, e.g. the information you would like us to consider (69)

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	Or???? Which is it?
3	Cohorting patients and clinical expertise leads to better patient care from a highly specialised team. We have seen the benefits of this through Vascular and Trauma networks.
4	for planned work we need to avoid the emergency site so the work continues despite emergencies - needs to be based at the non-emergency hospital cgh
5	Again it would make sense to have all GI surger on one site as patients don't always fit nicely into one speciality . So, GRH.
6	I think that all planned colorectal general surgery should take place at Cheltenham General Hospital. If I was a patient I would know my operation is less likely to be cancelled, that the ward would be clean and CGH is currently the 'green' site. I would not want to chance being put in a bed next to an emergency surgery patient who has not had a covid swab results prior to admission.
7	You should be able to go to nearest hospital for treatment, staff should be split between the 2 hospitals if necessary so this can be done
8	GRH surgical bedspace already limited; conversely beds available at CGH for increased surgical work. Transfer to all planned colorectal work to GRH would increase already high pressure on surgical bed availability. Centralising lower GI at CGH would make use of existing surgical cover and surgical nursing staff with less bed pressures than at GRH. Benefits to be had from concentrating all colorectal lists at a single site - CGH the obvious option as currently has less bed pressure than GRH but still has required surgical and nursing expertise. Gastroenterology already at CGH which would benefit those patients who need input from gastro medics whilst under care of Lower GI surgeons.
9	Planned care still requires experts and equipment, its unreasonable to expect the NHS to be able to fund this on two sites that are so close to each other
10	Lower GI at CGH is already considered excellent within the surgical community and so this could be built on
11	Better care due to expertise and less chance of cancelling operations
12	Planned at CGH Emergency at GRH.. It would be a neat way of organising activities
13	Main reason as before
14	A unit at CGH would be the best option as if at GRH then the patients would be at risk of being mixed with emergency surgery and all the problems that can cause.
15	This is an 'either or' question without giving an opportunity to vote for either. It is nonsense.

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

		Response Percent	Response Total
16	Makes sense if centralising other GI services.		
17	It will benefit local people needing this type of surgery		
18	essential to attract good specialists and perhaps in time take on childrens so we dont have to travel to Bristol		
19	Specialist staff in one place should mean collaboration in terms of quickly dealing with patient problems. Quick treatment/ diagnosis of Crohn's can reduce the need for surgery, less time off work and a better quality of life!		
20	Cheltenham needs to become a centre of excellence for colorectal surgery, urology and oncology, both planned and emergency		
21	CGH		
22	Higher standards and expertise can be employed centrally		
23	experienced good service/care at CGH		
24	I support a centre for excellence.		
25	Being able to have all services on one site is cost effective with equipment best outcome for patients if staff are experts		
26	The relevant proposals in the Consultation Document appear sound.		
27	Need specialist services		
28	It is probably more efficient to concentrate resources at one dedicated hospital.		
29	As above		
30	Again, this is about providing the best patient service by locating staff at one centre.		
31	dont know enough about this problem but previous comments would apply		
32	Concentration of key resources in one place to reduce duplication and wastage.		
33	Support the concept of having centralised services. From clinical delivery stance, staffing and financial.		
34	Good to have a centre of excellence. Attracts staff and makes good effective use of both equipment and staff.		
35	Please try and keep all acute specialities on one site.		
36	It doesn't matter which site, so long as the service is there and available.		
37	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand		
38	centre at cheltenham		
39	It can only be a good thing for the people of Gloucestershire		
40	Pros and cons here but overall would support		
41	CGH would be the better location		
42	Again it seems sensible to centralise resources and staff		
43	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult		
44	As above		
45	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
46	Likely to dilute service and so negatively impact patient outcomes.		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

		Response Percent	Response Total
47	Confused!		
48	Focussing a specialism in one location makes the most sense providing value for money.		
49	A good way ahead.		
50	COE will benefit Patients and Staff, and make effective use of existing resources		
51	Often have to go to Cheltenham for appointments so makes sense to do it at Cheltenham		
52	At Cheltenham General without a doubt, this has been in place for years and has worked without failure to a high standard. I, my family and friends have received care on this ward to a fantastic degree and then have unfortunately been subjected to GRH due to current events this year, to say that we were disgusted by this change would be a vast understatement. Why change what isn't broken, why ruin a system that has supported so many for years with such a dedicated team that is being picked apart and why support such an idiotic decision to shift CGH to a more medically acute when GRH does not have space for all this surgery and that has also been proven and found this year		
53	Not qualified to judge.		
54	Concentration of a specialised team and the necessary resources.		
55	If it is at GRH		
56	This hospital specialises in this area		
57	Again, it must be best to have all the specialists in one location.		
58	Not central to county. Parking nightmare, travel time - hours away		
59	Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH		
60	At Cheltenham		
61	This should be at GRH for EGS to support. Everyone together in the same place		
62	For Chelt		
63	I think there would be lots of advantages to keeping all the planned lower colorectal general surgery in Gloucester. Everything and every member of staff present.		
64	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
65	As above Better building and access		
66	It needs to be Gloucester for access from the forest of dean		
67	To help spread skills to other major assets		
68	See my previous answers on GRH but more so to travel to CGH. My wife is disabled hospital transport is a joke. I wrote to MP Mark Harper about this. I pay for transport and it is expensive		
69	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

			Response Percent	Response Total
1	Cheltenham General Hospital (CGH)		40.80%	71
2	Gloucestershire Royal Hospital (GRH)		28.74%	50
3	No opinion		30.46%	53
			answered	174
			skipped	7

Please tell us why you think this, e.g. the information you would like us to consider: (76)

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	this would support gynaecology surgery
3	Because I think that elective or planned procedures should run from the site with a lease amount of emergency bed pressures. I believe that this will lead to fewer patient cancellations and overall a better experience post operatively where wards are full of elective patients all receiving appropriate post operative care rather than mixing with other non-surgical patients who are placed there because there is no other room.
4	because it's not the emergency site and patient flow can be better managed
5	As above so the specialists are on one site , can cross cover be available.
6	I think this fits in with gynae and urology planned surgery and often these patients may need two consultants operating at a time. It will also mean that planned surgery is centralised. This will make it more appealing for staff working at CGH knowing they work on a site that is considered a centre of excellence.
7	Just because it is the nearest hospital to where I live, I should imagine anyone living near to Cheltenham would choose the Cheltenham one as their option
8	Bed space available at CGH for increase in existing colorectal work; patients requiring transfer or input from gastroenterology would benefit from existing presence of gastro services on site in Snowhill at CGH. Available bedspace for colorectal patients (alongside gynae oncology) currently being used as medical overflow with associated reduced and unsafe medical cover, loss of experienced surgical nursing staff and reduced quality of patient care.
9	CGH should be the site for all planned activity
10	Oncology centre
11	Oncology centre.
12	Oncology
13	Which ever site has best capacity of operating theatres and staffing for this proposal
14	This builds on already established reputation and allows other interdependent excellent services to continue to flourish because they have ongoing on site, immediate lower GI surgical support. Removing lower GI surgical support from CGH would diminish urological, gynaecological oncology, gastroenterology and oncology services. Specifically gynaecological oncology simply could not operate in the same way and all ovarian cancer surgery would need to move to GRH to facilitate appropriately supported radical surgery within any governance framework
15	Consultants and staff are fed up. Colorectal worked at Cheltenham before stop fixing things that aren't broken. Wasting good theatres, what's the point in not using something we already have. And you have amazing nurses and HCA's with colorectal experience in Cheltenham that will not go to Gloucester.
16	As this is intimately linked to gastroenterology (which is being focussed at CGH), it makes sense for this to be at CGH too.
17	I have no views about which hospital should be the site - this is clearly a matter for the best use of resources - both physical and staff - and I am in no position to take a view on the information provided

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

		Response Percent	Response Total
18	Planned surgery at CGH would reduce likelihood of patients operations being cancelled. Staff would be trained to manage all types of pelvic surgery and therefore give better service and earlier discharge.		
19	Makes sense to continue the planned trend at CGH.		
20	I don't think it matters where the provision is. I cant see that one site has more benefit that the other.		
21	we live in Stroud - now my son has transitioned into adult IBD services we have had infusions in GRH, consultant appointment in GRH and MRI in Chelt - the travel relatively easy for us so wherever means staff travelling less.		
22	Cheltenham already deals with urology and it would make sense for ALL lower GI surgery, planned and emergency		
23	For reason given previously		
24	As previous		
25	Surgical team availability. Easier to set up cell salvage, if needed during the oerations.		
26	To co-locate with urology and gynae-oncology. By taking elective lower GI from GRH space would be freed up for other needs.		
27	Only those involved with actually doing it and the resource implications can make this decision. Whatever is done must take into account the time and travel implications for the whole County and the environmental impact.		
28	Where the best service can be provided. Ensuring correct equipment, staff & space.		
29	I have no relevant technical knowledge to offer an informed view		
30	Either would do.		
31	As above		
32	Hard to have an opinion unless you are a user		
33	Although my own experience has been of having coloproctology surgery at GRH, I think location for this is less important than concentrating the expertise at one centre.		
34	not qualified to judge which would be best. Access, free parking other facilities to fit around this would need to be thought through		
35	I understand that there can some crossover between Upper and Lower GI* and this suggests to me that collocating them would be wise provided that the is sufficient space and facilities at GRH. *Last year I had emergency Lower GI surgery carried out at CGH by an Upper GI consultant (excellent outcome!)		
36	I live in Stroud and find it easier to get to GRH and easier to park the car.		
37	There are pros and cons for both sites.		
38	the main center for this type of surgery is already in Cheltenham - so why would you want to move it ?		
39	Either site so long it is centralised at one or other site. It would be advantageous to have both upper and lower GI planned surgery at one site. Staffing and equipment availability should be considered.		
40	Ability to protect beds and theatre capacity		
41	As long as the support services match the need.		
42	Again, it doesn't matter which site, so long as the service is there and available and ensure capacity and effective care for Gloucestershire residents. In my mind it would make sense to have a particular specialist treatment at both sites i.e. GRH is centre of excellence for XX and CGH is centre of excellence for YY. So that one or other site does not become defunct.		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

