

Fit For The Future - What matters to you?

Responses from people 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		44.35%	55
2	Support		26.61%	33
3	Oppose		12.10%	15
4	Strongly oppose		11.29%	14
5	No opinion		5.65%	7
			answered	124
			skipped	4

Please tell us why you think this, e.g. the information you would like us to consider (73)

1	Many patients do not have transport and will be unable to travel to the 'alternative' hospital.
2	It will be easier to manage 24/7 and we will be able to afford the best equipment if only one piece is needed instead of several.
3	In a county this size, with the shortage of doctor and nurses we need to ensure that we have the safest care available and to do this efficiently as possible we need to have services centred on one site, in acute medicine GRH is the preferred site. This will not be popular with Cheltenham people but they have to accept that they will never ever have a fully functioning hospital on their site.
4	As things are, without increased levels of staffing on medical wards, numbers of staff on each shift will just continue to be inadequate/bordering on unsafe. It will be impossible to provide holistic care.
5	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.
6	I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me
7	I would prefer to go to a site where the specialists are, rather than a hospital that is nearer but there are less staff available
8	Cheltenham is a large town that deserves an ED and Acute medical intake. Previous to this change Gloucester would on a regular daily basis divert either their GP and acute admissions to CGH ACUC as GRH could not cope with the high demand of patients. I feel the care is unsafe and compromised as a result of the change. Cheltenham ED and ACUC would receive patients from the Cotswolds which is an ageing population who relied on CGH service.
9	Coming from Cheltenham and having spent over 30 years working in CGH before moving to GRH, I am quite saddened that CGH seems to be the 'poor relation' and while I understand that for many reasons, services need to be streamlined and centralised, it's hard not to feel upset at certain changes.
10	Far too far away from Fairford to be a good option for patients from that town/area

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
11	Too Gloucester central, what about those of us who live to the East of the County?		
12	If it is a place where future care via a plan is determined it must be good.		
13	Gloucester Royal is not easy to get to from many pay of the county		
14	I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.		
15	having access to wide range of specialists as quickly as possible seems key		
16	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.		
17	I think it is important to aim for providing the best possible conditions in the service provided		
18	Both centres need to provide all sorts of emergency medicine .		
19	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 giving 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.		
20	I'm disabled and have no transport to get to and from the hospital in Gloucester would very especially as wheelchair accessible transport is no longer provided to bring me home on the day of discharge		
21	Best location in the county for this service		
22	Gloucestershire Royal is a difficult journey from North Cotswolds with poor bus services. Difficult for older people to visit relatives.		
23	It is the right approach for the future.		
24	It makes sense to me have the expertise in one centre.		
25	Broadly support this measure although concerned about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal. Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire Can see the benefits of seeing the right person sooner which is very beneficial for all concerned		
26	More efficient use of specialised staff		
27	If this is thought to be a good idea, it probably is!		
28	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.		
29	With stretched specialised NHS resources concentrating particular but different Specialists at each hospital makes sense. I am also reassured that A&E will remain at Cheltenham hospital as we live in Bourton-on-the-Water so need to be confident that the closeness of A&E in Cheltenham in an emergency provides a much better chance of survival rather than going all the way to far side of Gloucester from 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
30	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.		
31	24/7 access to multidisciplinary teams. Specialist equipment. Right disciplines to provide services and ability to train more staff		
32	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.		
33	I feel that this sort of service should be available at Both Cheltenham and Gloucester		
34	all experts in one place considering the staff shortage the NHS is currently under		
35	It makes sense to have one 'centre of excellence' rather than reduced facilities over 2 sites 12 miles apart		
36	It does make some sense to centre areas of expertise. However certain things also need to be taken into consideration. Access for people getting to the locations. Danger of additional time for emergency cases having to go to GRH. What is the impact on the other hospitals such as Cirencester, Tewksbury, Stroud etc.		
37	Depends on future direction of Cheltenham General Hospital		
38	Had an acute kidney stone admission few years ago just after Xmas - live next door to CGH - last thing would have wanted would have been to have been taken to GRH!		
39	Centers of excellence has to be the way forward to benefit the use of technology and Consultant/specialist skills.		
40	I can understand the reasoning and rationale for this option but I worry about capacity, if everyone suddenly has to attend GRH with no option to attend at CGH will waiting times be longer, will standards of care to the community be affected, will it mean that other treatments and services suffer at GRH. I am not against the proposal but these are some thoughts and questions I am having as a (potential) service user and a resident of Gloucestershire. I worry that this is also a step to wind down care and service provision at CGH too.		
41	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		
42	No clinicians I have spoken to think that this is a good idea - and I am dubious as to whether this is about patient care or whether it's to save money. Sadly I suspect the latter.		
43	It makes sense to centralise this area		
44	make the best use of the expertise for each discipline. Not point in having too many duplicated services.		
45	I think everyone would prefer to be treated where specialist care is available and immediately accessible. This comment applies to all sections		
46	My Husband had excellent care at Cheltenham General. A serious op for Bladder Cancer in 2015		
47	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.		
48	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.		
49	Glos Royal needs to improve		
50	Reduced waiting times Specialised staff in one place, so prompt decisions, better staffing		
51	As I don't drive its most useful		
52	I respect the reasons set out in the consultation document		

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
53	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 use their daily/weekly/monthly bus pass in the 99 that links the two hospitals.		
54	Timely assessment and diagnosis and improved staff cover		
55	Increased chances of seeing the right specialist more quickly. Will provide more focussed training/learning opportunities for junior doctors and medical staff, with continuous supervision by senior doctors. This will contribute to attracting staff and improved retention rates.		
56	Gloucestershire Royal Hospital is not large enough to accommodate such a move		
57	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.		
58	It would make sense to have a particular specialism in one location to avoid possible delays to be seen by a specific consultant and relieve unnecessary travel between sites.		
59	I don't want to go to Gloucester Royal it has a bad reputation and I would not be happy there.		
60	I like the "centre of excellence" approach		
61	I think it is vitally important to be able to have access to the right specialists (senior doctors) in a time of need, also address safety issues		
62	Strongly support the idea of having 'specialties' at one of the two hospitals only.		
63	Possible, good concentration of staff		
64	To concentrate the necessary skills in the centre of the catchment area		
65	locating all resources at centre will remove from other part of zone hence increase travel time for a type of care that is time critical, better to have at least some support closer to all users hence able to treat in 'golden time'		
66	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.		
67	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.		
68	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
69	Keeping track of all medicine and where they are used.		
70	GRH is inaccessible for residents of the north cotswolds		
71	More specialist nurses required in Acute Medicine. Real lull in activity when you get up to Acute Medicine.		
72	It is probably best to divide the centre of excellence status for best use of available expertise		
73	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		37.40%	46
2	Support		29.27%	36
3	Oppose		8.94%	11
4	Strongly oppose		13.82%	17
5	No opinion		10.57%	13
			answered	123
			skipped	5

