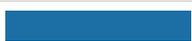


Fit For The Future - What matters to you?

Responses from those over age 66, with a disability

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		39.66%	23
2	Support		29.31%	17
3	Oppose		17.24%	10
4	Strongly oppose		10.34%	6
5	No opinion		3.45%	2
			answered	58
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (41)

1	Far too far away from Fairford to be a good option for patients from that town/area
2	Too Gloucester central, what about those of us who live to the East of the County?
3	Gloucester Royal is not easy to get to from many part of the county
4	Cheltenham and surrounding villages and other small towns in Gloucestershire deserve to have their own "Acute Medical Take" at CGH. Travelling is difficult enough in Gloucestershire and Gloucester Royal Hospital has very inadequate and expensive parking. This is a very busy tourist town with many festivals bringing thousands of people to the town and it is a very poor decision to only have a centre of excellence in Gloucester. We need our own A & E and also our own Acute Medical Take I am not opposed to Gloucester having its own centre but both places should be treated the same. Gloucester is a very large county stretching from the borders of Wales to the edge of Oxfordshire and Worcestershire.
5	I think it is important to aim for providing the best possible conditions in the service provided
6	Both centres need to provide all sorts of emergency medicine .
7	It makes a lot of sense in so many ways. Specialist staff where they are needed and economy of one place but the assurance of cross information when necessary. A huge plus is that scheduled day surgery will be able to go ahead as planned. As a patient I have experienced surgery required after attending ED with a cut tendon, having to be surgery ready each morning only to be told it would not happen and finally being extremely ill after being given antibiotics because of the increased risk of infection. I also think that the guided imagery will offer huge benefits e.g. to stroke patients attending ED, removing the clot quickly could mean a reduction in brain damage.
8	Best location in the county for this service
9	Gloucestershire Royal is a difficult journey from North Cotswolds with poor bus services. Difficult for older people to visit relatives.
10	It is the right approach for the future.
11	If this is thought to be a good idea, it probably is!
12	We live in the east of the county, and Gloucester is a long way to travel. This problem is exacerbated as we get older, and private transport becomes more difficult. Public transport is simply not an option.
13	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.

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
14	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.		
15	I feel that this sort of service should be available at Both Cheltenham and Gloucester		
16	Depends on future direction of Cheltenham General Hospital		
17	Centers of excellence has to be the way forward to benefit the use of technology and Consultant/specialist skills.		
18	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		
19	It makes sense to centralise this area		
20	make the best use of the expertise for each discipline. Not point in having too many duplicated services.		
21	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		
22	My Husband had excellent care at Cheltenham General. A serious op for Bladder Cancer in 2015		
23	I It will ensure that specialist care is available at all times although it means I will have to travel from my home within walking distance of CGH.		
24	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.		
25	Glos Royal needs to improve		
26	Reduced waiting times Specialised staff in one place, so prompt decisions, better staffing		
27	As I don't drive its most useful		
28	I respect the reasons set out in the consultation document		
29	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.		
30	Prefer Cheltenham - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
31	I like the "centre of excellence" approach		
32	Strongly support the idea of having 'specialties' at one of the two hospitals only.		
33	Possible, good concentration of staff		
34	To concentrate the necessary skills in the centre of the catchment area		
35	If the Acute Medical intake is concentrated on one site, it will make a Type 1 A&E Department less viable on the other site. It also reduces flexibility between the two hospitals, especially in times of any future pandemics.		
36	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.		
37	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		

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
38	Keeping track of all medicine and where they are used.		
39	GRH is inaccessible for residents of the north cotswolds		
40	It is probably best to divide the centre of excellence status for best use of available expertise		
41	Crucial that there is sufficient capacity to easily meet demands		

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		32.76%	19
2	Support		27.59%	16
3	Oppose		12.07%	7
4	Strongly oppose		20.69%	12
5	No opinion		6.90%	4
			answered	58
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (36)

1	Far too far away from Fairford to be a good option for patients from that town/area
2	Too Gloucester central, what about those of us in the East of the County?
3	As in previous answer not easy to get to from some parts of County and parking very difficult
4	Many people from Cheltenham and North Gloucestershire would die on the way to Gloucester Royal. The traffic at many times of the day is appalling in Gloucester. You seem to be considering Cheltenham as a small village when in fact it has a population of 112,700. When you include the Cotswolds it rises to 196,300. With the regular increases of population throughout the year this should surely make a difference to your decision.
5	Important to patients and staff.
6	Both centres need to provide excellent emergency surgery.
7	Please see earlier comments,
8	Best location and facilities in the county
9	see above
10	If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.
11	See my previous answer
12	Emergency treatment should be available at both hospitals. General surgery could be centred in GRH but both hospitals should be able to save lives.
13	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.

