

# Fit For The Future - What matters to you?

## Responses from BAME

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		51.28%	20
2	Support		30.77%	12
3	Oppose		5.13%	2
4	Strongly oppose		7.69%	3
5	No opinion		5.13%	2
			answered	39
			skipped	0






Please tell us why you think this, e.g. the information you would like us to consider (19)

1	need to put all the expertise in one place 24/7
2	Damaging effect on the local community, as it disproportionately affects vulnerable individuals with protected characteristics. Concerns about bed space at GRH. Concerns about a bottleneck effect at GRH - if you double the amount of traffic, you need to double the width of the road, ALL roads, leading in and out. Leading on to concerns about the lack of funding for SWAS as per their financial outlook to provide the additional ambulance service coverage. Flawed notion of attracting high quality staff from a business/management perspective. Gloucestershire's market has competitors in Bristol, Birmingham (to an extent), Oxford, and of course London. Centralised services will not enable GHNHSFT to outcompete these, leaving us with 'the best of the rest'. This would have been the case whether centralisation occurred or not, thus centralisation itself is a moot point. Flawed concept of 'extra time' to care. This will inevitably lead to cost savings (perhaps instructed by ministers, and not immediately) by reducing staff numbers to provide current levels of care, only now at one site.
3	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
4	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.
5	Better treatment for all
6	Acute Medicine seems to be an area of health where time is its greatest obstacle for a steady recovery. The availability of a correct specialist could likely contribute to the realisation of the actual problem rather than concerning around the symptoms that initially brought the patient to the hospital. Hopefully a 'centre of excellence' would increase the value of medical investigation of a patient's condition so that prevention can be enforced in the treatment. Although Gloucestershire Royal Hospital is central, the medical team may also require consideration of how patients from other towns may be able to access the yard without delay or complications.
7	A single centre in Gloucester will inevitably: Increase congestion in the department Increase nurse triage time Increase doctor wait to be seen time Significantly increase ambulance job cycle times for SWASFT Increase the amount of inter-site ambulance transfers between GRH & CGH undertaken by 3rd party providers Delay commencement of treatment for residents in Cotswolds & Cheltenham by having to travel to GRH
8	Gloucester is in the centre of the county so it would be logical to have the acute medical take here.

**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
9	Having centres of excellence is ideal providing it does reduce waiting time, and ensures operations are not cancelled. All expertise in one place so if second opinion is needed there is someone to consult immediately without the necessity of a follow up visit somewhere else.		
10	24/7 access to multidisciplinary teams. Specialist equipment. Right disciplines to provide services and ability to train more staff		
11	Local		
12	It worries me hugely that the town the size of Cheltenham already hasn't got 24/7 Consultant Led A&E services. This seems another plan to reduce this even further. I worry about increased time to get emergency help for my children and elderly parents by having to travel to another town.		
13	I believe in current medicine, centres of excellence are a 'good thing'. GRH has the space and I trust facilities for this so I am happy to proceed.		
14	Particular medical conditions can be prevented from getting worse if treated / diagnosed earlier		
15	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
16	GRH should receive all unselected acute admissions. This will enable us to screen patients for infectious conditions such as COVID-19 and keep them there until it is safe to transfer to the "green" CGH site. this way we minimise the risk of disruption of elective specialist treatment such as surgical and non-surgical cancer care.		
17	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
18	If there is only one centre and something goes wrong will there be no back up service		
19	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		53.85%	21
2	Support		30.77%	12
3	Oppose		5.13%	2
4	Strongly oppose		5.13%	2
5	No opinion		5.13%	2
			answered	39
			skipped	0





Please tell us why you think this, e.g. the information you would like us to consider (16)

1	need to centralise expertise 24/7 ideally alongside other emergency services
2	Support the notion of highly specialised surgical teams at one site. Only concerns are managing the increased throughput. Emergency surgery is rarer than acute medicine so the negative effects there should not occur here.
3	It is bigger hospital and easy for access (not confusing as opposed to CGH which is a maze and patients are constantly lost)