Please tell us why you think this, e.g. the information you would like us to consider (66)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	See previous answer. Best outcomes for patients is having centralised specialist units where training can also continue and also attract the best and Bridgestone staff .
3	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.
4	Same reason as before, I know there aren't enough specialists, it makes sense to me to have them in one location. If I was in need of emergency surgery I'm not sure I would care where I was as long as someone with the required skill and knowledge was in the same place.
5	Lack of beds, long a&e waiting times, longer wait for operations
6	As before
7	Far too far away from Fairford to be a good option for patients from that town/area
8	Too Gloucester central, what about those of us in the East of the County?
9	I don't think any of the 4 options are enough - I would like to know what happens to people who are admitted to CGH before 8pm in an emergency situation where a delay to GRH could be critical and could be criticised by the Coroner should something happen? The time delays - picking up a patient from, say, the other side of the Cotswolds - surely they need to get to the correct help as quickly as possible and GRH may be quite a lot further away than CGH.
10	Any centre of excellence must be good.
11	As in previous answer not easy to get to from some parts of County and parking very difficult
12	I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.
13	I want to see best staff possible in an emergency - I don't mind where it is but Gloucester makes more sense
14	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.
15	Important to patients and staff.
16	Both centres need to provide excellent emergency surgery.
17	Please see earlier comments,
18	Too far to travel for people living East of Cheltenham
19	Best location and facilities in the county

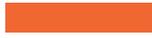
Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

		Response Percent	Response Total
20	see above		
21	I have to travel to both hospitals, so it makes no difference to me.		
22	<p>Please note I don't fully follow the options here - the short booklet seemed to refer to the longer booklet. the long booklet was too confusing as to what you really meant. A picture /diagram of the before vs after might help add the clarity required</p> <p>Would support measures to be seen by the right person sooner but some concerns about travelling distance for patient and/or family and friends if having to travel from e.g. the east/north of the county. Using a bus (could be 2+), particularly later in the day/evening, or having to fork out a for a taxi/persuade a friend/family member to drive further is far from ideal.</p> <p>Some concerns over whether there would be sufficient bed space for services to be centralised - other hospitals who have merged services from two sites relatively near to each other onto one site have experienced issues with capacity e.g. a county to the north of Gloucestershire</p>		
23	More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve.		
24	If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery.		
25	See my previous answer		
26	As mentioned on previous page		
27	Emergency treatment should be available at both hospitals. General surgery could be centred in GRH but both hospitals should be able to save lives.		
28	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.		
29	As for Acute medicine, access to multidisciplinary team and equipment		
30	It makes sense to concentrate expertise at one hospital, and GRH has already road tested this approach.		
31	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		
32	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
33	Yes but the risks of additional transfer time for patients. Waiting times are already considerably higher. Can this be mitigated by keeping 'much less urgent cases away'? Strain on Ambulance Service. How does this all impact the other Gloucestershire Hospitals?		
34	Again would like CGH to be able to continue to provide this to local residents and not all centralised at GRH.		
35	Please see my comments on the previous section regarding capacity and my support of the proposal IF the level of service is maintained to ensure that full and effective delivery, commensurate with the population of the area, can still be provided (or this proposal makes the service delivery more efficient).		
36	Better care for the community		
37	Agree with any proposal to avoid unnecessary duplication		
38	Emergency general surgery should be available at both hospitals		
39	A centre of excellence at Gloucester Royal would detract from the service at Cheltenham General		
40	Again, although this would be less convenient in respect of a present home the benefits would seem to outweigh the convenience		
41	As previous question.		
42	Glos Royal needs to improve.		

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
43	Pressure eased on gaps in surgery and better for consultants and trainees. Shorter waiting and being messed about.		
44	Because it makes best use of all resources		
45	The other options are more suitable		
46	Being seen by the right specialist, not going through several appointments and being re-directed		
47	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.		
48	Quicker, more direct access for patients to the right specialist. A 'centre of excellence' will be an attractor for young doctors. Concentration of the right staff cover. Concentrated and improved learning opportunities for junior staff. However, resources, including beds, nursing staff and theatres, will need to be increased at GRH accordingly.		
49	I do not think that Gloucestershire Royal is a large enough site and believe that patients should have the option to choose which hospital they are treated at and I believe the system works as it was before the shake up of services due to the Covid pandemic. It is blatantly clear that GRH cannot cope with being the only 24hr A&E unit as evidenced by the numerous complaints and concerns that have been raised about this.		
50	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.		
51	This would be a more efficient use of resources.		
52	I would prefer to go to Cheltenham Hospital.		
53	I like the idea of concentrating the expertise in a single location		
54	Yes I would like this to stay in Gloucester I am bias I live just outside Gloucester I like the benefits to staff members and staff retention.		
55	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
56	Better building and access		
57	For the same reasons as above To concentrate the necessary skills in the centre of the catchment area		
58	as per commentary in last page; fear over increase travel times		
59	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.		
60	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		
61	Look at the appointment systems and make the phone system shorter.		
62	see previous comment		
63	A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged.		
64	It is probably best to divide the centre of excellence status for best use of available expertise		
65	Your second option		
66	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		48.36%	59
2	Support		31.15%	38
3	Oppose		2.46%	3
4	Strongly oppose		5.74%	7
5	No opinion		12.30%	15
			answered	122
			skipped	6

Please tell us why you think this, e.g. the information you would like us to consider (66)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	Again it would make sense to have all GI surger on one site as patients don't always fit nicely into one speciality . So, GRH.
3	If the ward is staffed properly, it could work.
4	If it's planned, why not just go to Oxford and build a bigger unit there?
5	I think it should be bk in Cheltenham
6	Planned care still requires experts and equipment, its unreasonable to expect the NHS to be able to fund this on two sites that are so close to each other
7	It has been mooted for some time, so that GRH would become the 'hot' hospital, while CGH would take 'cold surgery'. This seems to have been an accepted version of things to come, so it is no surprise, and for me, there is no good reason to oppose
8	Far too far away from Fairford to be a good option for patients from that town/area
9	Better than at Gloucester but improve parking
10	If some cases would follow on from an a & e visit it makes sense to have it where the larger a & e capacity is
11	Cheltenham General should remain a major hospital together with great in the area
12	It will benefit local people needing this type of surgery
13	essential to attract good specialists and perhaps in time take on childrens so we dont have to travel to Bristol
14	Specialist staff in one place should mean collaboration in terms of quickly dealing with patient problems. Quick treatment/ diagnosis of Crohn's can reduce the need for surgery, less time off work and a better quality of life!
15	Yes it souldns fine but surely Gloucester Royal will want their own as well!
16	As a sufferer in this speciality I consider it to be of great importance to provide the best possible service.
17	I would support this to be at CGH.
18	But Cheltenham would be easier because of my disability and needing wheelchair accessible transport which cost more if I am required to go to Gloucester Royal
19	CGH
20	Higher standards and expertise can be employed centrally
21	Prefer Cheltenham for reason quoted earlier
22	experienced good service/care at CGH