		Response Percent	Response Total
43	Because should I or my neighbours need it, it is within easy reach for local transport. GRH in rush hour can take at least 1.5 hours		
44	It makes sense for all GI (lower and upper) services to be in one hospital		
45	Gloucester seems the preferable site to develop. Far better access by public transport.... crucial for many people and their families		
46	Cheltenham and Gloucester hospitals should be equally recognised for their own specialisms and resources. Gloucester Hospital cannot have it all		
47	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
48	Which option is most cost effective		
49	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
50	As before; it is better not to centralise unless and until provision is made for transport between the sites. This is vital for the elderly and less financially secure. (Frequently these are the same.)		
51	Best for outcomes and workforce with limited negative impact on travel/access for those living east of Cheltenham.		
52	Either. But a Centre of excellence makes sense.		
53	If the majority of this department is located in GRH, it makes sense for all of it to be located at GRH.		
54	Better parking for staff and visitor options more mid way for Forest patient and visitors. Near to train links.		
55	A very confused layout that could be fixed easily.		
56	Make effective use of existing resources		
57	As above		
58	At Cheltenham General without a doubt, this has been in place for years and has worked without failure to a high standard. I, my family and friends have received care on this ward to a fantastic degree and then have unfortunately been subjected to GRH due to current events this year, to say that we were disgusted by this change would be a vast understatement. Why change what isn't broken, why ruin a system that has supported so many for years with such a dedicated team that is being picked apart and why support such an idiotic decision to shift CGH to a more medically acute when GRH does not have space for all this surgery and that has also been proven and found this year Please consider the fact that whichever higher up or suited monkey has been trying to shut cheltenham A&E for years due to funding and the arrangement of doctors across sites. This is bad in practice and paper, especially when the current state of affairs in CGH due to some of these measures already being in place has slowed down patient care because there is no one on site available to offer the urgent care that is needed or they are being rushed off to see to someone in a supposable MIU that continually blue lights patients to Gloucester only for them to come back again as there is no capacity or available beds		
59	Not qualified to judge.		
60	Would seemingly make best sense to locate this at CGH to create a centre of excellence for pelvic resection; and to keep this surgery service entirely separated from the pressures of the Emergency General Surgery at GRH (as suggested in the consultation booklet)		
61	This hospital specialises in this area		
62	It is important not to concentrate every resource at one location, e.g. Glos, as this would increase the possibility of a single point failure.		
63	Again central		
64	see previous response		

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

		Response Percent	Response Total
65	Cheltenham has a better reputation in area.		
66	As above		
67	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.		
68	Strongly support the idea of single site excellence for all and any hospital procedures		
69	Ditto Better building and access		
70	Its more central for Gloucestershire		
71	I am willing to provide a contribution towards the cost of a new hospital in FoD. Monmouthshire Council I am sure would also contribute instead of having people travelling to Cumbran		
72	It doesn't make sense to have a centre for excellence across 2 sites but transport needs to be available and affordable for those that need it		
73	More information about ones operations		
74	To fit in with the other related specialities at Cheltenham		
75	Family orientated at Cheltenham and more friendly, smaller pods.		
76	Prefer something at both sites		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

			Response Percent	Response Total
1	Strongly support		38.76%	69
2	Support		35.96%	64
3	Oppose		5.62%	10
4	Strongly oppose		4.49%	8
5	No opinion		15.17%	27
			answered	178
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (61)

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	As per my previous response I think splitting the acute general surgery take out from the elective demand is sensible and will lead to improved clinical outcomes, better patient experience and increased clinical skill development.
3	planned = cheltenham
4	If there are enough surgeons to cover this service , my concern is if an emergency service is also working how will the oncology patients be managed in an emergency situation

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

		Response Percent	Response Total
5	I know that the Day Surgery Unit at CGH is expanding so this would be the ideal location for day case surgery for upper and lower GI cases.		
6	I think it should be at both hospitals, leaving it easier for people to go to hospital nearest to where they live		
7	Existing surgical teams at CGH; centralising all day case GI work at CGH would reduce pressure on GRH to focus on emergency general surgery		
8	If planned surgery is on the same site then you keep a cohort of skills in that location		
9	Make absolute sense to create an elective surgical oncology resection service at one site ; i.e. colocated with the oncology services and away from emergency services with their greater and unpredictable demands on beds which leads to the cancellation of cancer operations when the two are co-located		
10	I understand that the plans are in for two new day unit theatres to be built in CGH so hasn't this decision already been made		
11	Good idea. Protects the beds from emergencies so reducing need for last minute cancellations		
12	In my view clearly better that this should be on one site.		
13	Benefits local people.		
14	Specialist equipment in one place, more efficient use of resources and specialist staff.		
15	moving to a planned care centre of excellence can protect access from being hindered by urgent care demand; Using Cheltenham for this is more practical that CGh given the site, the existing status of GRh as Major trauma unit and A&E status overnight at CGH		
16	It needs to be clear that if you have a centre of excellence, it is in one place. GU/GI at Cheltenham - Totally! along with oncology. Everything else to GRH		
17	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance		
18	I support the idea of one team on one site locally		
19	Proposals in the Consultation Document appear sound.		
20	Spreading scarce resources around the county is a preferred method.		
21	As per my previous answer. Concentration in one centre is the most important issue.		
22	previous comments will apply to this		
23	Concentration of key resources to reduce duplication and wastage.		
24	Having a excellent readily available service that treats me even if I have to travel is preferred to waiting and perhaps getting a second class service because of a dilution of resources/service simply to accommodate operating on both sites. It is 7 miles not travelling to the moon.		
25	This is already in Cheltenham. I have had to use it and found it excellent.		
26	Good idea, for all the reasons previously given.		
27	Ability to manage beds and theatre capacity. Support to staff.		
28	It would make sense that both upper and lower should be on the same site as support services and staff would have similar skill sets		
29	So long as patients can access the location where their surgery is taking place.		
30	One hospital for emergencies and one for planned surgery. As long as the hospital for emergencies has enough OR.		
31	Seems sensible to keep upper and lower together - otherwise in the middle might slip through the space inbetween		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

		Response Percent	Response Total
32	Staffing levels		
33	If planned centre of excellence for lower GI general surgery will be in Cheltenham it is only sensible for day cases upper and lower surgery to be there also		
34	See previous 2 comments		
35	Too much dependence upon centralising services at GRH is, in my opinion a mistake. Gloucestershire needs to use its two mains sites fully		
36	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
37	Key to this is ""Planned"" which increases Trust's capacity without negative workforce impact.		
38	Transport to CGH needs improvement		
39	Separating Planned surgery will reduce cancellation and improve patients waiting times		
40	A smart decision as these teams are set up and in place already with exemplary experience as well as the chances to expand on these services as their is adequate space		
41	Fewer last minute cancellations and better throughput.		
42	Not qualified to judge.		
43	Concentration of expertise and dedicated staff in one location will improve patient care and efficiency.		
44	This hospital specialises in this area		
45	As there may be possible overlap between the two treatments it would be best if there were all located in the same site.		
46	Not central to county		
47	Need more emergency slots at GRH, ambulances queuing		
48	keeping planned activity in CGH if emergency services are going to GRH makes sense		
49	Cheltenham has a better reputation.		
50	To avoid cancellations		
51	At Chelt		
52	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
53	As above Strongly support the idea of single site excellence for all and any hospital procedures		
54	Makes sense to spread workload		
55	Because of the increased local population both sites should be used.		
56	It needs to be Gloucester more central for Gloucestershire.		
57	To centralise the entire colorectal skills		
58	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
59	N/A		
60	Keep Upper GI at Glos		

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

		Response Percent	Response Total
61	Yes for centre of excellence and yes for Cheltenham.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

			Response Percent	Response Total
1	Strongly support		42.46%	76
2	Support		36.87%	66
3	Oppose		3.35%	6
4	Strongly oppose		4.47%	8
5	No opinion		12.85%	23
			answered	179
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (59)

1	I suspect more money has gone into coming up with the terms / logos for hub and spoke than into IGIS. Both places should be equal and more money should be invested and the CCG shrunk to release the funds.
2	IGIS should be concentrated on the site receiving the acute take for both medicine and surgery. It is as illogical to split the IGIS service over two sites to offer a compromised service as it is to split either acute take over two sites with poorly manned rotas.
3	strongly support the concept but if this is elective work wouldn't it be sensible to base it at cgh and have a spoke at grh?
4	Makes sense as the oncology services are at Chet=Itenham so would need support
5	I think it should be at both hospitals so people can go to hospital nearest to where they live
6	There needs to be 24/7 cardiac intervention! This has been needed for years & should all be on one site!
7	The spoke is a 'gesture' and perceptibly will be seen as something to sacrifice at a later date to move all services to GRH....
8	Cheltenham needs a functioning A&E and will need a imaging
9	Should be colocated with maternity and emergency services
10	Emergency interventional procedures should absolutely be where the main ED is - primary PCI being one of them. It is completely unacceptable that patients, in the throes of having a heart attack are driven across the A40 or down the M5. This is a dangerous practice.
11	re opening CGH ED as we have perfectly good imaging equipment and needs to be used.
12	On balance on the information provided GRH seems the more appropriate site
13	As long as this allows radiology to expand and develop. Be bold and invest here, this could be a real jewel in the crown for healthcare in Gloucestershire.
14	Will provide a better health care service for local people.
15	expensive kit and specialist staff - makes no sense to try and run 2 sites
16	aligns to centre of excellence for vascular at GRH, including IR move from CGh to GRH