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
14	It makes sense to concentrate expertise at one hospital, and GRH has already road tested this approach.		
15	As mentioned this sort of service MUST be available at both hospitals. Frankly I do not understand why it should be centred at one hospital. It appears to be a cost cutting ploy		
16	Agree with any proposal to avoid unnecessary duplication		
17	A centre of excellence at Gloucester Royal would detract from the service at Cheltenham General		
18	Again, although this would be less convenient in respect of a present home the benefits would seem to outweigh the convenience		
19	As previous question.		
20	Glos Royal needs to improve.		
21	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
22	Because it makes best use of all resources		
23	The other options are more suitable		
24	If its an emergency, the worry is that you would arrive at CGH and time would be wasted going to GRH because its 5:55pm.		
25	We prefer Cheltenham - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
26	I like the idea of concentrating the expertise in a single location		
27	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
28	Better building and access		
29	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
30	If ALL emergencies are taken to Gloucestershire Royal Hospital it means the A&E Department at Cheltenham would no longer be a Type 1 A&E Department.		
31	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		
32	Look at the appointment systems and make the phone system shorter.		
33	see previous comment		
34	It is probably best to divide the centre of excellence status for best use of available expertise		
35	Your second option		
36	Specialisation usually leads to higher quality service and the attraction of most able doctors		

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		41.38%	24
2	Support		41.38%	24
3	Oppose		1.72%	1
4	Strongly oppose		10.34%	6
5	No opinion		5.17%	3
			answered	58
			skipped	2

Please tell us why you think this, e.g. the information you would like us to consider (34)

1	Far too far away from Fairford to be a good option for patients from that town/area
2	Better than at Gloucester but improve parking
3	Cheltenham General should remain a major hospital together with great in the area
4	Yes it sounds fine but surely Gloucester Royal will want their own as well!
5	As a sufferer in this speciality I consider it to be of great importance to provide the best possible service.
6	I would support this to be at CGH.
7	Higher standards and expertise can be employed centrally
8	Prefer Cheltenham for reason quoted earlier
9	Cheltenham is quite far enough for us to travel
10	GI is already at CGH why change it, rather expand on it
11	As above
12	Again, this is about providing the best patient service by locating staff at one centre.
13	Again have services available at both Cheltenham and Gloucester
14	Personal experience of my life being saved this last May when admitted through A&E at CGH with Fournier's disease for immediate operation to deal with gangrene and sepsis from infected scrotum.
15	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand
16	Agree with any proposal to avoid unnecessary duplication
17	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult
18	We would prefer this service to be available at Cheltenham where my husband had excellence care
19	The proposal would seem to make more effective use of staff and facilities
20	Confused!
21	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.
22	A single centre makes best use of staff and resources
23	COE will benefit Patients and Staff, and make effective use of existing resources
24	If its excellent, who cares where it is?
25	Near both

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
26	Again, I like the centre of excellence approach and likelihood of fewer cancellations		
27	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
28	As above Better building and access		
29	To help spread skills to other major assets		
30	General Surgery is not really a 'surgical specialism', as it relates to many different conditions. In order to justify centralising General Surgery the Hospital Trust appears to be attempting to redefine it as a specialism relating only to colorectal surgery.		
31	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		
32	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		
33	CGH is the preferred option		
34	To build expertise at CGH for this speciality		

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) 	51.79%	29
2	Gloucestershire Royal Hospital (GRH) 	21.43%	12
3	No opinion 	28.57%	16
		answered	56
		skipped	4

Please tell us why you think this, e.g. the information you would like us to consider: (33)

1	Crucial item for me is that there is an equal balance between what is in Cheltenham and what is in Gloucester....with equal numbers of essential services in each. It must not be Gloucester is the centre with bits in Cheltenham
2	I don't support your preferred option at all
3	Is Great Western Hospital Swindon a better option for those living on The Cotswolds, perhaps a joint venture with Glos NHS
4	Don't like the single site option
5	I believe that you are wrong in trying to decide one place against the other hospital. Gloucester Royal is full to capacity and often difficult to reach because of its situation. The best solution would be to build a new hospital at Staverton and put any ""centres of excellence"" there. This idea, whilst not likely to ever be considered, would be a perfect solution. There is plenty of space at Staverton and the surrounding land. Sites at Gloucester and Cheltenham could be then be sold at a huge profit
6	At present I am not familiar with either Hospital.
7	My personal experience ,choice.