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
23	I support a centre for excellence.		
24	Again slightly confused as to the proposal here - a before/after diagram might have helped. Would support measures to cut risk of operations being cancelled at the last minute / being able to be seen/treated by the right person sooner. Again this needs balancing with the risks of insufficient bed spaces if centralised on one site (e.g. county to the north of Gloucestershire. In addition there are the same travel concerns - if one is not well, coming by car may be the most practical method of transport, however unpalatable it may be. Hence adequate parking facilities are a must e.g. a dedicated carpark with more short term spaces say of up to 45 minutes		
25	I agree with the center of excellence approach in principle. I think it will improve patient outcomes.		
26	I think it would be beneficial to have lower G.I. consultants operating or based at Cheltenham. Often other specialities such as Gynae-oncology and urology doing pelvic surgery require assistance or advice from lower G.I. surgeons.		
27	Cheltenham is quite far enough for us to travel		
28	With elective surgery the distances to either hospital are manageable and can be planned. It the A&E that needs to remain available at both sites.		
29	GI is already at CGH why change it, rather expand on it		
30	As above		
31	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		
32	Again, this is about providing the best patient service by locating staff at one centre.		
33	Again have services available at both Cheltenham and Gloucester		
34	Again, it makes sense to have one very well equipped and staffed hospital rather than 2 close but less well resourced units		
35	As per previous comments		
36	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.		
37	Support options where there is access to both sites so this is good		
38	It doesn't matter which site, so long as the service is there and available.		
39	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand		
40	It can only be a good thing for the people of Gloucestershire		
41	Agree with any proposal to avoid unnecessary duplication		
42	CGH would be the better location		
43	Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult		
44	We would prefer this service to be available at Cheltenham where my husband had excellence care		
45	The proposal would seem to make more effective use of staff and facilities		
46	Confused!		
47	Not sure about this as people from the Cotswolds need the nearest place yet Gloucester is better for people from that area.		
48	A single centre makes best use of staff and resources		

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
49	COE will benefit Patients and Staff, and make effective use of existing resources		
50	If its excellent, who cares where it is?		
51	Concentration of a specialised team and the necessary resources.		
52	Near both		
53	If it is at GRH		
54	Again, it must be best to have all the specialists in one location.		
55	At Cheltenham		
56	Again, I like the centre of excellence approach and likelihood of fewer cancellations		
57	I think there would be lots of advantages to keeping all the planned lower colorectal general surgery in Gloucester. Everything and every member of staff present.		
58	As above Strongly support the idea of having 'specialties' at one of the two hospitals only.		
59	As above Better building and access		
60	To help spread skills to other major assets		
61	lose of this type of surgery would result in doctors/other specialists relocating hence would be unable to support A&E dept		
62	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.		
63	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		
64	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		
65	CGH is the preferred option		
66	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)		47.11%	57
2	Gloucestershire Royal Hospital (GRH)		21.49%	26
3	No opinion		33.06%	40
			answered	121
			skipped	7

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

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	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	Wherever you feel it is easier and safer to provide this from. Where other support services are on hand.		
3	As above so the specialists are on one site , can cross cover be available.		
4	Lower GI is currently at CGH, and in general works well with a v.dedicated multidisciplinary team.		
5	Why should people from Cheltenham go to Gloucester when they can go to Oxford? If it's planned...		
6	CGH should be the site for all planned activity		
7	Oncology		
8	What will there be about CGH to attract anybody to work there, if surgery is removed from Cheltenham altogether?		
9	I don't support your preferred option at all		
10	Is Great Western Hospital Swindon a better option for those living on The Cotswolds, perhaps a joint venture with Glos NHS		
11	As it is planned surgery the patient can arrange transport beforehand so I don't see any issues		
12	BOTH HOSPITALS. STOP PUTTING PRESSURE ALL ONTO ONE SITE		
13	Don't like the single site option		
14	I don't think it matters where the provision is. I cant see that one site has more benefit that the other.		
15	we live in Stroud - now my son has transitioned into adult IBD services we have had infusions in GRH, consultant appointment in GRH and MRI in Chelt - the travel relatively easy for us so wherever means staff travelling less.		
16	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		
17	At present I am not familiar with either Hospital.		
18	My personal experience ,choice.		
19	See previous question		
20	For reason given previously		
21	As previous		
22	Surgical team availability. Easier to set up cell salvage, if needed during the oerations.		
23	Ensure services are split more equally between sites & prevent all the eggs being put into one basket. If at Gloucester, could lead to capacity problems and there is only a finite amount of space to build on, if indeed funds can be found to pay for construction/re-figurement. By locating in Cheltenham, seems to sit/align with other services to allow a more wholistic treatment service		
24	I think it makes more sense to have surgical units for upper and lower GI surgery in one location		
25	Due to other specialities already doing pelvic surgery in this hospital. Surely a 'centre of excellence' would allow surgeons to assist and advise each other when required.		
26	See above		
27	As above		

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
28	as previous question		
29	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.		
30	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		
31	GRH is a larger site, has better facilities and is more accessible for visitors. I have had surgery in CGH in the past and felt the facilities were poor and the care was lacking. It is also very difficult for visitors to find somewhere to park.		
32	most of the issues are probably cancer related so it makes sense to put this in Cheltenham with the existing unit - although the buildings at Cheltenham are in dire need of refurbishment and modernising		
33	the main center for this type of surgery is already in Cheltenham - so why would you want to move it ?		
34	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.		
35	Again, it doesn't matter which site, so long as the service is there and available and ensure capacity and effective care for Gloucestershire residents. In my mind it would make sense to have a particular specialist treatment at both sites i.e. GRH is centre of excellence for XX and CGH is centre of excellence for YY. So that one or other site does not become defunct.		
36	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		
37	It makes sense for all GI (lower and upper) services to be in one hospital		
38	Obviously Gloucester is the closest to me, for same reason stated above. Cotswold residents would almost certainly disagree		
39	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.		
40	Ideal in respect of our place of residence		
41	Either. But a Centre of excellence makes sense.		
42	Would keep at both		
43	Make effective use of existing resources		
44	Better on-site facilities and car-parking at Gloucester. Not sure where there is adequate space in Cheltenham		
45	If its excellent, who cares where it is?		
46	Would seemingly make best sense to locate this at CGH to create a centre of excellence for pelvic resection; and to keep this surgery service entirely separated from the pressures of the Emergency General Surgery at GRH (as suggested in the consultation booklet)		
47	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.		
48	It is important not to concentrate every resource at one location, e.g. Glos, as this would increase the possibility of a single point failure.		
49	Cheltenham has a better reputation in area.		