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

		Response Percent	Response Total
17	Reasons given previously		
18	The way ahead if all the needed skill sets are in place.		
19	This would presumably mean that there could be more appointments available.		
20	Being a more modern hospital having the hub in Gloucester makes sense		
21	Prposals in the consultation document appear sound.		
22	As long as the tech is good enough this is fine. But the tech has to be up to this task		
23	Concentration of key resources to reduce duplication and wastage.		
24	Having a service that operates in the main where the acute take is makes the most sense.		
25	Centralised approach is good. The equipment needed to undertake these investigations are often expensive, particularly the imaging equipment. Staffing levels are often difficult to maintain and are often difficult to recruit. State of the ark equipment will help to attract highly trained staff.		
26	Help with recruiting and developing a centre of excellence good for population of Gloucestershire		
27	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
28	I have put 'oppose' because I feel neutral about this proposal (so I do have an opinion but not either way at the moment). My reason is as follows: as long as patients attending both have the same access to the surgery/treatment they need e.g. so that those patients attending a non surgical centre are not disadvantaged by this model/proposal.		
29	Important to rationalise and make optimum use of very expensive and latest equipment		
30	Staffing levels		
31	Provided the spoke at Cheltenham is accessible and operational		
32	Makes sense to have a provision at both sites and reduce need for out of county travel by patients		
33	Often with services / treatments there is a lot of confusion where to go Cheltenham or Gloucester? a centralised hub offering as much as possible at one place would provide a ""comfort zone"" for the patient without having to travel to different places. Doesn't have a feeling of disconnect		
34	Bringing the hub into one location makes sense, as staff and equipment can be focussed on one place not split over two sites.		
35	Good choice based on current buildings		
36	This Provide the Best Option - and will mean patients can be seen locally.		
37	Availability re transport and parking for patients and carers		
38	If this helps people and their is space on sites then definitely as delays in scans are detrimental to patient safety and outpatient urgent appointments		
39	There should be one main centre as this should lead to improved patient outcomes.		
40	Vascular services currently at cgh with IGIS., alongside urology, cardiology and cancer services. GRH is run down with tower block wards which are not suitable for all these services		
41	Seems effective.		
42	If EGS and Acute Medical Take are located at GRH, then it makes good sense to make GRH the hub for IGIS. It would also seem sensible for there to be a 'spoke' at CGH to work alongside oncology, urology and other specialisations there.		
43	Combine the two centres to get maximum benefit.		

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

		Response Percent	Response Total
44	It would seem that more patients could be treated in this way.		
45	Such a move would avoid duplication of expensive equipment. The proposal refers to a 24/7 hub, my support is conditional on this meaning availability 24 hours a day 7 days a week.		
46	GRH should be main site		
47	This type of system is going to expand rapidly might need a target spike at Chelt.		
48	This depends where the activity is required - in emergency surgery or planned		
49	If we can choose where we go.		
50	Support encourage people to come to hosp a more quicker turn around		
51	Yes I would like IGIS Hus at Gloucester and a spoke at Cheltenham General Hospital, I like the fact you do not have to travel between sites and outside of the county.		
52	As above - is the 'spoke' necessary? Strongly support the idea of single site excellence for all and any hospital procedures		
53	Because of the increased local population both sites should be used.		
54	Explain why this can't just be at Gloucester		
55	It is the logical place		
56	See my previous comments. The people making the decisions have not had to journey from the FoD to Glos and Chelt 4 or 5 times a year as we have and paid for the privilege		
57	Good idea		
58	Have had heart surgery and this would have helped me at the time and taken away the need to attend Oxford. Great for bringing the specialists to Gloucestershire to work. Open up the service to more charitable funds.		
59	Single location		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

			Response Percent	Response Total
1	Strongly support		37.57%	65
2	Support		35.26%	61
3	Oppose		7.51%	13
4	Strongly oppose		5.20%	9
5	No opinion		14.45%	25
			answered	173
			skipped	8
Please tell us why you think this, e.g. the information you would like us to consider (52)				

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
1	Vascular is predominantly a service where patients can be suffering from a life threatening event (AAA) that requires immediate intervention in a theatre designed for this type of surgery. I think splitting Vascular across two sites will provide a sparse clinical cover across two sites rather than strong cover on one site. I can see the intrinsic link between IGIS and Vascular and therefore wherever the IGIS hub is, Vascular should be centralised to and vice versa.		
2	probably unless we split acute and elective		
3	Again it should be at both hospitals so that people can go to hospital nearest to where they live		
4	Bedspace constraints at GRH reducing efficiency of vascular care; current ward for vascular patients at GRH unsuited to patient type and care required		
5	Multi million pound interventional radiography theatre built in Cheltenham, consultants still wishing to do hybrid cases in IR resulting in transferring patients post major surgery across site, emergency list overwhelmed in Gloucester Royal as battle for specialities to operate		
6	Too many operations at CGH have the potential to cause life threatening bleeding from major vessels (pelvic, aorta, IVC - renal, gynaecology) for it to be safe to have no available vascular surgeons immediately available at CGH.		
7	Vascular has already moved to gloucester		
8	Urgent care site status will mean operations may be cancelled		
9	vascular surgeons will mainly be based here for acute interventions		
10	as above		
11	Vascular surgery worked well for many years at CGH and the ward environment was much better than the present situation at GRH. Patients travelling from Swindon have much further to go for treatment so it is better situated in Cheltenham.		
12	Hard to have IGIS at GRH and vascular at CGH so makes sense.		
13	I think it is an interesting area of surgery and will provide excellent provision for local people.		
14	aligns well with emergency provision for vascular / stroke etc		
15	Keep Cheltenham as centre of excellence for everything GU/GI and oncology and all other surgery at GRH		
16	Ditto		
17	see above		
18	One team working closely together		
19	Same as the above		
20	Proposals in the consultation document appear sound.		
21	Might use this		
22	Concentration of key resources to reduce duplication and wastage.		
23	I think Vascular should remain at CGH. Only a relatively short time ago much investment was made to establish a centralised service at CGH. Going forward with future phases of FFtF there will be a need to have established services at CGH and this is one that could fit and not compromise safety.		
24	Same reasons as above.		
25	Meets best practice requirements		
26	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
27	Please read my earlier comments regarding capacity, service delivery and my reservations that moving particular services to GRH alone must not lead to the closure of CGH (based on the assumption that GRH alone cannot service the whole catchment community).		
28	If Gloucester is the best hospital then yes but don't overload it.		
29	Most vascular surgery is urgent, however the vast majority is planned so it seems daft to move too GRH. especially when a lot of resources and planning went into developing an excellent service at CGH. If it is moved to Gloucester Royal then it is essential for the accommodation to be fit for purpose. eg: large bed space, assessable showering/bath facilities to meet the needs of patient demographics. Vascular surgery inpatient and outpatients and vascular lab should be in close proximity		
30	It would be good not to have to go out of county for this		
31	Seems to make sense		
32	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.		
33	Very good choice		
34	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
35	Good parking, already has a good unit at GRH		
36	This team have been in place and excelled in Gloucester as majority of admissions of this type are sourced from Gloucester. Also the equipment and resources required for this are centered in Gloucester with years of practice		
37	As above, wards not suitable for vascular patients, due to limited mobility, cgh has cancer centre of excellence, these patients would have to travel to grh if igis not working. Theatre in cgh could be upgraded as service there already		
38	Not qualified to judge.		
39	Patients and clinical teams will have continual access to other acute speciality services, and these can operate in a more efficient linked-up manner.		
40	This site has more suitability for these operations		
41	Main site		
42	I would like to make sure that we get best care not sure which hospital is best.		
43	Keep it has it is ensure a good quality service		
44	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
45	As above Strongly support the idea of single site excellence for all and any hospital procedures		
46	Because of the increased local population both sites should be used.		
47	It needs to be Gloucester central for Gloucestershire		
48	This and IGIS should be in the same location		
49	Se my previous comments and reverse you decision. My wife is disabled and I am 90 years of age and her carer. Traveling to Chel and Glos 4 or 5 times a year is traumatic.		
50	Another very good idea.		

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
51	You need the technology to do this and therefore would be good to be in Gloucestershire. Need to have the wards set up for this close to the theatres. Will pull in staff and money by having a centre of excellence. Increase the number of specialist nurses.		
52	Single location		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

			Response Percent	Response Total
1	Strongly support		41.62%	72
2	Support		31.79%	55
3	Oppose		3.47%	6
4	Strongly oppose		2.89%	5
5	No opinion		20.23%	35
			answered	173
			skipped	8

Please tell us why you think this, e.g. the information you would like us to consider (53)

1	Gastroenterology experience has been demonstrably improved by the recent pilot. Less violence and aggression on the ward, less non-gastro (general medicine) patients using specialised beds and better staff satisfaction from cohorting our clinical capacity onto a single site.
2	better to avoid the emergency site
3	I feel that this ward is located on the wrong site and should move to GRH where the other acute medical care is taking place. Many patients need regular access to Endoscopy but there are not enough gastro patients at CGH to warrant an inpatient list each day or weekend access to services. By moving this ward to GRH patients would have improved access to endoscopy services 7 days of the week on dedicated inpatient lists. They would not have to be transported cross site either
4	It should be at both hospitals so people can go to hospital nearest to where they live
5	Only if lower GI surgery is colocated - rapid senior surgical review with alacrity ensures that decisions for surgery are correctly timed and that non surgical interventions are not pursued too long ; if all one has is a hammer then everything looks like a nail
6	Nothing wrong with snowhill, Again don't fix what's not broken just make it bigger
7	Having one of the sites be the centre of excellence makes absolute sense. As the pilot has been at CGH - this should continue. However, having had personal experience of the CGH provision both in 2019 (in December) and in 2020 (May/June), some work is needed on this provision. My brother was in CGH for over 8 weeks in 2019 and for over 11 weeks in 2020 - and the care was poor. There was lack of continuity of care, and rarely saw a gastroenterology specialist on each day. While I appreciate that this might not be the 'norm' for most patients - I am aware of two other patients that have had this experience. At the moment, the continuity of care and plan for patients being discharged is poor and needs to be improved.
8	This has been piloted successfully and seems a sensible balance between the two hospitals
9	As the pilot has been seemingly successful then makes sense.