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
8	For reason given previously		
9	Surgical team availability. Easier to set up cell salvage, if needed during the operations.		
10	See above		
11	As above		
12	Although my own experience has been of having colorectal surgery at GRH, I think location for this is less important than concentrating the expertise at one centre.		
13	Keep both hospitals operating as hospitals for all services. This centre of Excellence "" concept"" is in my opinion RUBBISH. Stop pretending that you are offering a better service when you are diluting what is already available		
14	The emergency detailed above meant I had minutes to live, my kidneys had already failed . My family were called to the hospital soon after the operation as I was given about two hours to live. Living in Hewlett Road, Cheltenham meant a speedy access to A&E which ironically closed about a week or so later. If the timing of my illness had occurred two weeks later I would not be filling in this form.		
15	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		
16	It makes sense for all GI (lower and upper) services to be in one hospital		
17	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
18	There is an air of calm efficiency and care at Cheltenham General Hospital which leads to a more rapid recovery time whereas at Gloucester Royal Hospital I feel that the wards seem to be under more pressure.		
19	Ideal in respect of our place of residence		
20	Either. But a Centre of excellence makes sense.		
21	Would keep at both		
22	Make effective use of existing resources		
23	If its excellent, who cares where it is?		
24	Suits us better - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
25	I like the link with the gynae cancer treatment at Cheltenham to form Pelvic Resection centre of excellence		
26	Strongly support the idea of single site excellence for all and any hospital procedures		
27	Ditto Better building and access		
28	If this is centralised on one site, it should be on the site where the existing Centre of Excellence for Cancer is based, because of the close relationship between Lower GI Colorectal Surgery and cancer.		
29	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		
30	More information about ones operations		
31	access to GRH is almost impossible for day patients and for visitors to in-patients if they reside in the north cotswolds		
32	So that centre of excellence status is not all centred at GRH		
33	Appears that more facilities are already there		

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		39.29%	22
2	Support		32.14%	18
3	Oppose		7.14%	4
4	Strongly oppose		7.14%	4
5	No opinion		14.29%	8
			answered	56
			skipped	4

Please tell us why you think this, e.g. the information you would like us to consider (27)

1	I don't support having only one centre for anything, given the size and demographic of Glos.
2	As before
3	Don't like the single site option, would like both hospitals to offer as many treatments as possible
4	Very important to develop high quality standards whatever the length of visit or stay in a hospital
5	Really can't imagine what day case GI surgery would entail .
6	See first comment re planned surgery being able to go ahead without theatres being needed for emergencies.
7	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance
8	As above
9	Spreading scarce resources around the county is a preferred method.
10	As per my previous answer. Concentration in one centre is the most important issue.
11	see earlier comments
12	My personal experience detailed in previous page and previous personal observation of the Chichester Hospital whereas friend of ours son is a senior Consultant specialising in this area. He was able to advise my family on my predicament, which he only comes in contact with about once a year. I would like CGH to have this sort of level of skill set.
13	Agree with any proposal to avoid unnecessary duplication
14	See previous 2 comments
15	The journey to Cheltenham from Winchcombe is far better than Gloucester Royal when you are unwell
16	More convenient from a personal point of view
17	Separating Planned surgerty will reduce cancellation and improve patients waiting times
18	N/A
19	GPs' recommendations
20	As above Strongly support the idea of single site excellence for all and any hospital procedures
21	Makes sense to spread workload
22	To centralise the entire colorectal skills
23	It makes sense to focus planned surgery on one site, but this should not only be ""planned day case"", it should also include more complex elective surgery and not merely 'day case surgery'.

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
24	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
25	N/A		
26	CGH is convenient GRH is useless for day patients		
27	Helpful to split areas of excellence		

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		40.68%	24
2	Support		33.90%	20
3	Oppose		8.47%	5
4	Strongly oppose		5.08%	3
5	No opinion		11.86%	7
			answered	59
			skipped	1

Please tell us why you think this, e.g. the information you would like us to consider (28)

1	Image guidance needs to have services in both locations
2	Grudging support since something will be offered at both sites
3	Cheltenham or Swindon
4	Reluctantly support, again would like both hospitals to offer as many treatments as possible
5	In view of the distances patients are required to travel, I strongly support this proposal
6	Image Guided intervention main hub should be alongside ED
7	Reasons given previously
8	Such specialised intervention should be centralised
9	The way ahead if all the needed skill sets are in place.
10	In the AI age this can be shared between both hospitals
11	see earlier comments
12	It depends what you mean by Spoke.
13	Agree with any proposal to avoid unnecessary duplication
14	We have the excellent cobalt centre in Cheltenham
15	Seems to make sense
16	It is more effective to provide a hub at GRI but a spoke allows more freedom for management
17	This Provide the Best Option - and will mean patients can be seen locally.