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
50	I like the link with the gynae cancer treatment at Chetenham to form Pelvic Resection centre of excellence		
51	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.		
52	Strongly support the idea of single site excellence for all and any hospital procedures		
53	Ditto Better building and access		
54	north of zone seems to be where population will grow (housing plan) and south activity would likely be split between gch & new forest of dean hospital		
55	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.		
56	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		
57	More information about ones operations		
58	access to GRH is almost impossible for day patients and for visitors to in-patients if they reside in the north cotswolds		
59	Family orientated at Cheltenham and more friendly, smaller pods.		
60	So that centre of excellence status is not all centred at GRH		
61	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		42.15%	51
2	Support		29.75%	36
3	Oppose		4.13%	5
4	Strongly oppose		4.96%	6
5	No opinion		19.01%	23
			answered	121
			skipped	7

Please tell us why you think this, e.g. the information you would like us to consider (50)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	If there are enough surgeons to cover this service , my concern is if an emergency service is also working how will the oncology patients be managed in an emergency situation
3	Why go to Gloucester when you can go to Oxford?
4	If planned surgery is on the same site then you keep a cohort of skills in that location
5	I don't support having only one centre for anything, given the size and demographic of Glos.

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

		Response Percent	Response Total
6	As before		
7	Don't like the single site option, would like both hospitals to offer as many treatments as possible		
8	Benefits local people.		
9	Specialist equipment in one place, more efficient use of resources and specialist staff.		
10	Very important to develop high quality standards whatever the length of visit or stay in a hospital		
11	Really can't imagine what day case GI surgery would entail .		
12	See first comment re planned surgery being able to go ahead without theatres being needed for emergencies.		
13	Easy access and close to carers who need to visit me and don't drive		
14	Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance		
15	I support the idea of one team on one site locally		
16	Now very confused - how is this different to the previous two questions? Answers are as previous - support measures to cut last minute cancellations & being able to be seen & treated by the right person quicker. however this needs balancing with concerns over travel distance and reaching capacity at one site		
17	As above		
18	Spreading scarce resources around the county is a preferred method.		
19	as before		
20	As per my previous answer. Concentration in one centre is the most important issue.		
21	see earlier comments		
22	Although I support the idea of a 'centre of excellence', I do think that CGH needs some significant investment in order to become this and it's not the easiest place to travel to/park at due to the limited facilities. I like the idea of specialist care and if this is more readily available at CGH than GRH, then I am in support.		
23	as previous answer		
24	This is already in Cheltenham. I have had to use it and found it excellent.		
25	Planned surgery in one location does make a lot of sense, as long as the wait times do not increase and also operations are not cancelled due to other factors.		
26	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.		
27	Personally this suits me but appreciate that Glocs residents may not want to come all way over to Cheltenham		
28	So long as patients can access the location where their surgery is taking place.		
29	Agree with any proposal to avoid unnecessary duplication		
30	See previous 2 comments		
31	The journey to Cheltenham from Winchcombe is far better than Gloucester Royal when you are unwell		
32	More convenient from a personal point of view		
33	Separating Planned surgery will reduce cancellation and improve patients waiting times		
34	Concentration of expertise and dedicated staff in one location will improve patient care and efficiency.		

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
35	N/A		
36	As there may be possible overlap between the two treatments it would be best if there were all located in the same site.		
37	I think it is a good idea to separate out the emergency and planned cases, so having the day cases all at CGH makes sense along with other planned general surgery and the emergency cases in GR.		
38	Cheltenham has a better reputation.		
39	GPs' recommendations		
40	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
41	As above Strongly support the idea of single site excellence for all and any hospital procedures		
42	Makes sense to spread workload		
43	To centralise the entire colorectal skills		
44	if there does need to be service better where county housing plan will put most new housing/greater need.		
45	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'.		
46	See my previous comments. This is a bad decision and the people of the forest of dean and Monmouth deserve better.		
47	N/A		
48	CGH is convenient GRH is useless for day patients		
49	Yes for centre of excellence and yes for Cheltenham.		
50	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		37.90%	47
2	Support		33.06%	41
3	Oppose		7.26%	9
4	Strongly oppose		5.65%	7
5	No opinion		16.13%	20
			answered	124
			skipped	4

Please tell us why you think this, e.g. the information you would like us to consider (47)

1	Image guidance needs to have services in both locations
2	The same as previous it is easier to manage and better cost savings for the trust, tax payer.

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

		Response Percent	Response Total
3	Makes sense as the oncology services are at Chet=Itenham so would need support		
4	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.		
5	Imaging is essential to remain in CGH, Unsure as to why their is a need to transfer everything to GRH when there is a perfectly good working hospital with skilled staff members at CGH.		
6	Grudging support since something will be offered at both sites		
7	Cheltenham or Swindon		
8	Reluctantly support, again would like both hospitals to offer as many treatments as possible		
9	Will provide a better health care service for local people.		
10	expensive kit and specialist staff - makes no sense to try and run 2 sites		
11	In view of the distances patients are required to travel, I strongly support this proposal		
12	Image Guided intervention main hub should be alongside ED		
13	Reasons given previously		
14	Such specialised intervention should be centralised		
15	The way ahead if all the needed skill sets are in place.		
16	This would presumably mean that there could be more appointments available.		
17	Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step		
18	In the AI age this can be shared between both hospitals		
19	updating equipment and locating in one site is more cost effective		
20	see earlier comments		
21	Would prefer all in one place to maximise use of resources but accept probably a need at Cheltenham for a smaller unit in support of other services based there		
22	It depends what you mean by Spoke.		
23	I prefer it to be offred at both		
24	I have put 'oppose' because I feel neutral about this proposal (so I do have an opinion but not either way at the moment). My reason is as follows: as long as patients attending both have the same access to the surgery/treatment they need e.g. so that those patients attending a non surgical centre are not disadvantaged by this model/proposal.		
25	Agree with any proposal to avoid unnecessary duplication		
26	We have the excellent cobalt centre in Cheltenham		
27	Seems to make sense		
28	It is more effective to provide a hub at GRI but a spoke allows more freedom for management		
29	This Provide the Best Option - and will mean patients can be seen locally.		
30	Less likelihood of being transferred to other hospital sites. Retention of staff is pararmount		
31	The staff who maintain the LINACS (at CGH) would be best to carry out emergency repairs and maintenance, surely?		