**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
4	If there are surgeons available for "Elective Surgery" where I am aware the Trust is paid to do this by the government, then why can't these same surgeons be available for Emergency Surgery??		
5	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.		
6	How would the rotas become more robust if the hospital is lacking enough trainees and junior doctors?		
7	If, as stated, you have no plans to close CGH ED, I'm concerned that transfers from CGH to GRH for emergency surgery would need to occur. What is the mitigation for this - do you commission additional resources from SWASFT or purchase additional 3rd party ambulance resource to undertake the additional transfers that will inevitably occur should this proceed.		
8	I believe it is essential to have emergency general surgery at two locations in the county ie Cheltenham and Gloucester.		
9	As before		
10	As for Acute medicine, access to multidisciplinary team and equipment		
11	See my previous answer. All Emergency services should be excellent. The fact that many who come aren't emergency is another matter and requires more education and awareness raising to also not put those off that really should seek emergency help.		
12	Travel visiting and carers		
13	One would hope a centre of excellence would deal with patients quickly - I am aware of patients who feel the waiting time is too long and go abroad / different county for treatment and often end up worse		
14	Reducing waiting time, planned surgeries that are performed on time contributes significantly to the health and wellbeing of patients and their families reducing stress and unnecessary waiting times		
15	It is best to concentrate acute unselected surgical admission to one site which will also house acute medicine as well as ED and Critical care.		
16	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is it 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		44.44%	16
2	Support		41.67%	15
3	Oppose		2.78%	1
4	Strongly oppose		0.00%	0
5	No opinion		11.11%	4
			answered	36
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (11)

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	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		
2	If it's planned, why not just go to Oxford and build a bigger unit there?		
3	It should be CGH, because you want everything to be easy and understandable not only for the patients, but also for the workforce. I mean try to close the cycle within one medical field. Get Endoscopy, Theatres at one place.		
4	Diagnostics are ok at Cheltenham, but specialist surgery needs to be where specialist surgery is based...		
5	But on both sites		
6	It is probably more efficient to concentrate resources at one dedicated hospital.		
7	As before		
8	seperating emergency from planned services should prevent cancellations and create the right number of beds for the planned procedures. Co-locating with other pelvic services makes sense as I suspect they often need to work together		
9	Same reasons do not oppose a centre of excellence for Gloucestershire but do oppose strongly the lack of operations at either hospital		
10	As above		
11	This should be on the same site as non-surgical oncology as the two have to work very closely together.		

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) 	43.24%	16
2	Gloucestershire Royal Hospital (GRH) 	24.32%	9
3	No opinion 	32.43%	12
		answered	37
		skipped	2




Please tell us why you think this, e.g. the information you would like us to consider: (14)

1	because it's not the emergency site and patient flow can be better managed
2	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...
3	It is easy to get all GI surgeries in one place closer to Endoscopy.
4	At the moment, both CGH and GRH seem to have a Planned Lower GI general surgery facility. I think the decision on which location to invest more excellency should mostly be focused on statistic and medical opinion, such as estimated time of arrival from one location to the hospital; percentage of local and not local patients who come to the hospital; accessibility to the yard; transportation accessibility etc. While Cheltenham could be more easily accessible, in my opinion, GRH offers facilities on Upper GI general surgery, which could contribute to the treatment of exceptional patients who may need assistance with both.
5	Either would do.

**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
6	Wherever the space is available and where the necessary ancillary departments are. Which will have the capability to ensure bottlenecks do not occur - scanning, X-ray, theatres, outpatient capacity.		
7	as previous question		
8	I am not fullt aware of the different skills between GRH and CGH but roughly would like to see a 50/50 spread of centres of excellence over the county's two leading hospitals.		
9	As above		
10	Greater diversity in Gloucester		
11	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
12	Cancer surgery and non-surgical treatment (radiotherapy an systemic therapy) need to be one one site in order to ensure seamless cooperation for patients who develop acute conditions requiring surgical intervention. I have worked in London centres of excellence for non-surgical oncology where there was no surgical cover on-site for emergencies. This did not work well and treatment was sub-optimal.		
13	Prefer something at both sites		
14	Once again if only one centre and there are issues is there a back up service?		