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

		Response Percent	Response Total
18	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		
19	N/A		
20	Gloucester Royal is best for me		
21	As above - is the 'spoke' necessary? Strongly support the idea of single site excellence for all and any hospital procedures		
22	It is the logical place		
23	Image Guided Interventional Surgery appears to cross a variety of other specialisms, but seems most relevant to Cardiology and Vascular Surgery, which should be located in the first-class facility that was only created at Cheltenham three years ago.		
24	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		
25	Good idea		
26	patients can be taken to/from GRH by ambulance, access problems are therefore left crucial.		
27	Single location		
28	Need to be able to meet the demand and provide the highest quality of service		

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

			Response Percent	Response Total
1	Strongly support		35.09%	20
2	Support		22.81%	13
3	Oppose		14.04%	8
4	Strongly oppose		7.02%	4
5	No opinion		21.05%	12
			answered	57
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (23)

1	Far too far away from Fairford to be a good option for patients from that town/area
2	Too Glos central
3	See my previous answers, Great getting too busy with parking and accessibility problems
4	An important part of medicine that needs a Centre of excellence
5	As above,
6	Ditto

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

		Response Percent	Response Total
7	see above		
8	As before - transport is a serious worry for us		
9	see earlier comments		
10	Agree with any proposal to avoid unnecessary duplication		
11	One excellent speciality		
12	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
13	As I said before, as long as it is excellent, who cares where it is?		
14	N/A My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
15	As above Strongly support the idea of single site excellence for all and any hospital procedures		
16	This and IGIS should be in the same location		
17	There is an excellent, nearly new Cardiovascular Unit at Cheltenham General Hospital, which the Hospital Trust spent £2.3m or more on. This is one of the best facilities of its kind in the South West, if not the whole country. It makes no sense to relocate this to the Gloucestershire Royal, especially since, according to six out of seven of the Consultants involved, the facilities there are not nearly as good.		
18	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.		
19	Another very good idea.		
20	CGH already does it		
21	The need to create the centre of excellence for specific specialisation over the 2 hospitals		
22	Single location		
23	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		40.74% 22
2	Support		40.74% 22
3	Oppose		5.56% 3
4	Strongly oppose		1.85% 1
5	No opinion		11.11% 6
		answered	54
		skipped	6

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

		Response Percent	Response Total
Please tell us why you think this, e.g. the information you would like us to consider (21)			
1	I would also like to see continuing support for Gastroenterology services at Cirencester hospital. I have had excellent treatment there.		
2	Better for patients from Fairford, but not good for patients living at the west edges of Glos.		
3	Consider Great Western Swindon for Cotswold residents		
4	See all my previous answers		
5	Again, important to have these services readily available		
6	I fully support the Centre of Excellence principle and am happy to leave the 'where' to those more qualified than me to make that decision.		
7	Reasons given previously re: buildings		
8	Already in place? One stop shop.		
9	As above		
10	Yes both hospitals should be capable of offering all services		
11	GI and gastroenterology services should all be at the same hospital		
12	Agree with any proposal to avoid unnecessary duplication		
13	I have received excellent care at Cheltenham		
14	Ideal location from a personal point of view		
15	The Pilot seems to indicate that this is and will continue to work well		
16	Suits us - see page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
17	As above Strongly support the idea of single site excellence for all and any hospital procedures		
18	Keep the gastro disciplines together		
19	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
20	See my previous comments		
21	CGH is best located for the whole of the county		

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

			Response Percent	Response Total
1	Strongly support		57.14%	32
2	Support		26.79%	15
3	Oppose		8.93%	5
4	Strongly oppose		0.00%	0
5	No opinion		7.14%	4
			answered	56
			skipped	4

Please tell us why you think this, e.g. the information you would like us to consider (27)

1	Just what I would like, both hospitals offering service
2	because this would be an excellent idea
3	In view of the large numbers of traffic accidents that seem to have been taking place recently it works appear that the service is essential
4	For similar reasons as already explained, orthopaedics more likely to be planned.
5	Agree need in both locations
6	Best idea for the specialist teams. Already happening. personal experience.
7	I have experiences emergency treatment for a broken wrist at Cheltenham last December. The treatment was outstanding. It was delivered, I leant (after the successful manipulation), by a wonderful Nurse Practitioner. My follow-up consultation at Gloucester was frankly disgraceful - the consultant's treatment was appalling and I complained about him. Excellence must be analysed, and all staff must be tutored to deliver excellent outcomes.
8	Yes both hospitals should be capable of offering all services
9	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.
10	Presume there is sufficient workload to justify 2 similar services. CGH is closer to us, so of course I'm having to have anything that may be needed urgently as close as possible
11	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always
12	We have an ongoing population in Winchcombe and Cheltenham General is very much more convenient for everybody. This is very important when you are unwell. A&E, MRI and scans, Orthopaedics, Oncology all provide an excellent service for us and or course surgery as well
13	makes effective use of resources
14	An excellent idea.
15	The divide between the two disciplines is required given the extra resources for orthopaedics
16	The results of this pilot indicate that the proposal is and will continue to work wll
17	Trauma needs unambiguous and fast treatment. I've no idea where/when I can go to CGH so I'd call an ambulance rather than go by car. What a stupid waste of resouces.
18	See onwards to page 37 My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.