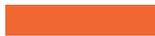
A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

		Response Percent	Response Total
10	I think if gastroenterology is going to be based at Cheltenham then the surgery should be carried out there too so that all gastroenterology services are under one roof. I don't like departments being split between the different sites.		
11	Efficient use of resources, access to specialist staff at all times, no waiting for them to travel from GRH to CGH and vice-versa. The total patient capacity must still remain the same (and hopefully higher!), not reduce as a result.		
12	got to move something to CGh to balance the shift to GRH.aligns well to elective services generally centralising to CGH		
13	If you want to have a centre of excellence EVERYTHING to do with that area of medicine needs to be there, no half measures and aahh but this bit goes to Gloucester. You need to keep things simple and easy for Joe Public yo understand as well as your HCP partners.		
14	Reasons given previously re: buildings		
15	prefer location of all specialist resources at GRH, Gloucester City site		
16	experienced excellent care re gastro at CGH		
17	Already in place? One stop shop.		
18	Expertise and resources at one site.		
19	if teams are on site to support patients		
20	Proposals in the consultation document appear sound.		
21	Need specialist services		
22	Concentration of key resources to reduce duplication and wastage.		
23	The evidence supports this remaining and expanding at CGH.		
24	Keep all acute services under one roof. Cheltenham seems better suited for planned, elective services.		
25	As long as there are support services, equipment and staffing to support this		
26	As long as it meets patient need, is accessible and effective. My responses are based on the assumption that this proposal will deliver better efficiency and improved clinical outcomes than the current model/service provision in place.		
27	Balance of serviices between the hospitals.		
28	GI and gastroenterology services should all be at the same hospital		
29	Can see reason to concentrate into a single centre of excellence but accessibility of Cheltenham a problem eg public transport		
30	it depends on staffing levels		
31	This is a linked to ties in with a centre of excellence for planned lower colorectal and day case surgery at Cheltenham		
32	If the pilot showed improvements why revert back to former arrangement Proposal sounds more efficient from hospital and patient prospective		
33	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win		
34	As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at iether site pose difficulties and high costs.		
35	Proven already via Pilot.		

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

		Response Percent	Response Total
36	Focus a centre of excellence on one site, don't try to split it across two geographical locations.		
37	Layout issues at CGH		
38	The Pilot seems to indicate that this is and will continue to work well		
39	Links with upper /lower GI as well as colorectal and cancer based surgeries, this is a no brainer as it would all fit together and enable this center of excellence aim		
40	More specialist case throughput should lead to better outcomes.		
41	Not qualified to judge.		
42	Improved conditions for medical staff, and therefore beneficial for patients.		
43	As mentioned before this is utilising this hospitals strengths.		
44	Not central site. Too far away for lots of people and parking a nightmare and expensive		
45	linking this with the Cancer centre streamlines care		
46	All in one place		
47	Yes, always keep anything that is excellent and working well!		
48	As above Strongly support the idea of single site excellence for all and any hospital procedures		
49	Because of the increased local population both sites should be used.		
50	It needs to be Gloucester more central for Gloucestershire		
51	Keep the gastro disciplines together		
52	See my previous comments		
53	Cheltenham would do well with the long term illnesses and having a centre of excellence for this specialty. Facilities are questionable to make this a great centre excellence - the physical building.		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

			Response Percent	Response Total
1	Strongly support		49.43%	87
2	Support		32.95%	58
3	Oppose		5.68%	10
4	Strongly oppose		1.70%	3
5	No opinion		10.23%	18
			answered	176
			skipped	5

Please tell us why you think this, e.g. the information you would like us to consider (63)

1	absolutely - this should be a number 1 priority - better trauma and A&E care at both destinations - there is NO WAY that one centre will suffice and we know this undermines public trust in CCG (who honestly now must be loved about as much as covid 19 itself).
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Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

		Response Percent	Response Total
2	Much like with previous service responses I believe that by keeping Trauma linked with Orthopaedics will inevitably lead to Orthopaedics losing out because acute patients (trauma) has to take priority for beds, theatre space and staffing requirements. This allows the massive Orthopaedics service to properly deliver aside from the constraints put on them through sharing bed and staff capacity with Trauma.		
3	makes complete sense		
4	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH		
5	I agree that all trauma should come to GRH and planned orthopaedics to CGH.		
6	Again both of these subjects should be at both hospitals so people can go to nearest hospital to where they live		
7	Southmead is the regional major trauma centre ; it is faintly ridiculous to imagine that GRH will every be a national centre of excellence for trauma in this context		
8	this has worked well since 2017		
9	Emergency T&O in GRH and elective T&O at CGH.		
10	Trauma and orthopaedics should stay together at GRH		
11	emergency site and planned site		
12	Again this seems to have been piloted successfully and I support the proposed allocation of services		
13	Appears to work well at the present. Not sure why spinal surgery is not at CGH too.		
14	This is known to be good practice and the pilot has been working well. Why change it?		
15	Don't know why we need two centres. Probably better to have everyone on one site rather than spreading resources more thinly across two sites.		
16	I still think one trauma centre would be better but understand why Cheltenham seen as important		
17	Trauma and orthopaedic need to go together. It would be VERY confusing to split them. You've GOT to start treating this as one hospital over 2 sites; not 2 different hospitls. EVRRYTHING trauma and orthopaedic at Gloucester. Coronary Care also needs to be centralised wherever PPCI is.		
18	Agree need in both locations		
19	both equally important and necessary		
20	Best idea for the specialist teams. Already happening. personal experience.		
21	Because the two are so closely linked, why not have one Centre of Excellence in one place?		
22	This would seem to imply that services could be maximised.		
23	Given the nature of these services it makes sense to have in both locations		
24	If data shows that it is needed at both sites & provides best patient care		
25	One centre would be better, but the Consultation Document identifies insufficient Theatre capacity on a single site.		
26	Always a need, for all age groups		
27	Everyone needs trauma services nearby		
28	Concentration of key resources to reduce duplication and wastage.		
29	Support that the pilot be made permanent.		
30	Reasons the same as previous answers		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

		Response Percent	Response Total
31	Separating trauma and planned surgery proven model,elsewhere, in terms of bed base, theatre capacity and managing infection rates.		
32	As long as there are support services, and staffing to support this		
33	Please refer to my previous comments, I support this if it will service the community more effectively and if it will lead to improved clinical outcomes.		
34	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.		
35	Ok, need to give county spread. But Cheltenham not so easily accessible and very difficult for family and visitors without a car.... Cheltenham has a very limited evening bus service eg from stroud		
36	Again sensible and more cost effective to locate particular areas of expertise and resources in specific places		
37	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always		
38	Once again if the pilot arrangements provide improvements, use this model as the way forward		
39	Needs no words to say this is a critical service and needs to have all the positives. Better care and attention and help out at the outset reduces issues developing later		
40	Having had a very successful hip replacement at Cheltenham eighteen months ago, I can only say that every aspect of my treatment was excellent, the surgeon was informative, the nursing was brilliant, even the food was good, and the outcome has given me my life back. It is working really well there, so perhaps Cheltenham is a good place for it to be based.		
41	Proven via Pilot already.		
42	We need a 2 point disperstion for this		
43	The results of this pilot indicate that the proposal is and will continue to work wll		
44	Parking and general access for patients		
45	Rising admissions of this kind every year and shortages of community rehab placements means that this is needed now more than ever especially as this is lengthening inpatient stays which slows down admissions rates especially when both hospitals are running with only one A&E		
46	Should lead to less last minute cancellations of planned surgery. Planned cases should be treated quicker.		
47	This is going against all your saying about centre of excellence by having two		
48	Not qualified to judge.		
49	It suggests a more efficient and effective division of labour, building upon the existing specialisations in both hospitals.		
50	Perfect for both hospitals strengths		
51	Best to have two centres as this creates redundancy to allow combined work in the event of failure at one site without affecting the other.		
52	One centre of excellence at GRH. Reduce travel time for medical staff etc.		
53	Important to have pre op at the place of operation		
54	Yes keep as it the county is increasing with people living in areas FOD, severn vale, Tewkesbury, Cotswold etc		
55	Yes I agree with this, this can be needed at anytime, having two centres of excellent is very comforting. Reduces travel, retention of staff , waiting times		
56	As above Strongly support the idea of single site excellence for all and any hospital procedures		
57	Because of the increased local population both sites should be used.		