**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		43.24% 16
2	Support		35.14% 13
3	Oppose		0.00% 0
4	Strongly oppose		0.00% 0
5	No opinion		21.62% 8
		answered	37
		skipped	2






Please tell us why you think this, e.g. the information you would like us to consider (11)

1	planned = cheltenham
2	Why go to Gloucester when you can go to Oxford?
3	I have already said that in my previous answers. Try to concentrate in one place all cases related to GI interventions. It is better for the workforce too.
4	Helps to manage an appropriate split between hot and cold sites
5	I think Cheltenham does deserve a comprehensive GI surgery facility as it is a reasonably large town which hosts national and international visitors every year. The capacity of the town to provide extensive health assistance, alongside Gloucestershire Royal Hospital would also likely relieve the stress sometimes found in waiting rooms. The availability could also assist patients who are needed to stay longer in the hospital under supervision, allowing the medical team to have sufficient equipment in the event of an incident or emergency. GI conditions can be debilitating at times and the circumstance of having to travel could risk worsening, especially if no preventative methods were ever applied in their case.

**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
6	Planned day case surgery should have no impact on emergency care pathways and can be provided at any site.		
7	As before		
8	as before		
9	For planned day surgery it makes no difference to where I travel to within an hour. Parking seems much better at Gloucester.		
10	Should've at both units if Gloucester hospital and Cheltenham hospital are Gloucestershire hospital service why not at both.		
11	As above. This will also benefit us in terms of cooperation in research where both surgical and medical treatment are being evaluated e.g. in cancer studies.		

**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		36.84%	14
2	Support		36.84%	14
3	Oppose		7.89%	3
4	Strongly oppose		5.26%	2
5	No opinion		13.16%	5
			answered	38
			skipped	1






Please tell us why you think this, e.g. the information you would like us to consider (12)

1	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?
2	Extreme nature of emergency IGIS means the time delay going from Cheltenham to Gloucester would be far too risky re. loss of life to a patient who may, for example's sake, live just across the road from CGH.
3	It should be on one place. But I have not estimated the premises that we have available at CGH even if we have to build up a new building it is going to be far more better for the service than the service to be scattered.
4	A spoke will still split the vital staffing groups but in reverse.
5	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.
6	I think investing in IGIS is a fantastic action. To my understanding and experience, IGIS provides an alternative to what could be a very invasive surgery and allows patients a safer and quicker recovery. It seems to me that it is something that should be evaluated to possibly be instigated in other areas of the country, if they so need it.
7	How will you managed the inevitable transfers from GRH to the 'spoke' at Cheltenham without impacting on SWASFT's current operating model?
8	updating equipment and locating in one site is more cost effective

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

		Response Percent	Response Total
9	Interesting to see the hub and spoke concept. Will this leave the hub as a centre of excellence? Can there be other spokes such as Forest of Dean or smaller hospitals such as Cirencester?		
10	Should be at both		
11	Reducing risks and stays in hospital and manual intervention is always good. Anxiety of carers and family is minimised as patients return home quicker		
12	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		





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

		Response Percent	Response Total
1	Strongly support		27.78% 10
2	Support		47.22% 17
3	Oppose		5.56% 2
4	Strongly oppose		2.78% 1
5	No opinion		16.67% 6
		answered	36
		skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (8)

1	probably unless we split acute and elective
2	Again, why not just go to Oxford if you live east of Cheltenham?
3	Because is not GI surgery. Every surgery not related to GI can go in GRH.
4	This is something that needs to be covered at both sites
5	It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes.
6	Support if planned & elective care.
7	As before services should be at both to ease travel for elderly who do not drive
8	BME communities have higher rates as diversity to Cheltenham and Gloucester - GRH is perfectly placed






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

			Response Percent	Response Total
1	Strongly support		44.44%	16
2	Support		33.33%	12
3	Oppose		5.56%	2
4	Strongly oppose		0.00%	0
5	No opinion		16.67%	6
			answered	36
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (9)