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

		Response Percent	Response Total
32	If EGS and Acute Medical Take are located at GRH, then it makes good sense to make GRH the hub for IGIS. It would also seem sensible for there to be a 'spoke' at CGH to work alongside oncology, urology and other specialisations there.		
33	N/A		
34	It would seem that more patients could be treated in this way.		
35	I think this will allow the best use of equipment by having the main hub at GRH but still maintaining some of the spoke services at CGH.		
36	If we can choose where we go.		
37	Gloucester Royal is best for me		
38	Yes I would like IGIS Hus at Gloucester and a spoke at Cheltenham General Hospital, I like the fact you do not have to travel between sites and outside of the county.		
39	As above - is the 'spoke' necessary? Strongly support the idea of single site excellence for all and any hospital procedures		
40	It is the logical place		
41	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.		
42	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		
43	Good idea		
44	patients can be taken to/from GRH by ambulance, access problems are therefore left crucial.		
45	Have had heart surgery and this would have helped me at the time and taken away the need to attend Oxford. Great for bringing the specialists to Gloucestershire to work. Open up the service to more charitable funds.		
46	Single location		
47	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		32.20%	38
2	Support		25.42%	30
3	Oppose		11.02%	13
4	Strongly oppose		7.63%	9
5	No opinion		23.73%	28
			answered	118
			skipped	10

Please tell us why you think this, e.g. the information you would like us to consider (42)

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

		Response Percent	Response Total
1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.		
2	The current location of this ward is totally unsuitable-i.e not enough space between beds, and only one bathroom that a wheelchair can fit into.		
3	Again, why not just go to Oxford if you live east of Cheltenham?		
4	Far too far away from Fairford to be a good option for patients from that town/area		
5	Too Glos central		
6	See my previous answers, Great getting too busy with parking and accessibility problems		
7	I think it is an interesting area of surgery and will provide excellent provision for local people.		
8	An important part of medicine that needs a Centre of excellence		
9	As above,		
10	Ditto		
11	see above		
12	One team working closely together		
13	<p>Again confused - suggest you need to engage some communications experts to put the proposals AND link them to the survey in plain english/language understandable by non medical persons.</p> <p>Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step</p>		
14	Whilst I support this, I believe there needs to be a vascular consultant available to cover CGH at all times due to the major surgery that CGH provides. In an emergency situation in theatre a vascular surgeon could be needed very quickly!		
15	As before - transport is a serious worry for us		
16	see earlier comments		
17	Again, the same point of view. Maximise the use of resources in one place rather than try to do everything everywhere		
18	As per previous observations		
19	I think it should be offered at both sites		
20	Please read my earlier comments regarding capacity, service delivery and my reservations that moving particular services to GRH alone must not lead to the closure of CGH (based on the assumption that GRH alone cannot service the whole catchment community).		
21	Agree with any proposal to avoid unnecessary duplication		
22	One excellent speciality		
23	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
24	Better facilities and car-parking at GRH		

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

		Response Percent	Response Total
25	As I said before, as long as it is excellent, who cares where it is?		
26	Patients and clinical teams will have continual access to other acute speciality services, and these can operate in a more efficient linked-up manner.		
27	Vascular Surgery had a very good set up at Cheltenham General Hospital with the IR theatre being built and utilised. The theatre sessions at Gloucestershire Royal Hospital are inadequate and the ward is literally a joke, not fit for purpose and the ward is dirty and the bed capacity is severely lacking. The service works perfectly well at Cheltenham General Hospital and would be costly to move on a permanent basis and even the consultants in the department are strongly opposed to moving on the grounds of patient safety and capacity issues.		
28	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.		
29	Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.		
30	I would like to make sure that we get best care not sure which hospital is best.		
31	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
32	As above Strongly support the idea of single site excellence for all and any hospital procedures		
33	This and IGIS should be in the same location		
34	as noted earlier CofE reduces resourcing supporting A&E from other hospitals		
35	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.		
36	See my previous comments and reverse your 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.		
37	Another very good idea.		
38	CGH already does it		
39	You need the technology to do this and therefore would be good to be in Gloucestershire. Need to have the wards set up for this close to the theatres. Will pull in staff and money by having a centre of excellence. Increase the number of specialist nurses.		
40	The need to create the centre of excellence for specific specialisation over the 2 hospitals		
41	Single location		
42	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		44.92%	53
2	Support		31.36%	37
3	Oppose		3.39%	4
4	Strongly oppose		1.69%	2
5	No opinion		18.64%	22
			answered	118
			skipped	10

Please tell us why you think this, e.g. the information you would like us to consider (39)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	I would also like to see continuing support for Gastroenterology services at Cirencester hospital. I have had excellent treatment there.
3	Better for patients from Fairford, but not good for patients living at the west edges of Glos.
4	Consider Great Western Swindon for Cotswold residents
5	See all my previous answers
6	I think if gastroenterology is going to be based at Cheltenham then the surgery should be carried out there too so that all gastroenterology services are under one roof. I don't like departments being split between the different sites.
7	Efficient use of resources, access to specialist staff at all times, no waiting for them to travel from GRH to CGH and vice-versa. The total patient capacity must still remain the same (and hopefully higher!), not reduce as a result.
8	Again, important to have these services readily available
9	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.
10	Easily accessible
11	Reasons given previously re: buildings
12	experienced excellent care re gastro at CGH
13	Already in place? One stop shop.
14	Expertise and resources at one site.
15	Seem to be wanting to move all other services away from Cheltenham - might be an exaggeration but that is what is coming across, whether intended or not. The shorter booklet was understandable until it referred you to the longer booklet - that just descended into more confusion Again support measures to have less last minute cancellations & being seen/treated by the right person sooner. Need to balance this against over centralising and leading to capacity constraints & greater travelling time for those in the west of the county, particularly at the start/end of the day & at weekends
16	As above
17	co-locating with planned day cases with specialist staff and contact points for inpatient and long-term ongoing care
18	Yes both hospitals should be capable of offering all services
19	I am in support of this if it means that all the specialists are in one place. I do have concerns about the lack of parking facilities at CGH - especially if patients are being asked to travel from further afield to attend this site.

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

		Response Percent	Response Total
20	One unit to maximise use of resources but tempered by the fact that Cheltenham hospital is in drastic need of refurbishment.		
21	As long as it meets patient need, is accessible and effective. My responses are based on the assumption that this proposal will deliver better efficiency and improved clinical outcomes than the current model/service provision in place.		
22	GI and gastroenterology services should all be at the same hospital		
23	Agree with any proposal to avoid unnecessary duplication		
24	I have received excellent care at Cheltenham		
25	Ideal location from a personal point of view		
26	The Pilot seems to indicate that this is and will continue to work well		
27	Treated more quickly by a specialist		
28	Improved conditions for medical staff, and therefore beneficial for patients.		
29	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.		
30	It is clear that reverting to the set-up from the pre-pilot stage would be worse off for many aspects. It seems to be working well, and it is fulfilling the world-wide move to centres of excellence.		
31	We think all procedures should be available at all hospitals, but Cheltenham is preferable to us over Gloucester as it is marginally closer.		
32	Yes, always keep anything that is excellent and working well!		
33	As above Strongly support the idea of single site excellence for all and any hospital procedures		
34	Keep the gastro disciplines together		
35	Cheltenham as an older demographic than other parts of the zone covered by trust however might be best not to have CofE so specialist doctors are available for A&E support at all the hospitals in the trusts zone		
36	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		
37	See my previous comments		
38	CGH is best located for the whole of the county		
39	Cheltenham would do well with the long term illnesses and having a centre of excellence for this specialty. Facilities are questionable to make this a great centre excellence - the physical building.		