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

		Response Percent	Response Total
58	It needs to be Gloucester more central for Gloucestershire		
59	I have no support or opposition		
60	as long as a streamlined service can be provided at both sites consultants, ultrasound etc need to be available. Registrations are fine but it duplicates appointments. If you could see a consultant sooner service would be slicker		
61	Yes very well needed		
62	Yes, have the planned events at Cheltenham as this is the direction of travel and would work well.		
63	Maintain present pilot scheme		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	97
1	extra travel time, costs and difficulty if services are required.		
2	I think more efficient working by having majority of specialist services single site is in everyone's best interest.		
3	All proposals would have a positive impact on me and my family. I don't care where I or my loved ones are treated. If any one of us had an extremely unusual condition requiring us to travel to London for treatment, we would do it. It therefore makes no difference to me whether I have to travel to Cheltenham or to Gloucester for treatment, as long as the service is good, well staffed with enough of the right staff and capacity available is all I care about.		
4	pretending we have 2 acute hospitals is the biggest potential detriment to services		
5	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
6	These proposals would improve the care provided if myself or my family ever needed treatment at GRH or CGH.		
7	Cheltenham maybe too far to travel, public transport route to Cheltenham from the towns that are in the county are poor. Also car parking and cost is a concern		
8	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future		
9	no 24hr access to A&E at Cheltenham - transfer time to GRH - longer waits then at GRH		
10	Travel, parking, costs of parking, congestion all negative. With an ageing population with less mobility it's likely less visiting will take place the more you centralise services on a single site.		
11	changing our jobs yet again, nurses don't matter		
12	negative all round.		
13	risking the health and safety of those further out in the county.		
14	None		
15	Centres of excellence mean clinical expertise is concentrated in one area, rather than split across the county. This means better, more responsive specialist care for me and my family when we need it.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
16	Removing lower GI surgical support from CGH would diminish the service which I work in and I would have to consider whether the Trust's ambitions for my service match my own in terms of where I work in the future and whether my family move. Conversely moving all GI cancer surgery to CGH would be a significant statement of the kind of cancer surgery we want to provide in the future - i.e. comprehensive, safe and cutting edge		
17	further for some patients to travel too if A and E in Glos		
18	IGIS - emergency interventional 24/7 cardiology is essential where the ED is located and would be hugely beneficial to patients. I do not think the Trust can justify having a split any longer. It is behind the times and incredibly poor clinical practice.		
19	In modern healthcare the only way to deliver efficient, research based and effective services is to centralise in a centre of excellence. Services cannot be diluted just because that's the way they've always been. We need to keep up with advances in health care so that the current and future population benefits		
20	good service		
21	For my family, the gastroenterology provision is the most important consideration. If I had faith that the centralised CGH provision will work - then I fully support this. But from personal experience of the centralised provision since the pilot started in 2018, it is not working as set out in the consultation document. What sort of assessment of the pilot has been done already and what is being put in place to ensure patients who are going through the treatment are being listened to and problems are addressed?		
22	-		
23	For us CGH and GRH are equally accessible and the essential issue is the provision of the highest quality of services		
24	I am happy with all of the proposals.		
25	I live in Gloucester and would prefer Gloucester hospital to be able to deliver all services to an excellent standard, Cheltenham hospital is difficult to get to, difficult to park at and it is extremely annoying to be sent there for treatment.		
26	I think in general the proposals are positive and will improve the services available in Gloucester.		
27	my son comes under gastroenterology and a strong specialist team is what is important not where they are based		
28	longer ravel times are a reality, not a possible consequence		
29	Focused centres of excellence to allow for planned care at CGH and more acute/emergency care at GRH but still maintaining access to ED across both sites		
30	Gastroenterology. Patient myself, diagnosed with Crohn's at the age of 13, 27 now. Dr Shaw and the Gastro team are extremely skilled, and give good treatment to their patients. However during my latest severe flare up (2015/16) I struggled to get the medication and testing I needed, this delay of several months stopped me being able to work as a teacher for 9/10 months, eventually leading to surgery to remove scar tissue. I hope that if the proposed centre of excellence goes ahead patients would be able to access testing, medication and surgery much faster. Faster treatment would save the need for surgery in some cases, saving the NHS money if the disease can be controlled by medication as soon as a flare up occurs.		
31	You just need to have one place to go to for one SUBJECT e.g. Oncology, CVS, and GU/GI at Cheltenham and everything else at GRH. You've got to make it simple. And you need to make ED at Cheltenham 24/7 with doctors. Or you've got to double the size of ED at GRH. You've lost 2 x resus bays by closing CGH to ambulances, yet not increased capacity at GRH at all. It's ridiculous at Gloucester ED- and don't blame COVID. ED at Gloucester is not fit for purpose, being the only ED in the COUNTY!! JUST KEEP IT SIMPLE, so that everyone can understand it. You've been got to stop thinking like a person in the NHS and start thinking how the public views the organisation of the services offered. I don't believe you'll re-open ED at Cheltenham, you've been wanting to get rid of it for ages, but GRH ED is NOT fit for purpose with current demand - and demand is not going to decrease. You also need a centre of excellence for the Older Person. By 2040 , 25% of Glis CCG patients will be over the age of 65.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
32	we live near to CGH and already lost our A&E		
33	Positive impact		
34	Additional travel.		
35	We may have to travel further to access services, but if they provide excellent care & outcomes its worth it. Good example of this is the breast care services. As a patient if all done in one visit on one site worth the travel		
36	Proposals overall seem likely to lead to better patient care and improved medical training.		
37	Orthopaedic: every age group needs this support		
38	No current impact on us.		
39	All service development has the potential for increasing the health service possibly needed in the future by my immediate		
40	I think that all of the proposals will have a positive impact on everyone, as the services in the long run will be better, if certain hospitals become centres of excellence for individual things.		
41	Positive impact on any proposal. We live in Hucclecote and have easy access to either hospital		
42	Centralisation of treatments and procedures becomes wasteful because they lead to long waiting lists, and inevitably centralise specialist staff to the detriment of other hospitals and staff skills loss.		
43	I think all these plans are terrific. Thank you.		
44	Concentration of some services in Cheltenham may involve us travelling 8 miles further (I live in Gloucester) but I would be happy to do that as the expertise would be in one place.		
45	I can only see advantage in focussing particular specialisms on one site, as much as that is possible,		
46	I haven't had to use hospital services so it is difficult to form a clear opinion. But access to Gloucester is easier. It's really about geography.		
47	I imagine most opposition to the proposals will come from those who live significantly closer to one hospital or the other. We are fortunate in living more or less halfway between the two. Despite it being easier, therefore, for me to agree to the proposals, I do feel strongly that rationalisation of provision is important.		
48	Living in Stroud, I find it harder to get to CGH and harder to park there, however I think it is still a Good idea to concentrate key resources in one place, wherever it is.		
49	Positive impact across the board to have the expertise concentrated on 1 site for the various services allowing sensible on call rotas and adequate staffing for those services rather than splitting the expertise across 2 sites.		
50	in 2020 the crucial factor should not be postcode but the delivery of excellent, safe and timely patient care. It is simply not possible nor is it safe to continue to try and provide duplicated services which in turn often compromise the quality of care. We also should not forget the enormous pressure this places on staff, in terms of staff shortages, cross site cover at short notice, pressure of always feeling there an added pressure.		
51	It is a significant journey from my part of Gloucestershire to both hospitals. So in journey terms the proposals wont impact negatively on me or my family. I believe it makes sense to coalesce the various specialties on one site to maximise expertise and capacity. I would therefore support the proposals.		
52	I believe the proposals will result in better services and improved use of capacity and resources. For those of us who live outside of Cheltenham and Gloucester we have a journey to either hospital so the proposals have no negative impact on that respect.		
53	To have the experts in one place is a positive		
54	Have used Cheltenham when needed Colonoscopy using the 2 week wait system etc. Found the building itself confusing (easier to find from outside than inside). but the care received was excellent and easily accessible.		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
55	These proposals I think would have a positive impact, for all services mentioned. I would like to be able to access any service that is a centre of excellence to allow my family and I to have the best outcomes.		
56	Potential, impact from travel requirements depending on hospital site services centred on. Parking already challenging at sites. For planned surgery options May choose to use sites outside Gloucestershire as nearer, or through choose and book use private provider option if that is closer.		
57	Car parking is an issue at CGH, assurances need to be made that relatives are able to park, to be able to transport and visit their relatives. The estate has to be able to support the changes to the centres of excellence along with staffing and support services.- all		
58	For me and my family we can access either GRH or CGH but I know that this will not be the case for all residents requiring care.		
59	No should be ok.		
60	I and my family have been served very well by the Health Services - but I have had to be referred to both Banbury and Oxford hospitals in my time and was very well looked after. My husband however visiting his mother and my in different hospitals (Banbury and Chelt) went to sleep at the wheel of the car and had a slight crash		
61	na		
62	The importance to me and my family is the travel to and from Gloucestershire and Cheltenham hospitals. if we needed treatment		
63	We live in Stroud so both Cheltenham and Gloucester hospitals are easily accessible to us		
64	Strongly favour Gloucester as so well served by trains and buses. Cheltenham hopeless for the former and very difficult for the latter. We cant all afford taxis		
65	Transport??		
66	Please see my comments under anything else. I would not support any services restructuring which adversely effect CGH's viability. I cannot comment on the medical proposals but Gloucestershire needs two major hospitals particularly with new settlements.		
67	Obviously because I live in the forest of Dean it would be better for my family to have all resources staff and centres of excellence at Gloucester but Cheltenham needs to have its own centres of excellence		
68	If as set out, the proposals provide quicker, more efficient service, linked to reduced wastage. I am fully in agreement. If one was in the ideal world of developing a brand new single site solution then a site between Gloucester and Cheltenham would make a lot of sense to all concerned. But we aren't. We need to make best use of what we have and some centralisation of services make best sense		
69	I suffer from Ulcerative Colitis and my wife has a liver condition. Whilst we have a car if I were to have to stop driving we would have real difficulty accessing Cheltenham hospital if necessary.		
70	Due to the "Centre of excellence" approach and optimising the logistics around 2 hospitals within 30 minutes of each other there will be an overall benefit to: 1. Patient outcomes. 2. Workforce environment and job satisfaction. 3. Improved staff retention and recruitment.		
71	Living close to GRH the proposals will not impact me greatly. It makes sense to use resources (staff and equipment) as wisely as possible given funding shortages, therefore the changes seem sensible.		
72	I live at the extreme edge of any area that will use these services, I need to see transport in and out for relatives.		
73	I think overall there will be a positive benefits having local COE's with appropriate staffing		
74	For either hospital it is access from the forest and other outlying areas such as Stroud. Good transport links might be essential		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
75	Positive to moving all specialties to Gloucester and none in Cheltenham: None, on all accounts care provided is slowed down, bed spaces limited, more in patient moves and exposure risks of various infections and the disruption and unfairness that the staff are subjected to with these moves, how is this fair that their loyalty to their teams is rewarded with bitterness and unfair choices with their opinions not being heard Positive to specialties linked across both sites : better patient flow, increased admissions and faster patient care to get people home		
76	The convenience of travelling to GRH and CGH is very similar for me.		
77	Adverse as facilities would not be local, impact on non driver		
78	Support the best option proposed by medics.		
79	Concentrating expertise in one of two hospitals will be beneficial for staff and patients; improve the capacity of hospitals to be both centres of excellence and centres of medical training; reduce waiting times and improve chances for patients of being seen by the right specialists more quickly, with the necessary follow-up care.		
80	I believe both hospitals have their strengths and as mentioned this is probably one of the better solutions to get the maximum use out of the top class facilities they would have.		
81	A possible positive impact would be an increased likelihood of a successful outcome of any treatment in the future.		
82	FOD is a deprived area, we need one hospital for people to travel to (20 miles) and when inpatients - family can visit one centre of excellence for county. Cheltenham too old, parking nightmare		
83	As a Gloucester based family it is always easier for us to go to GRH. However, I would prefer to travel a bit further to a centre of excellence.		
84	The parking fees are an outrage and would stop us being able to visit, I feel uncomfortable with being in Gloucester Royal due to bad reputation		
85	We live on the border in Herefordshire but our nearest GP surgery is in Gloucestershire where we access services. Having to travel to Cheltenham is too far.		
86	I just want the best care in the right place and don't mind a few extra miles travel in order to achieve this		
87	I had excellence service with my eyes op chelt covid 19. Has been await a call to staff must be needed for the future of NHS.		
88	My family and I could be affected positively by services being centralised because we would get the treatment we need in time by highly motivated trained staff.		
89	It was traumatic for my husband to be transferred to CGH at 2am because of vascular problems. It would have been beneficial to have been beneficial to have had a vascular centre at GRH.		
90	None		
91	Gloucester Royal has a record of poor patient satisfaction! To loose Cheltenham General would only increase the workload on GRH. In the long term, because of local increase in population, a new DGH should be considered! The proposed changes are just sticking plaster.		
92	How are we supposed to travel to Cheltenham from the Forest of Dean? Have any of you ever tried it? Especially to arrive at 9am.		
93	Travel / visits - for any of these services - not so much for us - we live in Chalford, away from both anyway, but for less well off people who live closer.		
94	no opinions but good idea		
95	Would have a centre of excellence as this would have helped me. Joined up access to medical records across the county. Would be good to have the images able to be shared with GP.		
96	Should be good		