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

		Response Percent	Response Total
19	As above Strongly support the idea of single site excellence for all and any hospital procedures		
20	I have no support or opposition		
21	From things I have heard about Trauma & Orthopaedics I am not convinced the T&O Pilot study has gone as well as the Hospital Trust has claimed. I should like to see the full report of the Trial, before forming a judgement on this. I am not opposed to most elective orthopaedic surgery being done on one site and most trauma orthopaedics being done on the other, to minimise disruption to elective orthopaedic procedures, but Trauma Orthopaedics is fundamental to a fully functioning A&E Department, not least because it is not always obvious until x-rayed whether an injury is a broken bone or a soft-tissue injury. At least some trauma orthopaedic capacity should be retained on both sites.		
22	Convenient for residents of both areas		
23	Yes very well needed		
24	The 2 centres provide good coverage but CGH has to provide the facilities for trauma patients.		
25	These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		
26	Maintain present pilot scheme		
27	Anything that reduces waiting times and ensures quality of surgery would 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
1	Open-Ended Question	100.00%	41
1	One major impact on having services at both Cheltenham and Gloucester, How do elderly patients get to these hospitals. Public transport is not good and Taxies are very expensive. We need more localised services!		
2	Any move to create single centres of excellence in Glos OR Chelt is going to have an adverse impact on patients living furthest away from both hospitals.		
3	You need to consider access/travel time		
4	Getting to GRH is very difficult for us so keeping both hospitals offering treatments best option		
5	If you move most services to Gloucester Royal it would immediately present many problems for travelling or finding a place to park. Many older people would be distressed at being so far away from their families.		
6	Please reinstate the full blood service at Cirencester Hospital - it gives an immediate, quick service. GP service will cause long delays and worries to patients, inconvenience and cost to travel to Glos.		
7	As a Volunteer Patient Representative working directly with the NHS, all aspects of medicine concern me and my family		
8	I do not believe they would impact negatively, the distance between the two centres is not very far, if it was an emergency the patient would be blue lighted anyway. I would rather get the best possible care than decisions being made on geography. If as a plus this means that patients may not need to be sent out of county this is huge benefit		
9	I think you are ignoring a large percentage of residence east of Gloucester not to have a full equipped center of excellence at CGH covering every eventually from A&E to full trauma situations		
10	Positive impact		

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
11	Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham.		
12	Additional travel.		
13	It seems that Cheltenham will become to minor centre. I'm particularly worried about trauma treatment - an accident causing serious injury in the west of the county, where we are, could result in fatality if there were delay in reaching Gloucester hospital.		
14	I am so far healthy therefore none of these proposals would impact me but I would like you to consider patients travelling to either hospital.		
15	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.		
16	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.		
17	Any medical treatment should be available at a local hospital. It is wrong to expect patients who are obviously ill to travel to long distances for treatment. Ecologically it is also better for a few medical staff to move between hospitals than for large numbers of patients to travel		
18	Find travel to GRH difficult		
19	No impact.		
20	The move of cardiology and the creation of a centre of excellence to Glos Royal makes no sense....This already exists at Cheltenham Gen and will effect me personallyI have an existing heart condition.		
21	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		
22	We live in Stroud so both Cheltenham and Gloucester hospitals are easily accessible to us		
23	some services will be further away if located at GRH, but when traveling by car it doesn't make a great difference		
24	I need, from time to time, the need for treatment for colorectal and/or gastroenterology problems. I always feel more comfortable in Cheltenham General Hospital		
25	My wife and I are both in our 80s and moved from a rural location in 2019 as we anticipate a point at which we will not own a car. We deliberately bought a property within walking distance of CGH. We have already found it necessary to travel to Gloucester for Xray and my wife was admitted for emergency treatment late on a Saturday evening. I had to return home to collect her essential medication and was able to do so in the car. This would have been particularly difficult without our own transport.		
26	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
27	Any proposals impact us if we have to go to Cheltenham as I don't drive. However all options have to be considered when cost is involved.		
28	I live in Cheltenham but have had both inpatient and outpatient treatment at both hospital I have no argument with proposals that lead to improvement in services and staffing		
29	I think overall there will be a positive benefits having local COE's with appropriate staffing		
30	None at present. Who knows the future?		
31	Lack of choice		
32	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.		
33	General Surgery at Gloucester Royal		
34	None		