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

			Response Percent	Response Total
1	Strongly support		48.76%	59
2	Support		29.75%	36
3	Oppose		5.79%	7
4	Strongly oppose		1.65%	2
5	No opinion		14.05%	17
			answered	121
			skipped	7

Please tell us why you think this, e.g. the information you would like us to consider (49)

1	The same as previous it is easier to manage and better cost savings for the trust, tax payer.
2	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH
3	Just what I would like, both hospitals offering service
4	Don't know why we need two centres. Probably better to have everyone on one site rather than spreading resources more thinly across two sites.
5	I still think one trauma centre would be better but understand why Cheltenham seen as important
6	because this would be an excellent idea
7	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
8	For similar reasons as already explained, orthopaedics more likely to be planned.
9	Only makes sense if full A&E restored at Cheltenham
10	Agree need in both locations
11	both equally important and necessary
12	Best idea for the specialist teams. Already happening. personal experience.
13	This would seem to imply that services could be maximised.
14	Seems to be 'mainstream' treatments/services - in a county of Gloucestershire's size, two centres seem to balance travel times for patients etc vs having enough staff/wards/capacity for treatment. Also avoids needless over centralising and the risks of having insufficient capacity / something happening at one site meaning all treatment is affected
15	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.
16	keep specialisms together for better access and equipment
17	Yes both hospitals should be capable of offering all services
18	Long waiting lists currently for NHS. GPs really just prescribe anti inflammatory drugs and until your condition deteriorates badly before referral process is even initiated.
19	Tie in with need to keep A& E open at both locations
20	Transport for staff who currently work at one or other of the hospitals who have to travel by bike / walk / bus etc be supported having to then travel further?

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

		Response Percent	Response Total
21	Please refer to my previous comments, I support this if it will service the community more effectively and if it will lead to improved clinical outcomes.		
22	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.		
23	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		
24	Why would you not make one orthopaedic department in one hospital. would that ensure specialist care available always		
25	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 of course surgery as well		
26	makes effective use of resources		
27	An excellent idea.		
28	The divide between the two disciplines is required given the extra resources for orthopaedics		
29	The results of this pilot indicate that the proposal is and will continue to work well		
30	Trauma surgery has long wait times and increasing number of patients for hip, knee surgery can only be of benefit particularly the age demographic in Gloucestershire		
31	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 resources.		
32	It suggests a more efficient and effective division of labour, building upon the existing specialisations in both hospitals.		
33	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.		
34	Best to have two centres as this creates redundancy to allow combined work in the event of failure at one site without affecting the other.		
35	Separating out emergency trauma and elective orthopaedics makes sense as it again puts the planned care in CGH which will be a calmer hospital and more suitable for that type of services, and the emergency services can have their centre of excellence at GRH. Again, having the centres of excellence is a sensible way forward, and the pilot seems to have worked well.		
36	It is a much better model to have expertise available at different hospitals, than to have it based only in one location. However, we would prefer all procedures to be available at other hospitals in Gloucestershire too.		
37	Yes I agree with this, this can be needed at anytime, having two centres of excellence is very comforting. Reduces travel, retention of staff, waiting times		
38	As above Strongly support the idea of single site excellence for all and any hospital procedures		
39	I have no support or opposition		
40	Trauma will in many cases also require Orthopaedics support so it seems best to have both specialist available in both hospitals		

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

		Response Percent	Response Total
41	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.		
42	I recently had a 2 week stay in Gloucester hospital after I had a trauma to my ankle (I completely shattered all the bones in my ankle and required 4 hours of surgery under general anaesthetic to mend it)		
43	Convenient for residents of both areas		
44	Yes very well needed		
45	The 2 centres provide good coverage but CGH has to provide the facilities for trauma patients.		
46	Yes, have the planned events at Cheltenham as this is the direction of travel and would work well.		
47	These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		
48	Maintain present pilot scheme		
49	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%	79
1	It will be safer for us to have everything in one place.		
2	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
3	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.		
4	long waiting times and hugely packed waiting areas are not ideal when you are poorly		
5	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!		
6	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.		
7	You need to consider access/travel time		
8	I don't drive so to get to CGH I would have to go on the bus, that's if I can afford it. Or not go at all.		

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
9	Only with delays getting to GRH if CGH is nearer to where it happens.		
10	Getting to GRH is very difficult for us so keeping both hospitals offering treatments best option		
11	I think in general the proposals are positive and will improve the services available in Gloucester.		
12	my son comes under gastroenterology and a strong specialist team is what is important not where they are based		
13	longer ravel times are a reality, not a possible consequence		
14	Gastroenterology. Patient myself, diagnosed with Crohn's at the age of 13, 27 now. Dr Shaw and the Gastro team are extremely skilled, and give good treatment to their patients. However during my latest severe flare up (2015/16) I struggled to get the medication and testing I needed, this delay of several months stopped me being able to work as a teacher for 9/10 months, eventually leading to surgery to remove scar tissue. I hope that if the proposed centre of excellence goes ahead patients would be able to access testing, medication and surgery much faster. Faster treatment would save the need for surgery in some cases, saving the NHS money if the disease can be controlled by medication as soon as a flare up occurs.		
15	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.		
16	Please reinstore 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.		
17	As a Volunteer Patienr Representative working directly with the NHS, all aspects of medicine concern me and my family		
18	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		
19	Neither site is well located for people living outside Gloucester or Cheltenham. Especially relevant for critical A&E cases where time is critical. Closure of Cheltenham A&E for people like us living East of Cheltenham means significant additional delays, on top of what are already poor response times. We would be better served going to Oxford or Worcester.		
20	we live near to CGH and already lost our A&E		
21	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		
22	Positive impact		
23	Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham.		
24	Additional travel.		
25	Support measures to cut last minute cancellations & ensure quicker treatment by the right person - if staff cannot be recruited / equipment not replaced due to budget constraints / equipment not being used as e.g. staff are on the other site, something needs to change to allow people to be treated and sent home more quickly either better or with appropriate measures in place.		
26	We are equidistant from Cheltenham and Gloucester, so the planned changes will not have any real impact on us		
27	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.		