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
97	Close proximity to where I live Easy to travel to Gloucester hospital I like the idea of specialists in one area Centres of excellence should enable easy communications between staff		
		answered	97
		skipped	84

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	67
1	this should not be undertaken this year, if a government integrated review has to be delayed I don't see how it can be ethical that Gloucestershire CCG even have the man power to consider this - let alone spend money on making it happen. Is this a project pushed to the forefront to benefit an individuals career?		
2	No although this will remove some services from each site by centralising to the other I think overall the experience will be better and clinical outcomes likely to be improved.		
3	pretending we have 2 acute hospitals is the biggest potential detriment to services		
4	I consider the effect will be positive		
5	I do not think there are any negative impacts to the proposed changes.		
6	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future, if services changed to Cheltenham then we would need to get there and the parking in Cheltenham is awful and the hospital is not near the actual town centre		
7	Reassess A&E times		
8	As above		
9	will completely change my job, again! lower staff morale and lose a much needed acute care service		
10	a fully functioning A&E needs to be in Cheltenham and our ACU and AMU needs to come back. patients safety is massively compromised.		
11	risking family health by providing sub par a and e service at Cheltenham		
12	None		
13	As above		
14	Paediatrics definitely need looking at as if emergency cases for urology are still being operated on in CGH transferring them to GRH is a logistical nightmare. Its embarrassing to tell patients that we have to transfer patients , it takes ambulances away from emergencies calls, waiting times for ambulance, can sometimes be early hours of the morning, is it safe to transfer , staffing for paediatrics , its not giving the child a positive experience, could cause increased anxiety for future admissions		
15	The only negative impact is if the plans for IGIS do not go ahead.		
16	no		
17	this has a massive impact on me and my family. I wouldn't want my family member going to GRH unwell knowing what state the hospital is. patient care isn't what it use to be like unfortunately.		
18	- parking at cgh is poor		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
19	None		
20	N/A		
21	None		
22	none		
23	work with the transport services		
24	N/A		
25	Capacity must remain the same or increase in totality for Gloucestershire.		
26	You really need to have a ""Southmead"" in the Golden Valley area. And you need to consider better bus services to both sites for general public yo reduce car parking requirements and problems.		
27	Mum died in GRH and my Daughter had such a traumatic time having her first baby she refused to return there to have her second baby. She was treated so badly she was traumatised		
28	None		
29	The only downside of creating centres of excellence could be that I may have two family members being treated at the same time on different sites which could cause problems with supporting them. However, this is hopefully unlikely.		
30	Providing value for money parking on site.		
31	-		
32	N/A		
33	I can think of no negative effects of adding to or developing services unless such development diminishes the value already present.		
34	It is important that free public transport is available for patients between the two hospitals, so that (for example) people living in Cheltenham are not financially disadvantaged by having to travel to GRH, if they do not have a car.		
35	Travel distances, free parking, access to other services		
36	Travelling to Cheltenham from the south end of Gloucestershire is difficult.		
37	Better parking facilities at CGH.		
38	None. It is important that the spoke IGIS service at CGH is a proper service to properly resource urology and not just an ""add on"".		
39	None		
40	No negative impact.		
41	Trying to find areas in Cheltenham hospital is not easy. Make sure you enter the building at the correct entrance, as finding your way inside the building is impossible.		
42	Parking a key issue Outpatient service provision at community hospital sites for pre and post care could off set some challenges. Or of course a virtual OP offering.		
43	We need to have centres of excellence I. Gloucestershire		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
44	Logistics, ensuring that patients can access the site they need. Ensuring that care is not compromised by having specialisms at a particular site i.e. will there be enough Nurses, Doctors, Specialists to provide effective care under the models proposed or will it mean less capacity. Will the proposals be affected by inevitable budget cuts that will take place from now as a result of the economic decline for this country we are entering now. I am assuming the proposals were put together at a different point in time and wonder if the current economic climate and impact that this will have on costs (budget) and the health of the population means that the proposal has to be reviewed to ensure it is still fit for purpose.		
45	So far at 90 no negative feedback, but I'm glad I did not have to go to GRH for babies. its a long way and can take a long time. Ambulances when I have needed them have not usually taken too long, but I think a car service, where possible, with blue light supplied might be useful.		
46	na		
47	Travel especially if you don't drive		
48	The main problems we have for both hospitals and across all proposals are 1) parking 2) accessibility for older patients		
49	Relating to all centralisation proposals. I firmly believe that centralisation should only go ahead as and when a free transport service is available for patients and their families between the two sites. Only then will your objective of good accesability be achievable.		
50	As above, it is distance to visit.		
51	I worry that as we rely on public transport we may not be able to travel easily between hospitals. We have already had to use taxi to do this - that proves expensive; and perhaps will lead to us not bothering		
52	As above		
53	Take a good look at gloucteser and the way it is run. It has a reputation for a reason, myself being a patient it is a common subject that people do and will actively avoid Gloucester Royal hospital because it is a shambles with too many problems that never see the light of day		
54	IGIS, which affects not only local gloucestershire patients but also adding extra mileage for elderly wiltshire patients, with regards to vascular, although improving cardiac services to 24hours is an improvement		
55	Support the best option proposed by medics. Later question (Do you consider yourself to have ...) misses the ""Other"" options which I would have added ""Losing confidence in the NHS"" regrettably.		
56	N/A		
57	As above		
58	Finding ways to minimise the need to transfer patients between sites is important. Communication about any changes that are made and why they are necessary always helps		
59	None		
60	My family and I could be affected by long waiting lists, staff shortages, transport links, not being able to see a specialist consultant. This would be the negative impact.		
61	All hospital services - whilst I am able to drive at present, for the future and for all patients a dependable public transport system becomes even more vital if these proposals are enacted.		
62	Its going to cause a lot of hardship and missed appointments		

If you think any of our proposals could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. IGIS)?

		Response Percent	Response Total
63	Greater visibility and support given to people needing to claim travel expenses for hospital visits. Citizens Advice Stroud ran a campaign about this 3-4 years ago, surveying the hospitals and surgeries to see how visible the information was and how easy to claim. The procedure for making a claim and receiving payment was poor. Stressed relatives need immediate assistance. They should not have to wait a month to be reimbursed.		
64	no negative impact		
65	Improved communication and access to medical records. Improved access to staffing by having a centre of excellence. Make sure you have the necessary resources in place. Open up the options to make contact.		
66	None that come to mind		
67	Parking issues		
		answered	67
		skipped	114

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).

		Response Percent	Response Total
1	Open-Ended Question	100.00%	44
1	No.		
2	no		
3	I think that all Upper GI surgery emergency and planned should take place at GRH and all lower GI surgery at CGH so they are kept separate.		
4	As mentioned previously I think the services should be in both hospitals, don't see why the staff cannot be shared between the hospitals or more staff if required - if I was running the hospitals I would make it far more efficient that it currently is, I think there is a lot of money wasted in services the hospitals have to pay for, I would be obtaining them cheaper and would not waste items that have to be thrown away from a packet that 1 item has been removed. It is ridiculous and wastes so much money, it can all be sterilised and then money saved on these things could help with the services		
5	Open A7E fukky to cover both Gloucester and Chektenhsm		
6	reinstate a and e Cheltenham, don't fob us off as a downgraded service that then has to push emergencies to grh in ambulances.		
7	we need to be told the truth and they need to stop hiding behind the lies they are telling us. its completely ruined staff morale and staff are not enjoying work.		
8	Cheltenham needs an amu.		
9	yes, all emergencies to GRH urology and ophthalmology included (paediatrics)		
10	N/A		
11	regarding appointments I really wants to appreciate the services		

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).

		Response Percent	Response Total
12	CGH ED department needs to reopen so that the pressure is taken off GRH and CGH has their Aute Care wards open again. GRH cant cope with the whole county.		
13	No		
14	N/A		
15	Open A&E in CGH and pay the staff more so they don't leave. Maternity in CGH could have at least one consultant for safety		
16	No		
17	no		
18	No		
19	On occasion I have come across some silo issues where, for example, such provision as physiotherapy is not always referenced in relation to other clinics where a natural connection seems relatively low priority obvious. This could be achieved through the GP intermediary or by direct referral within a hospital.		
20	no.		
21	No.		
22	Whilst I understand that this is politically sensitive I am really struggling with the provision of an ED at Cheltenham, this should be a minor injury unit 24/7 end of.		
23	Keep all acute services in one hub. Elective services in another hub. It simplifies things		
24	No, if the statistics show that this model will provide better clinical outcomes, less waiting times, joint working and attraction/retention of the right staff, then I do not have another model to suggest.		
25	I think most of possible suggestions seem very sensible, but perhaps more use could be made of voluntary services (stopping blood flow from nasty cuts or wounds where the nearest A&E is not very near and it is closed). Dealing with fits in children, concussion (small blows to the head). 999 is excellent but Gloucestershire is a big county and the borders far from the centre. Surely we should have a service that can take us to the nearest centre for help and rely on zoom for specialism?		
26	The provision of temporary accommodation for vascular services, provided at GRH during phase 2 of COVID19 is severely lacking. It does not provide essential facilities for patients or staff. Moving from a ward at CGH which is ideal for this group of patients into an area which falls well below the normal standards, will have a devastating effect on patient outcomes and staff moral. If this experience is a sign of how it will be in the future, I would suggest that you will not be providing a centre of excellence for this group of patients. If however it is in the plans to create a ward environment which is similar in layout to Guiting ward at CGH which is close to Vascular laboratory, I would not be so concerned		
27	na		
28	It would be good to have some services in either the forest or the Cotswolds as people travel long distances to get treatment		
29	Staff could be made more fully aware of resources at local hospitals such as Dilke, Lydney, Tewkesbury, Stroud, etc Many staff in Gloucester and Cheltenham do not know that x ray services are available at both Lydney and Dilke		
30	Extra hospital in FOD used by visiting team		

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet).