1	better to avoid the emergency site
2	It is closer to Endoscopy Unit. Patients can be easily transferred to it.
3	If no gastro inpatient services at GRH, how will you manage the inevitable additional transfers required without impacting on SWASFT's operating model? What are the considerations for additional travel time and public travel routes for those that will subsequently need to travel to CGH that do not have access to their own transport?
4	co-locating with planned day cases with specialist staff and contact points for inpatient and long-term ongoing care
5	Again, makes no difference to me as a patient where this is based
6	I feel this service could be led from either hospital and the service continue I the hospital why change for change sake . Save money and develop leadership on either site and share good practice online
7	These are common ailments and overall benefits outweigh the negatives
8	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win
9	Gastroenterology dsupport for cancer patients needs to be improved and this move would help that.

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

			Response Percent	Response Total
1	Strongly support		56.41%	22
2	Support		25.64%	10
3	Oppose		5.13%	2
4	Strongly oppose		5.13%	2
5	No opinion		7.69%	3
			answered	39
			skipped	0

Please tell us why you think this, e.g. the information you would like us to consider (10)



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

		Response Percent	Response Total
1	makes complete sense		
2	It should be everything in GRH. This is my refrain. It is logical and simple. The simpler is the better is. Perfection is in simplicity.		
3	Both sites should be covering Trauma this would save lives!!		
4	It's a large specialty and it makes sense to share across both sites, assuming that complex and/or higher risk cases are at Gloucester.		
5	There seems to be a lot of opportunities on time management, however not much information around patient care, consideration of harm, preventative measures or long-term future routine checks. The prevention of further complications could be also considered in the new plans.		
6	keep specialisms together for better access and equipment		
7	Most sensible response to needs of this large community although leadership could be in either hospital		
8	Urgent need for excellent, quality, immediate support when there is a need. Quality of services is literally a balance between life and death		
9	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		
10	Patients with pathological fractures or spinal cord compression should not require moving especially when delay might be induced due to lack of beds in the scute hospital (GRH).		

## 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%	20
1	pretending we have 2 acute hospitals is the biggest potential detriment to services		
2	Concerns about impact on BAME communities. Concerns about bottleneck effect on Acute Medicine at GRH. Major concerns about IGIS - if a patient needed an emergency procedure in this field and had to be transported to Gloucester, when the lived right next to CGH, the difference in both outcome re. risk of loss of life is to great a difference. Concerns about funding increased Ambulance Service provisions. Flawed concept of attracting high quality staff - London, Oxford, Bristol will always leave us with the best of the rest which the proposals would have no bearing on. Political concerns that down the line (years), any improvements will result in savings related staff reductions.		
3	risking the health and safety of those further out in the county.		
4	It is only positive		
5	good service		
6	IGIS information is actually not entirely accurate as from a non medical view and those lacking the insight into the interventional area its trying to broadly cohort based on superficial skills where they are entirely separate skill sets. The idea of grouping in a similar location is good but the idea that cross cover occurs easily between disciplines is completely inaccurate and actually won't create staffing efficiencies. It is in fact going to dilute a very specialised skill set within each of those specialities.		
7	Rationalised services produce better outcomes.		

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
8	In 2019 I had a IGIS abroad, in my country of origin. I could have returned to the UK, but instead I stayed overtime in the country to have an emergency surgery for removal of my gallbladder after going through a routine appointment where I had no symptoms. My experience with the NHS is that there is not much investigation on preventative measures. I had had an ultrasound before, to follow up on my IUS, and there was no interest in verifying the state of my internal organs at that appointment. I hope that by investing in a more thorough facility, incidents can be avoided.		
9	No current impact on us.		
10	Impact if all works well and delays in appointments are reduced will be of benefit to my family and myself.		
11	Gastroenterology and General surgery both needed and would be better if it is clear what service is offered where, and so that continuity of care can be improved. The proposed changes will achieve this for me		
12	I think all these plans are terrific. Thank you.		
13	I can only see advantage in focussing particular specialisms on one site, as much as that is possible,		
14	Local and ease		
15	I am hugely concerned about the already much reduced emergency cover at Cheltenham. I feel the centre of excellence (!!) for acute medicine in Gloucester will further reduce care for Cheltenham (and surrounding areas) residents. This is not a small place but with 100000 inhabitants and an elderly population.		
16	Until and unless we have the need for any of these services, I find it difficult to comment.		
17	If the services are not at both units this would mean further travel and time. It also means for Carers there days would be more disrupted getting patients to appointments in larger units .		
18	Better patient care, less waiting time, easier access, better holistic care & treatment. Less travel time - better all around outcomes		
19	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		
20	Easy travel time Minimal waiting		
		answered	20
		skipped	19