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
28	We might have to travel further to Gloucester hospital in the event Of a certain condition as we are in Bourton-on-the-Water so neither sites are especially close but the extra distance is a small price to pay for increased expertise/ excellence and reduced cancellations of operations		
29	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.		
30	Centralisation of treatmentsand 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.		
31	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 achiee this for me		
32	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.		
33	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		
34	I haven't had to use hospital services so it is difficult to form a clear opinion. But access to Gloucester is easier. It's really about geography.		
35	The gastro services will have a direct impact on me. Theft that all specialists will be in the one place, and waiting lists will be lower is a hugely positive thing. My main concern is the lack of parking and facilities at CGH vs GRH.		
36	To have the experts in one place is a positive		
37	noone		
38	Have used Cheltenham when needed Colonoscopy using the 2 week wait system etc. Found the building itself confusing (easier to find from outside than inside). but the care received was excellent and easily accessible.		
39	Find travel to GRH difficult		
40	I prefer it when Cheltenham residents can get access at CGH for all these things where possible. E.g. my phototherapy treatment used to be at CGH a ten mins walk for me now I have an hour round trip to GRH which is bad for the environment and a complete time waste.		
41	No impact.		
42	For me an my family we can access either GRH or CGH but I know that this will not be the case for all residents requiring care.		
43	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.		
44	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		
45	I think it would adversely affect my work		
46	The importance to me and my family is the travel to and from Gloucestershire and Cheltenham hospitals. if we needed treatment		
47	We live in Stroud so both Cheltenham and Gloucester hospitals are easily accessible to us		
48	some services will be further away if located at GRH, but when traveling by car it doesn't make a great difference		
49	Please see my comments under anything else. I would not support any services restructuring which adversely effect CGH's viability. I cannot comment on the medical proposals but Gloucestershire needs two major hospitals particularly with new settlements.		

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
50	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		
51	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.		
52	Very important that Accident and Emergency teams are operational at Both hospitals as speed is essential when time is of the essence.		
53	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.		
54	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		
55	I think overall there will be a positive benefits having local COE's with appropriate staffing		
56	Positive impact, we have all been treated under the NHS in the last 12-18 months and these proposals can only improve primary healthcare in Gloucestershire		
57	None at present. Who knows the future?		
58	Concentrating expertise in one of two hospitals will be beneficial for staff and patients; improve the capacity of hospitals to be both centres of excellence and centres of medical training; reduce waiting times and improve chances for patients of being seen by the right specialists more quickly, with the necessary follow-up care.		
59	I started to work for Cheltenham Hospital 27 years ago when I lived in Gloucester and have since moved to Tewkesbury and then Evesham. The travel time now is almost an hour each way and moving the department I work in (and have worked in for nearly 8 years) to Gloucestershire Royal Hospital will add at least an extra 30 minutes each way to my journey. I will not be able to sustain this and will subsequently be forced to look for work elsewhere within Cheltenham Hospital, something I do not want to do as I thoroughly enjoy working in Vascular surgery. I work in Vascular Surgery.		
60	Lack of choice		
61	A possible positive impact would be an increased likelihood of a successful outcome of any treatment in the future.		
62	Because we live in the very south of the county to a certain extent these changes will have very little impact on us as we are pretty much as far away from one hospital as the other. The time taken to get to either of them is about the same, and as there is no public transport to either hospital, it doesn't really matter for any of the services at either hospital. However, I know that having centres of excellence can generally improve patient outcomes, which is why I support the developments of the centres of excellence. At the moment some trauma and emergencies from our area are dealt with at Southmead, so if GRH and CGH can become superior centres of excellence, then perhaps we would be more likely to be treated in county. i would rather battle the traffic into Cheltenham or Gloucester than Bristol.		
63	The parking fees are an outrage and would stop us being able to visit, I feel uncomfortable with being in Gloucester Royal due to bad reputation		
64	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.		
65	General Surgery at Gloucester Royal		

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
66	I have multiple disabilities and cannot drive or travel on public transport. If I ever need any of the services covered in this proposal, I want them to be as close as possible to my home. It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. I will not be the only person in this category who is not able to either drive themselves or travel on public transport. Therefore, all procedures should be available in all hospitals, not in one centre. This feedback relates to all the services.		
67	My family and I could be affected positively by services being centralised because we would get the treatment we need in time by highly motivated trained staff.		
68	None		
69	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.		
70	Hope fully our only need will be A&E based and in this area I fear the proposals are negative		
71	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.		
72	I hope that under the new proposed services any future problems i have with my replaced ankle will be dealt with by highly trained specialists in a very well educated and informed manner kindly and efficiently. The service I received was great (the surgeon was excellent) and the consultant aftercare was brilliant		
73	Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease		
74	no opinions but good idea		
75	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.		
76	Would have a centre of excellence as this would have helped me. Joined up access to medical records across the county. Would be good to have the images able to be shared with GP.		
77	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.		
78	Should be good		
79	Close proximity to where I live Easy to travel to Gloucester hospital I like the idea of specialists in one area Centres of excellence should enable easy communications between staff		
		answered	79
		skipped	49

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%	57
1	NO		
2	I consider the effect will be positive		
3	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.		
4	Cheltenham needs a functioning ED with acute medical intake		
5	Needs to be more Glos central or joint venture with Great Western Hospital Swindon		
6	There should be all services on both sites. Other wise people just would not/could not travel for treatment and they would risk death as they could not access the treatment they need.		
7	Difficult for us to get to and park at GRH so would like CGH to keep full service		
8	None		
9	none		
10	work with the transport services		
11	Capacity must remain the same or increase in totality for Gloucestershire.		
12	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 is 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.		
13	Downgrading Cirencester Hospital blood testing service		
14	If A&E centre of excellence is going to be based at GRH, there needs to be more 24x7 ambulance provision for remote areas to compensate for additional journey time.		
15	Mum died in GRH and my Daughter had such a traumatic time having her first baby she refused to return there to have her second baby. She was treated so badly she was traumatised		
16	None		
17	Personally at present not, but who knows as we get older!		
18	The only downside of creating centres of excellence could be that I may have two family members being treated at the same time on different sites which could cause problems with supporting them. However, this is hopefully unlikely.		
19	All proposals where treatment is being centralised - travel times/arrangements. Concern over extended travel times for patient/family/friends, particularly when someone is unwell. Relying on public transport particularly at the start of the day/evenings/weekends does not sound great. Even in the middle of the day it does not sound great when it could be 2 or 3 buses and all the hanging around that entails. Paying for a taxi is expensive & if relying on friends/family/a neighbour, it is more awkward to ask them to double/triple/quadruple the journey time		
20	No negative impact, however I think that there needs to be clear communication about which services are provided by which hospital		
21	See above		
22	Travelling by car more likely to be required to get to more distant Gloucester hospital so Additional parking provision would help.		
23	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		