		Response Percent	Response Total
31	None		
32	Use precious structure and perhaps have a rotational table for specialties on an axel bases to offer variety of care over standard time frames		
33	No		
34	I am a civil servant so I recognise the phrases used here - which don't really mean anything. How can you have a new modern hospital in CGH? It's an old maybe listed building. It all sounds really good but basically it's a money saving scheme. Charge people who come into A&E when it isn't an emergency. You have to pay to call an ambulance to your home or your insurance pays when called to a road accident.		
35	New hospital that would be fit for the future with our expanding population. We deserve it!!		
36	No		
37	No		
38	Gloucestershire Royal has major problems, very poor booking system, staff morale. Sorry to say but patient experience has over years been negative.		
39	Centralise all at Gloucester Royal Hospital. The hospital for Gloucestershire		
40	Build a state of the art hospital in the Forest of Dean at Five Acres which is for sale. Traveling to Glos and Chelt is traumatic, worrying and time consuming for older people who are suffering because of you decisions. We travel 4 or 5 times a year to Glos and Chelt so we know how terrible the journeys are at a time when we are ill and anxious.		
41	ensure each patient sees a consultant on their first occasion and gets ultrasound etc in the hospital closest to their home ie Gloucester people in GRH etc. Email appointment letters to people. Its faster and saves on postage. It also reduces the number of telephone calls coming in. If you offer email as a way to communicate ensure NHS staff have the ability to email the patient back		
42	no		
43	Training hospital again - start with one centre of excellence. Proposal is excellent to move into the modern world - make sure you have the technology to support this and the staff to support this. Efficiency of resources is a concern. Waiting times should improve with these proposals. Measure of improvement.		
44	None		
		answered	44
		skipped	137

Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	77
1	This is the wrong time, please spend the funds on dramatically improving A&E / Trauma and on building public trust in our local health services.		

Anything else you would like to say?

		Response Percent	Response Total
2	There are services eg haematology that are split site and struggling because of the inefficiency this causes. Would be good to see haem si flew sote at CGH		
3	No.		
4	I don't understand why we have to keep both EDs open. What matters is what happens once patients arrive and to deliver the service I would expect, would mean concentrating emergency staff expertise. I don't live in C or G so have no emotional attitude to either department but I do expect one fully staffed centre of ED expertise somewhere in the middle of the county.		
5	This should have been done years ago. Having doctors and staff working across two sites is inefficient and detrimental to patient care . Ideally we should have one hospital at Staverrton !!!!		
6	Gastroenterology ward should be moved back to GRH.		
7	Don't think so		
8	Management have no clue how the services are run and what is best for the Gloucestershire pts.		
9	How any of this helps patient flow and integration with primary care is poorly explained.		
10	Trying to maintain two hospitals with duplicate services so close together makes no sense in any regard. This is the best compromise that I have heard suggested for a very long time		
11	the Gloucestershire nhs service needs to at least attempt to show some honesty and integrity when dealing with the public and its staff. do not treat us as though we are fools.		
12	we need to be told the truth and be kept in the loop more. the patients are also taking the brunt from staff because of these moves		
13	stop using covid as an excuse to flatline emergency services at Cheltenham. treat staff with more respect, our opinions and skills as professionals are repeatedly ignored by trust management. stop shipping patients who are unwell between two sites, this is unsafe and immoral. the only ones being shipped about are those with lower capacity, confusion and complex needs. disgraceful. I support reinstating amu at Cheltenham to stop this nonsense.		
14	Bring cardiology together in GRH, with the space and resource for us to really enhance our services to the population of Gloucestershire, and then we could create a centre of excellence for cardiology. It is incredibly difficult to do this effectively being split not only across two sites, but also within those sites.		
15	Just get on with it.		
16	With the reconfigurations proposed moving the surgical and medical takes to GRH there is then no safe way to run an ED in CGH. I strongly feel we would be lying to the public if we pretend that an ED can function in CGH without the supporting inpatient services behind it. It seems illogical to discuss these reconfigurations without factoring in the impact on the ED.		
17	overall good		
18	does a centre of excellence include evoked potential testing with some of the orthopaedic surgeries?		
19	It seems a well thought out plan		
20	Why are there not adequate children's services in the area? My daughter was transferred to Bristol for endoscopy and gastric surgery despite Gloucester having the services necessary.		
21	Just ensure that the investment needed to provide these changes properly and not half hearted is there for all services involved including those that are sometimes overlooked. There is no point picking a service up and moving it to one side of the county or other if you don't use this opportunity to actually improve it.		
22	Thank you for putting Gastroenterology in the spotlight!		
23	I support the local people living in Cheltenham. It's a wonderful Hospital but does need some money spent on it to use the space it already has. Some wards are closed due to building collapsing.		
24	No		

Anything else you would like to say?

		Response Percent	Response Total
25	Build a new County Hospital between Gloucester and Cheltenham, or focus development on the Gloucester site. Improve access (sheltered pedestrian links) to Gloucester rail and bus stations.		
26	Cary on with the plans.		
27	Whatever you do, do it well. Avoid letting politicians, who are only interested in the next election and showing that they can get things done on the cheap, get too involved. I realise that they hold the purse-strings, but don't let it just be about money. The USA really DO NOT have it right.		
28	no		
29	I haven't the experience to comment on most of this questionnaire.		
30	Just a point about competition between services. Central Government, in particular the Minister for Health and Social Welfare, has repeatedly affirmed that the BHS has remained open for non-COVID health provision. This is not strictly the case. For example, prior to the first phase of the pandemic I attended the BOTOX Clinic every 10 weeks. At the peak of the pandemic it was understandable that out-patient services should be a relatively low priority. However, eight months on my condition has worsened and when I receive the promised appointment I suspect that treatment will have to be re-assessed and possibly extended to achieve some parity with the positive outcomes achieved over many years of treatment . This must also be the case where there are other conflicts even during normal times. I am fully supportive of the need for centres of excellence but I would want to be reassured that other services are not reduced in terms of financial and staff resources in order to accommodate them.		
31	No		
32	I cannot thank the NHS enough in Gloucestershire for all your brilliant ideas and work.		
33	The geographical disadvantage of one site over the other is usually overstated. We would all like things based as close to home as possible, but unless resident in Gloucester City or Cheltenham it actually makes very little difference to most people to site they need to travel. Using public transport is more complicated from rural areas, but the shuttle bus largely overcomes that issue for outpatients and visiting.		
34	Living in the Stroud area means that either Cheltenham or Gloucester are equally accessible (or not) for treatment or visiting. I feel it is important that specialisms are concentrated where they can best be delivered effectively and efficiently.		
35	whatever the experts in the NHS think I would be supportive of.		
36	What consideration has been given to accessing these locations both by public transport and by car? Parking at both sites is difficult and iniquitously expensive.		
37	No.		
38	The proposals all seem excellent and recognise the realities of the problems fully staffing and offering all services at 2 DGHs which are only 10 miles apart.. It is not a problem to have to travel relatively short distances to access the best care. Tribal allegiances to GRH or CGH have gone on for far too long and obstructive practices by both clinicians, the general public and local politicians have delayed what has been obvious for far too long (at least to me in the 30 years I have lived and worked in the area).		
39	I support the changes as they will bring expertise and people together for the benefit of patients.		
40	The trust obviously has a plan for the medium/ longer term about how the 2 sites should be developed. Would be better to review these current services within that wider context. I can only assume a hot cold site is the longer term plan. Overall will the trust be increasing its bed base with the significant housing development plans in place across Gloucestershire?		
41	Page 6 doesn't state what happens to ""Hyper Acute Stroke Unit and Acute Stroke"" under the preferred option. Page 23 does but is isn't clear if that include treating people with Acute Stroke cases.		

Anything else you would like to say?

		Response Percent	Response Total
42	I worry about the link and relationship between these proposals and GP services. GP services need to be as much a part of this as the hospitals and the hospitals cannot do this in isolation of community services. I can see part of the proposal is to enable more joined up working but this has to work in practice with collaboration and cooperation across the services. While I have experienced fantastic GP services in Gloucestershire (up to about 10 years ago). Unfortunately I have also experienced some poor GP service provision in Gloucestershire, which has deteriorated over the last 8 to 10 years. My biggest concern is that if the GP services are not joined up with these proposals, this will not be able to succeed.		
43	I live on my own so for me it is important that my nearest hospital covers all of my needs		
44	I support the need for patients that require surgery on the same day as admission to be done at one site. however not all urgent surgery is same day. I think the hospital at GRH would struggle to meet capacity/ demands if all Acute work was on GRH site.		
45	no		
46	Have several times mentioned access by public transport. This is clearly not a clinical issue, but in the general context of availability of the best services for people reliant on public transport, it can make a huge difference. Facing cancer surgery and daily radiotherapy it was actually cheaper and easier for me to go to UCH in London than try to use buses and taxis from Stroud to Cheltenham. Yet Gloucester is easy and has been very good for other health needs		
47	I am not a medic but my above preferences are based on the viability of CGH. Covid 19 has shown we need more hospitals without affecting ordinary services. GRH has better rail access but at times the hospital is overwhelmed. I do think that concentrating more services at GRH at the expense of CGH is a serious mistake. There must be equal allocation of services between GRH and CGH. CGH must be protected from closure. Cheltenham is a growing town and needs a viable hospital. so does Gloucestershire		
48	Any changes should be accompanied by improved information / communication to staff and public. Staff need to be aware of geography and travel difficulties for appointments to be as convenient as possible. Where as I believe a centre of excellence is essential - longer journeys for clients with children or frail adults will inevitably increase stress levels. With ambulances being tied up for longer transferring patients to the appropriate hospital. You speak of specialist doctors. Are experienced nurses willing to change work base from CGH to GRH		
49	1) As someone whose wife died recently of cancer we found the oncology unit in Cheltenham an excellent facility. That is centralised not necessarily most conveniently to u living in Dursley area but very accessible. 2) Reduce waste by greater use of electronic mail and not sending out lots of letters. Sometimes 3 in same post. 3) We need to make greater use of excellent facilities in Dursley and Tetbury		
50	We are extremely fortunate to have two such good hospitals serving us.		
51	1. I was very concerned at the poor timing of this exercise. I received the 'Fit for the Future' flier in the post today (9/12/20) with consultation closing on 17/12/20. Although I was able to go online for some of the information there was insufficient time to get the 'Pre-consultation Business Case' and read it before the deadline.(Minimum 2 days for freepost card, 5 days including the weekend for a response, 3 days for parcel post and the deadline is past.) 2.		
52	Refreshing to see such an in depth review and consultation. How about integration of Social Services and the NHS next?		
53	Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book. I would prefer excellence in all hospitals with adequate staff - well paid and well trained. It would seem that the changes are needed for inpatient care. However, small local hospitals like The Vale at Dursley are most needed for being specialists in maintaining health especially the elderly. Travelling 6 miles is much preferable than 26 miles especially if you cannot use a car!		
54	Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these. Mental health support is very poor, particularly in GRH, I hope the cost and staff savings can be used to provide better mental health support for patients with mental ill health.		