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%	17
1	pretending we have 2 acute hospitals is the biggest potential detriment to services		
2	Delay the proposals by a year. Engage with a private business/ management consultancy firm to determine the true long term impact of these changes, and amend proposals. Social impacts may change too - changes to the way we work in response to Covid may change the landscape such that new options become available.		
3	risking family health by providing sub par a and e service at Cheltenham		

**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)?**

		<b>Response Percent</b>	<b>Response Total</b>
4	I don't see any negative effect. I live in Cheltenham and had to go to GRH as a patient. I just got on the bus and was there on time for my appointment. It was fine. In emergency I can get a taxi if an ambulance car is not available.		
5	no		
6	As described above. We are meant to be aspiring to be the best in what we do and sharing staffing groups isn't the answer. Ensuring we recruit and retain is and taking pride in the quality of our work.		
7	None		
8	I think accessibility is the main key in these new proposals, such as transportation, informational and also medical - providing a knowledgeable doctor who takes the patients concern into account when making decisions on examination and treatment.		
9	N/A		
10	No		
11	Further to travel to Gloucester Royal for emergency/trauma but if the care is better tht should be mitigated. Cheltenham is still available but not consultant led overnight, which is a concern for trauma admissions		
12	Offer 2 centres of excellence for Acute Medicine		
13	In all cases of treatment there is the question of transport but both hospitals have reasonable provision for access and parking (albeit at a fee which is a matter for separate discussion).		
14	Try leadership and staff support for both units from one hospital. Sharing good practice teams can meet online.		
15	We need to have centres of excellence I. Gloucestershire		
16	Parking issues		
17	If there is only one centre of excellence will parking be not adversely affected		
		answered	17
		skipped	22

**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).**

		<b>Response Percent</b>	<b>Response Total</b>
1	Open-Ended Question	100.00%	9
1	no		
2	Keep emergency care/ acute medical on both sites. Share planned care with Bristol and Oxford. Rotate staff between hospitals/ secondments to generate the requisite culture of flexibility in planned care, with the savings and increased efficiency used to fund emergency care in both local sites.		
3	Cheltenham needs an amu.		

**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
4	Nothing is mentioned about ERCP. This is part of GI service. It should be in CGH as a part of the entire circle. It is limited at the moment to two half days a week. It should be at least on a 5-day basis (every morning let's say). There must be an ERCP centre. It could play a big role as a Centre of Excellence for training within the UK if the consultants think that they are able to develop it in this way. If not, then our patients will benefit at least from centre like this.		
5	regarding appointments I really wants to appreciate the services		
6	There is insufficient reference here to supporting patients at home, rather than admitting them to hospital.  There is insufficient reference to the interface with social care services, and therefore to supporting clearing the back door of the hospitals.		
7	whatever is decided should be very clearly communicated as it is rather confusing at the moment		
8	Are there options for co-operating with neighbouring Trusts, Hospital groups etc? Depending on the level of cases there could be opportunities for cross-border (whatever those borders may be) co-operation.		
9	Assessment should be done by an expert in hospital. The amount of staff appointed could be the answer. One person travelling is better that ten patients.		
		answered	9
		skipped	30

### Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	10
1	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.		
2	-		
3	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.		
4	I hope that you are going to see the picture in different levels, i.e. locally, nationally and internationally.		
5	overall good		
6	I cannot thank the NHS enough in Gloucestershire for all your brilliant ideas and work.		
7	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.		
8	Good luck changing services is always a problem and change for this reason seems ridiculous		
9	Any improvements as to how patients are treated are welcome		

### Anything else you would like to say?

		Response Percent	Response Total
10	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	10
		skipped	29









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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	29
1	GL4		
2	GL53		
3	gl51		
4	gl3		
5	gl14		
6	GI52		
7	GL50		
8	GL51		
9	GL1		
10	SN2		
11	CV36		
12	GL52		
13	GL53		
14	GI5		
15	GL19		
16	GL7		
17	gl5		
18	GL10		
19	GI51		
20	GI52		
21	GL7		
22	gl50		
23	GL5		
24	GL1		
25	GL1		
26	gl50		




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

		Response Percent	Response Total
27	GL1		
28	GL1		
29	GL4		
		answered	29
		skipped	10






### Which age group are you:

		Response Percent	Response Total
1	Under 18		2.63% 1
2	18-25		2.63% 1
3	26-35		10.53% 4
4	36-45		15.79% 6
5	46-55		23.68% 9
6	56-65		31.58% 12
7	66-75		10.53% 4
8	Over 75		2.63% 1
9	Prefer not to say		0.00% 0
		answered	38
		skipped	1




### Are you:

		Response Percent	Response Total
1	A health or social care professional		34.21% 13
2	A community partner		0.00% 0
3	A member of the public		63.16% 24
4	Prefer not to say		2.63% 1
		answered	38
		skipped	1

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

			<b>Response Percent</b>	<b>Response Total</b>
1	No		84.21%	32
2	Mental health problem		2.63%	1
3	Visual Impairment		0.00%	0
4	Learning difficulties		0.00%	0
5	Hearing impairment		0.00%	0
6	Long term condition		7.89%	3
7	Physical disability		2.63%	1
8	Prefer not to say		5.26%	2
			answered	38
			skipped	1

**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.**

			<b>Response Percent</b>	<b>Response Total</b>
1	Yes		40.54%	15
2	No		56.76%	21
3	Prefer not to say		2.70%	1
			answered	37
			skipped	2

### Which best describes your ethnicity?



		Response Percent	Response Total
1	White British	0.00%	0
2	White Other	46.15%	18
3	Asian or Asian British	30.77%	12
4	Black or Black British	7.69%	3
5	Chinese	0.00%	0
6	Mixed	7.69%	3
7	Prefer not to say	0.00%	0
8	Other (please specify):	7.69%	3
		answered	39
		skipped	0
Other (please specify): (3)			
1	Why is this relevant to the survey		
2	European		
3	White English		

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



		Response Percent	Response Total
1	No religion	36.84%	14
2	Buddhist	2.63%	1
3	Christian (including Church of England, Catholic, Methodist and other denominations)	34.21%	13
4	Hindu	5.26%	2
5	Jewish	0.00%	0
6	Muslim	18.42%	7
7	Sikh	0.00%	0
8	Other	0.00%	0
9	Prefer not to say	2.63%	1
		answered	38
		skipped	1







### Are you:

			Response Percent	Response Total
1	Male		42.11%	16
2	Female		57.89%	22
3	Transgender		0.00%	0
4	Prefer not to say		0.00%	0
			answered	38
			skipped	1




### Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		97.30%	36
2	No		0.00%	0
3	Prefer not to say		2.70%	1
			answered	37
			skipped	2

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

			Response Percent	Response Total
1	Heterosexual or straight		89.47%	34
2	Gay or lesbian		5.26%	2
3	Bisexual		2.63%	1
4	Other		0.00%	0
5	Prefer not to say		2.63%	1
			answered	38
			skipped	1

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

			<b>Response Percent</b>	<b>Response Total</b>
1	Yes		0.00%	0
2	No		77.78%	28
3	Not applicable		19.44%	7
4	Prefer not to say		2.78%	1
			answered	36
			skipped	3