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
35	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.		
36	I strongly believe health care needs to be delivered as close to where people live and work as possible. This is supposed to be a primary policy of the NHS, yet it seems there is a trend towards ever more centralisation and a move to more and more remote services. While some services can no doubt benefit from greater centralisation, especially where investment in very expensive equipment is concerned, administrative and clinical convenience should not be elevated above ease of access to healthcare.		
37	Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease		
38	no opinions but good idea		
39	I live in Moreton-in-Marsh and I am not able to drive. Gloucester is a foreign country! Oxford or Worcester is easier to reach. any suggestion of concentrating services at GRH is therefore bad news. only super specialist services should be located here.		
40	The service I use most is eye care and there is no reference to Ophthalmology: any reduction in this service at Cheltenham would be greatly concerning for me.		
41	Should be good		
		answered	41
		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%	23
1	Needs to be more Glos central or joint venture with Great Western Hospital Swindon		
2	Difficult for us to get to and park at GRH so would like CGH to keep full service		
3	I would like to know what suggestions you may have for the following. If my husband had strong pains in his chest in the middle of the rush hour what would be his chances of survival if he were to be taken to Gloucester Royal and there was a traffic jam due to an accident on the Golden Valley? Not great I think.		
4	Downgrading Cirencester Hospital blood testing service		
5	None		
6	Personally at present not, but who knows as we get older!		
7	See above		
8	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.		
9	YES! All the proposals. you are trying to reduce the service offered.		

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
10	Any moves of existing heart, cancer treatment, colo-rectal and imaging facilities to a Gloucester Royal 'centre of excellence' is a retrograde step and a huge waste of funds already spent There should be a full and proper published and publicly available for review Cost Benefit analysis which includes in the model a true and comprehensive explanation of the previous expenditure and costs both current and capital at Cheltenham General. This previous expenditure and the proposed 'write off/downgrade' must be part of the costs.		
11	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.		
12	My wife has problems with her eyes and we both have hearing issues. We are able to access both services at Cheltenham within walking distance of our home. There are no references to the future location of either, presumably these will be covered in the next phase of planning?		
13	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		
14	None I can foresee		
15	See next box My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
16	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.		
17	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.		
18	Senior management should listen much more to the views of ALL its frontline staff and not merely those of some of its most Senior Consultants. The Hospital cannot deliver excellent healthcare, regardless of how well equipped its 'Centres of Excellence' are without the goodwill and dedication of all of its staff. It is quite clear the failure to involve frontline staff sufficiently in developing services is undermining morale. There appears to be widespread distrust of senior management among staff and a sense of grudging resignation to having reorganisations imposed on them in a heavy-handed 'top-down' way.		
19	n/a		
20	no negative impact		
21	all services other than super-specialist ones need to be mirrored at CGH		
22	We live only 12 min walk from CGH, therefore the centres of excellence in Gloucester will be less accessible. Not having access to 24 hour A&E is a downside for us.		
23	None that come to mind		
		answered	23
		skipped	37

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%	16
1	We need to keep the blood monitoring service at Cirencester Hospital, even Cheltenham is too far away. If you need a frequent test it would be impossible to do this if you do not have your own transport.		
2	Jpoint venture with Great Western Swindon for those living on The Cotswolds		
3	No		
4	To be "Fit for the future" try to repair the damage that has been afflicted to the NHS over recent years. Stop putting operations out to private companies. Work on restoring services which have been cut, reduce waiting times. Put NHS money into the NHS and NOT into private companies		
5	""developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19 of the full consultation booklet)."" This just means that the one's who shout loudest are listened too the most.....It also assumes the the voices from the deemed 'stakeholders' [NHS chosen or invited!!] are the truly interested parties. Most of us are too busy in our everyday lives to give up time to be part of this stakeholder echo chamber.		
6	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 wit 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?		
7	No suggestions - the proposals seem to make sense		
8	Fully supportive of the changes planned, as timing will be improved and better staffing.		
9	My wife and I are in our 90th year. She is not allowed to drive. I prefer daylight and not Mon or Friday. We live in Tetbury and wish treatment there. So: We prefer Cheltenham and do not like Gloucester, the former being easier for us to reach by car and more convenient in terms of other activities on the day.		
10	No		
11	Recognising the need for change, the proposals for Gastro-intestinal Surgery contained in what was Option 4 should be fully worked up into a proposal, in preference to Option 2 which is what the Hospital Trust appears to have adopted in opposition to the majority of the Consultants involved and GiRFT advice.		
12	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.		
13	no		
14	I live in Moreton, We have a fine new hospital building which is woefully underused, Yet I am invited to travel to Gloucester for a routine exam, The NHS needs to resolve service delivery issues of this kind, preferably before the new forest of dean hospital opens, for the same problems will arise there. The general impression given in this survey is that services will be organised for the convenience of patients who will usually be sick or indisposed.		
15	My alternative suggestion rather than wasting money on expensive surveys like this is to have ONE hospital, between Cheltenham and Gloucester, which could then be available for both. The overall saving to the NHS would after the initial expense, be enormous. I believe the only reason this has not already happened is the ridiculous failure by the two relevant local authorities to agree on a site.		
16	None		
		answered	16
		skipped	44

Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	23
1	Get Cirencester and Tetbury hospitals better integrated into the services provided for patients		
2	Just think more about travel access, parking facilities and best of all getting appointments and blood tests done promptly. The Cotswolds is treated as a backwater by Glos NHS		
3	This is a very ambivalent survey. I am sure not many people will bother to complete it fully I read the lengthy booklet and after looking at the various rather repetitive questions I imagine many people will give up. This I think is what you want. You have intentions and ideas to carry out and I don't believe as a member of this community our opinions matter at all.		
4	Downgrading the blood testing service at Cirencester impacts heavily on local residents		
5	I would like to see a very positive statement, and concrete proposals for the better care of patients presenting with mental health problems in ED. This has been a long ongoing concern, how will Fit for the Future ensure that mental health is given proper consideration?		
6	No		
7	Cary on with the plans.		
8	I haven't the experience to comment on most of this questionnaire.		
9	Even your summary document is far too full and obfuscating! I'd like an honest and clear comparison between services as they were before COVID and as they would be under your preferred proposals, with an indication on the impact in time and accessibility for patients in the various parts of the county.		

Anything else you would like to say?

		Response Percent	Response Total
10	<p>The NHS was a great organisation. Over the years it has slowly been destroyed. One great problem is with the GP service. It effectively stops patients from accessing the main NHS services. It is almost impossible to get to see a GP. An example - In November 2019 I had a fall. I damaged my arm. A shard of metal punctured the arm to quite a depth. The arm from elbow to palm of hand went blue and remained blue for weeks. A huge swelling erupted at the puncture point. It was impossible to see my GP. By late December the arm was still swollen and bruised. I was concerned with Christmas upon me. I live alone. I phone 111 I was referred to see my GP the following day. When I entered the GP surgery the first words from GP were I don't usually see people who just walk in off the street.</p> <p>Obviously the GP service is NOT there for older people. The telephone 111 service is a farce. Please don't talk about centre of excellence and fit for the future. Just restore the NHS to a functioning system now</p> <p>The whole of your document has annoyed me. you say that you are attempting to provide centre of excellence while what you are doing is actually trying to whittle away even more of the flesh from the skeleton of the NHS which was a great organisation but which is now a shadow of what it once was.</p> <p>The hospital work is good still once one can get past the deliberate obstacle of the local GP. I have already mentioned the case of my GP who said "" I don't usually see people who walk in off the street"" when I had been referred by 111 service. The episode convinced me that the NHS is simply not there for older people. Please stop trying to fool me into thinking that you are trying to offer centre of excellence</p> <p>Long before that event I went to the GP reception as I have done in the past, to ask for an appointment. The receptionist who is obviously there to protect the doctors from seeing patients, told me that the system had changed. I had to go home and telephone for an appointment. I pointed out that I was there, talking face to face to her so why not organise an appointment. I simply wanted a routine appointment because I was concerned about a long term health issue I have. The receptionist then became aggressive and told me to go home and phone for an appointment.</p> <p>I returned home and phoned the surgery. The line was engaged. I tried to phone many times. The line was always engaged. Making an appointment is now virtually impossible. I presume that your aim is to force people who can afford to, to opt for private treatment. Pleased do not try to disguise your actions as creating centres of excellence</p> <p>The other possible method of getting medical attention is via the A&E. It is a last resort. When I badly damaged my arm I did not bother the A&E system. I would not abuse such a service. However other people who are desperate for treatment have used A&E. You have tried to counter that by removing the A&E from Cheltenham hospital. A lot of public pressure prevented that move completely but you ask about centres of excellence. It is in my opinion impudence on your part.</p> <p>I have health issues. I am elderly and live alone. If I get covid it will no doubt kill me, but I have determined that I will not even try to contact my GP. you so obviously intent on destroying the NHS as it stands. The government says it will be free at the point of delivery and so you are ensuring that there is no point of delivery.</p> <p>I do remember times before the NHS. What a disagree that we are returning to such times again. Centres of excellence RUBBISH</p>		
11	Parking at both centres is problematic and public transport during Covid19 advised against		
12	This appears to me to be yet another way to spend money to create 'something new' and the associated empire building both administratively and medically tghat goes with that. All proposals need to be matched to realistic assumptions of need and the first priority should be proper utilisation of existing resource. Acceptance of the waste of resource [both income and capital] appears to be a huge part of the default NHS model.		
13	Consider what minor injuries services etc could be made more easily available at GP surgeries. Even discounting the Covid effect, the GP is a bottleneck. Overall the treatment me and wife have received from CGH and GRH has been timely and very successful. Thanks to everyone.		
14	<p>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.</p> <p>Where as I believe a centre of excellence is essential - longer journeys for clients with children or frail adults will inevitably increase stress levels.</p> <p>With ambulances being tied up for longer transferring patients to the appropriate hospital.</p> <p>You speak of specialist doctors. Are experienced nurses willing to change work base from CGH to GRH</p>		
15	<p>Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book.</p> <p>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!</p>		

Anything else you would like to say?