Anything else you would like to say?

		Response Percent	Response Total
55	No		
56	Please look at improving the bus links ! The fact that you use a stagecoach bus for one part of your journey and a pullman for other part - is just not Cost effective for patients.		
57	None		
58	Many people have feared because of the changes and continue to do so. Many people see this as a move to shut or deminish CGH and don't want this because CGH is the hospital of their choice and is closer to home and family. GRH is a mess, one such example is the previous stroke specialist team... All resigned due to management the problems they had on the ward and the way it was run, when bullying is rampant on a ward and months of whistle blowing and datixing is met by scorn and inaction, nobkdy wants to see this happen in cheltenham as well		
59	From listening to the facebook consultation regarding IGIS limited capacity was mentioned, with the response space and wards would be facilitated for these moves, presently vascular services have moved temporarily to an area not ideal for patient needs, will this be properly addressed with this plan?		
60	Key is to have confidence in our medics. My area of concern is- Communications. Followup (after discharge). Options/Expectations.		
61	Why are there so many different names? It's only one NHS. Get Government to stop giving large wage rises to consultants but give better rises to nurses.		
62	More free car parking at GRH and CGH		
63	If would help if other bodies such as Glos Highways and bus companies could be persuaded to consider better road access and enhanced public transport facilities to reduce difficulties in trying to access two sites.		
64	The consultation makes no reference to the impact on transport issues for staff and patient visitors. For instance establishing a specialist centre in Gloucester only is bound to necessitate greater staff movement from Cheltenham and vice versa. Is greater capacity on the bus service and/or for car parking required? The success of whatever strategy is adopted should not be only measured in clinical terms.		
65	We have had need to avail ourselves of Cardiac - pacemaker/heart valve and bypass Oncology - Thyroid cancers TIA Trauma - hips A&E Endoscopy Audio Other family members use the Cardiff/Newport hospitals where we assist them		
66	Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved		
67	The general concept must be welcomed. However P14 column and does not take account of the here and now. With regard to A&E going straight to a specialist ward doesn't happen due to bed shortages so this needs to be addressed. Also at a more strategic level these centres of excellence represent a staff gap. What is really needed is the construction of a brand new hospital like Southmead. Which would consolidate both Gloucester and Cheltenham. It would be all encompassing in location. Have new smaller wards if not private rooms and take account of the high demands from increases in population and ageing.		
68	Relatives need to be able to visit very ill patients at moment this will delay recovery.		
69	If you centralise more long queue and parks, waste cancelled appointments staff on sick holidays etc. As more money was used in covid 19. We have to think weekly and keep NHS going for years to come. Electric chargers at hospital while wait for o/patient and visitors. Cars in come for hospital?		
70	No		

Anything else you would like to say?

		Response Percent	Response Total
71	No		
72	Do not ignore the publics opinion we have a right to choose where we have our care.		
73	See above please re-think before its too late		
74	no		
75	Addition of trainee nurses and other healthcare professions in specialities means you can retain them more easily and get more money!		
76	Great believer in logic		
77	seems like GRH has a more specialist focus under one roof - will this lead to overcrowding, parking issues, less quality face to face time with staff / professionals		
		answered	77
		skipped	104

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
1	Open-Ended Question	100.00%	181
1	gl2		
2	GL4		
3	GL3		
4	GL4		
5	GL1		
6	GL1		
7	GL3		
8	GL4		
9	GL6		
10	gl1		
11	GL4		
12	GL4		
13	GL5		
14	GL5		
15	GL14		
16	GL1		
17	GL4		
18	GL4		
19	GL4		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
20	GL10		
21	GL13		
22	GL15		
23	GL6		
24	GL2		
25	GL4		
26	GL2		
27	GL2		
28	gl2		
29	GL1		
30	gl3		
31	GL16		
32	GL2		
33	GL2		
34	GL4		
35	GL2		
36	GL2		
37	GL6		
38	gl14		
39	GL2		
40	GL3		
41	GL16		
42	GL13		
43	GL2		
44	GL5		
45	GL1		
46	gl1		
47	GL5		
48	GL5		
49	gl5		
50	gl1		
51	GL4		
52	GL5		
53	GL2		
54	gl4		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
55	GL3		
56	GL18		
57	GL2		
58	GL4		
59	GL2		
60	GL5		
61	GL3		
62	GL14		
63	GL2		
64	GL3		
65	GL17		
66	GL1		
67	GL2		
68	GL5		
69	GL3		
70	gl1		
71	GL18		
72	GL16		
73	GL13		
74	GL11		
75	GL12		
76	GL2		
77	GL6		
78	GL16		
79	GL6		
80	GL6		
81	GL5		
82	GL5		
83	GL2		
84	gl2		
85	GL14		
86	GL3		
87	GL5		
88	GL6		
89	gl5		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
90	GL3		
91	GL1		
92	GL10		
93	gl5		
94	GL6		
95	GL5		
96	GL3		
97	GL6		
98	GL6		
99	GL4		
100	GL5		
101	GL3		
102	GL3		
103	GL18		
104	GL18		
105	gl15		
106	GL2		
107	GL18		
108	GL18		
109	GL5		
110	GL15		
111	GL15		
112	GL5		
113	GL4		
114	GL4		
115	GL18		
116	GL14		
117	gl3		
118	gl1		
119	gl15		
120	GL6		
121	GL1		
122	GL5		
123	GL15		
124	GL13		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
125	GL5		
126	GL17		
127	GL17		
128	GL11		
129	GL1		
130	GL14		
131	GI4		
132	gl3		
133	GL6		
134	GL11		
135	GL12		
136	GL2		
137	GL15		
138	NP16		
139	gl2		
140	GL1		
141	GL14		
142	GI3		
143	GL13		
144	GI5		
145	GL16		
146	GL15		
147	GI2		
148	GL3		
149	GL16		
150	GL3		
151	GL5		
152	GL3		
153	GL6		
154	GL12		
155	GL16		
156	GL3		
157	GL4		
158	GL6		
159	GL1		

What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
160	GL5		
161	HR9		
162	GL3		
163	GL2		
164	GL14		
165	GL4		
166	GL2		
167	GL11		
168	GL3		
169	GL6		
170	GL15		
171	GL11		
172	GL6		
173	GL16		
174	GL1		
175	GL2		
176	NP16		
177	GL3		
178	GL5		
179	GL1		
180	GL1		
181	GL4		
		answered	181
		skipped	0

Which age group are you:

			Response Percent	Response Total
1	Under 18		0.56%	1
2	18-25		3.91%	7
3	26-35		11.17%	20
4	36-45		13.97%	25
5	46-55		17.32%	31
6	56-65		21.23%	38
7	66-75		21.79%	39
8	Over 75		10.06%	18
9	Prefer not to say		0.00%	0
			answered	179
			skipped	2

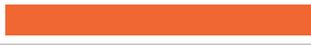
Are you:

			Response Percent	Response Total
1	A health or social care professional		32.22%	58
2	A community partner		0.56%	1
3	A member of the public		62.78%	113
4	Prefer not to say		4.44%	8
			answered	180
			skipped	1

Do you consider yourself to have a disability? (Tick all that apply)

			Response Percent	Response Total
1	No		72.63%	130
2	Mental health problem		3.35%	6
3	Visual Impairment		2.23%	4
4	Learning difficulties		0.56%	1
5	Hearing impairment		4.47%	8
6	Long term condition		17.88%	32
7	Physical disability		2.79%	5
8	Prefer not to say		3.35%	6
			answered	179
			skipped	2

Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

			Response Percent	Response Total
1	Yes		31.84%	57
2	No		65.36%	117
3	Prefer not to say		2.79%	5
			answered	179
			skipped	2

Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		88.14%	156
2	White Other		2.26%	4
3	Asian or Asian British		2.26%	4
4	Black or Black British		1.13%	2
5	Chinese		0.00%	0
6	Mixed		1.13%	2
7	Prefer not to say		4.52%	8
8	Other (please specify):		0.56%	1
			answered	177
			skipped	4
Other (please specify): (1)				
1	European			

Which, if any, of the following best describes your religion or belief?

			Response Percent	Response Total
1	No religion		41.67%	75
2	Buddhist		1.11%	2
3	Christian (including Church of England, Catholic, Methodist and other denominations)		49.44%	89
4	Hindu		0.56%	1
5	Jewish		0.56%	1
6	Muslim		1.11%	2
7	Sikh		0.00%	0
8	Other		1.11%	2
9	Prefer not to say		4.44%	8
			answered	180
			skipped	1

Are you:

			Response Percent	Response Total
1	Male		34.27%	61
2	Female		60.67%	108
3	Transgender		0.56%	1
4	Prefer not to say		4.49%	8
			answered	178
			skipped	3

Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		96.07%	171
2	No		0.00%	0
3	Prefer not to say		3.93%	7
			answered	178
			skipped	3

Which of the following best describes how you think of yourself?

			Response Percent	Response Total
1	Heterosexual or straight		91.62%	164
2	Gay or lesbian		1.68%	3
3	Bisexual		0.56%	1
4	Other		0.56%	1
5	Prefer not to say		5.59%	10
			answered	179
			skipped	2

Are you currently pregnant or have given birth in the last year?

			Response Percent	Response Total
1	Yes		2.26%	4
2	No		72.32%	128
3	Not applicable		22.60%	40
4	Prefer not to say		2.82%	5
			answered	177
			skipped	4