		Response Percent	Response Total
16	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.		
17	The survey is difficult for non medics to comprehend. See points above.		
18	No		
19	The publics primary concern about the reconfiguration of specialist services within the hospital relate to the convenience and accessibility of services and the long term sustainability of a Type 1 A&E Department in Cheltenham. Of some of these proposals are implemented it is difficult to see how a full Type 1 A&E Department would be sustainable in the long term. This is despite the reassurances the Hospital Trust has repeatedly been given. It is these proposals which have undermined staff and public confidence in the Hospital Trust's sincerity over the re-opening of Cheltenham A&E and its long term future.		
20	See above please re-think before its too late		
21	no		
22	I used to work for the department of health. The fashion for building new hospitals would alternate between big is beautiful and small is beautiful on a 10 year cycle. The result was that all current buildings was out of step with prevailing thinking. Health trusts need to resolve this conundrum and ensure a successful balance between specialist and locally delivered hospital based options.		
23	Great believer in logic		
		answered	23
		skipped	37

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	54
1	GL51		
2	GL7		
3	GL7		
4	GL7		
5	GL53		
6	SN6		
7	OX18		
8	GL52		
9	GL53		
10	gl52		
11	GL3		
12	GL54		
13	GL16		
14	GL16		
15	GL54		

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

		Response Percent	Response Total
16	GL54		
17	GI53		
18	GL5		
19	GL3		
20	GL52		
21	GL		
22	GL52		
23	GL20		
24	GL51		
25	GL14		
26	GL52		
27	GL6		
28	GL52		
29	GL17		
30	GL54		
31	GL52		
32	GL11		
33	GL12		
34	GL56		
35	GI53		
36	GL1		
37	GL53		
38	GL8		
39	GL50		
40	HR9		
41	GL51		
42	GL11		
43	GL3		
44	GL11		
45	GL6		
46	GL50		
47	GL16		
48	GL50		
49	GL2		
50	GL56		
51	GL50		
52	GL50		

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

		Response Percent	Response Total
53	GL5		
54	GL7		
		answered	54
		skipped	6

Which age group are you:

		Response Percent	Response Total
1	Under 18	0.00%	0
2	18-25	0.00%	0
3	26-35	0.00%	0
4	36-45	0.00%	0
5	46-55	0.00%	0
6	56-65	0.00%	0
7	66-75	45.00%	27
8	Over 75	55.00%	33
9	Prefer not to say	0.00%	0
		answered	60
		skipped	0

Are you:

		Response Percent	Response Total
1	A health or social care professional	0.00%	0
2	A community partner	3.33%	2
3	A member of the public	96.67%	58
4	Prefer not to say	0.00%	0
		answered	60
		skipped	0

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

			Response Percent	Response Total
1	No		5.00%	3
2	Mental health problem		8.33%	5
3	Visual Impairment		11.67%	7
4	Learning difficulties		0.00%	0
5	Hearing impairment		28.33%	17
6	Long term condition		65.00%	39
7	Physical disability		20.00%	12
8	Prefer not to say		0.00%	0
			answered	60
			skipped	0

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		29.31%	17
2	No		67.24%	39
3	Prefer not to say		3.45%	2
			answered	58
			skipped	2

Which best describes your ethnicity?

		Response Percent	Response Total
1	White British		98.33% 59
2	White Other		0.00% 0
3	Asian or Asian British		1.67% 1
4	Black or Black British		0.00% 0
5	Chinese		0.00% 0
6	Mixed		0.00% 0
7	Prefer not to say		0.00% 0
8	Other (please specify):		0.00% 0
		answered	60
		skipped	0
Other (please specify): (0)			
No answers found.			

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

		Response Percent	Response Total
1	No religion		25.00% 15
2	Buddhist		0.00% 0
3	Christian (including Church of England, Catholic, Methodist and other denominations)		70.00% 42
4	Hindu		0.00% 0
5	Jewish		0.00% 0
6	Muslim		1.67% 1
7	Sikh		0.00% 0
8	Other		1.67% 1
9	Prefer not to say		1.67% 1
		answered	60
		skipped	0

Are you:

			Response Percent	Response Total
1	Male		60.00%	36
2	Female		40.00%	24
3	Transgender		0.00%	0
4	Prefer not to say		0.00%	0
			answered	60
			skipped	0

Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		100.00%	60
2	No		0.00%	0
3	Prefer not to say		0.00%	0
			answered	60
			skipped	0

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

			Response Percent	Response Total
1	Heterosexual or straight		94.92%	56
2	Gay or lesbian		0.00%	0
3	Bisexual		0.00%	0
4	Other		0.00%	0
5	Prefer not to say		5.08%	3
			answered	59
			skipped	1

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

		Response Percent	Response Total
1	Yes	0.00%	0
2	No	50.00%	30
3	Not applicable	50.00%	30
4	Prefer not to say	0.00%	0
		answered	60
		skipped	0