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
24	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.		
25	YES! All the proposals. you are trying to reduce the service offered.		
26	Travelling to Cheltenham from the south end of Gloucestershire is difficult.		
27	none		
28	Trying to find areas in Cheltenham hospital is not easy. Make sure you enter the building at the correct entrance, as finding your way inside the building is impossible.		
29	I can imagine transport for some patients families that need support might need to be considered. Parking access - is there sufficient to support these changes? Bus services?		
30	I want access to as many things to continue at CGH as possible. this consultation seems to want to centralise as many things to GRH as possible and I'm against that e.g. moving the A&E away from CGH has not gone down well with local residents and our MP		
31	Logistics, ensuring that patients can access the site they need. Ensuring that care is not compromised by having specialisms at a particular site i.e. will there be enough Nurses, Doctors, Specialists to provide effective care under the models proposed or will it mean less capacity. Will the proposals be affected by inevitable budget cuts that will take place from now as a result of the economic decline for this country we are entering now. I am assuming the proposals were put together at a different point in time and wonder if the current economic climate and impact that this will have on costs (budget) and the health of the population means that the proposal has to be reviewed to ensure it is still fit for purpose.		
32	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.		
33	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.		
34	It would negatively impact on me and my family if elective work was not done in Cheltenham as they would be a lack of beds in GRH		
35	Closing Cheltenham's A&E is a terrible mistake. For patients in the Cotswolds, Tewkesbury and surrounding areas - the time wasted going to GRH could literally mean life and death. I also do not believe that Gloucestershire Royal can cope with the numbers they would need to deal with at present. One A&E for a whole county is madness and is so transparently being considered to save money rather than lives.		
36	Travel especially if you don't drive		
37	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?		
38	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		
39	None I can foresee		
40	I work in Vascular Surgery which has currently been moved to Gloucester Royal Hospital ""temporarily"" because of the Covid pandemic. I do not think this decision is likely to be reversed as I believe the Trust has been looking to move the service to Gloucestershire Royal and the pandemic has simply meant they could move the service earlier than planned and they have simply said it is ""temporary"" to stop any backlash. I do not think that the Trust will be able to limit this as the distance I travel to work if I am forced to move to Gloucester cannot be changed.		

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
41	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.		
42	N/A		
43	Access if we are ill for any of the services is difficult if we can't drive because there is no public transport. It doesn't matter how good the services are, how good the consultants are or how nice the hospitals are, if you can't get to them. So it would be nice if there was a more consistent patient transport service. Not one that you constantly have to justify why you are using it. One where you aren't left sitting for hours wonder whether or not they are going to turn up.		
44	Please see answer to previous question, and if possible make all services available in all hospitals. If this is not possible, then there should be excellent hospital or volunteer transport which is suitable for individual patients with a variety of disabilities including severe allergies (I cannot travel in standard hospital transport or on public transport because of allergies to perfumed products from laundry detergent to standard toiletries.) This feedback relates to all the services.		
45	My family and I could be affected by long waiting lists, staff shortages, transport links, not being able to see a specialist consultant. This would be the negative impact.		
46	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.		
47	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.		
48	if we do set up CofE then we need to maintain 24/7 coverage elsewhere via a core of specialists (maybe a little more junior with access to more senior experts via telepresence)		
49	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.		
50	I am worried that the aim to be more efficient to reduce waiting times and free up beds will lead to hasty treatment and rushing patients out of the hospital without proper care or after-care treatment. I felt disappointed with a few aspects of the service I received		
51	n/a		
52	no negative impact		
53	all services other than super-specialist ones need to be mirrored at CGH		
54	Improved communication and access to medical records. Improved access to staffing by having a centre of excellence. Make sure you have the necessary resources in place. Open up the options to make contact.		
55	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.		
56	None that come to mind		

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
57	Parking issues		
		answered	57
		skipped	71

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%	35
1	No. Those providing them will know what alternative proposals are best.		
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	It has been found that management have not been honest with informing staff about changes		
4	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.		
5	Jpoint venture with Great Western Swindon for those living on The Cotswolds		
6	Close both existing sites and build new Gloucestershire central hospital at a more accessible location, e.g. by Staverton airport. More scope for providing CoE departments, whilst being accessible to more people - including out-of-area opportunities. Old sites could be sold for offsetting capital cost.		
7	Open A&E in CGH and pay the staff more so they don't leave. Maternity in CGH could have at least one consultant for safety		
8	No		
9	no		
10	I feel that the centre of excellence approach is the way to go. I don't have a strong opinion as to which services should be provided by which hospital - it depends on the current strengths of each team in the hospitals I think.		
11	No your proposals are well thought through and you know the business needs better than I do. I feel confident you will have used best endeavours to get it right.		
12	whatever is decided should be very clearly communicated as it is rather confusing at the moment		
13	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		
14	no.		
15	Other than knock both GRH and Cheltenham down, sell the land and build a new Southmead like hospital somewhere between the two. Probably not practical financially though		
16	Try to make centres of excellence at both sites where possible		
17	No, if the statistics show that this model will provide better clinical outcomes, less waiting times, joint working and attraction/retention of the right staff, then I do not have another model to suggest.		

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
18	""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.		
19	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?		
20	.		
21	It would be good to have some services in either the forest or the Cotswolds as people travel long distances to get treatment		
22	No suggestions - the proposals seem to make sense		
23	Fully supportive of the changes planned, as timing will be improved and better staffing.		
24	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	It is vital to maintain access to care to patients across the whole county of Gloucestershire, so our alternative suggestion is that all services should be available in all hospitals.		
26	No		
27	No		
28	A covering team at each hospital with more senior staff visit each site to under take teaching etc but always being available for support/advice via telepresence or VR		
29	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.		
30	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.		
31	no		
32	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.		
33	Training hospital again - start with one centre of excellence. Proposal is excellent to move into the modern world - make sure you have the technology to support this and the staff to support this. Efficiency of resources is a concern. Waiting times should improve with these proposals. Measure of improvement.		

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
34	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.		
35	None		
		answered	35
		skipped	93

Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	50
1	It makes sense to look at the service provision in this way.		
2	This should have been done years ago. Having doctors and staff working across two sites is inefficient and detrimental to patient care . Ideally we should have one hospital at Staverrton !!!!		
3	-		
4	Trying to maintain two hospitals with duplicate services so close together makes no sense in any regard. This is the best compromise that I have heard suggested for a very long time		
5	I believe that management have wanted to close Cheltenham ED for many years and have used Covid as an opportunity to do exactly that		
6	I live in Cheltenham and find it easier to travel to work to CGH but am not opposed to travelling to GRH but the 99 bus service could help if the times of the buses fit the shifts of staff.		
7	Get Cirencester and Tetbury hospitals better integrated into the services provided for patients		
8	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		
9	I think most people would like to point out that even though it states CGH will re-open - it is easy to see that GRH just cannot cope with the amount of people in Gloucestershire. I know ED is not on this questionnaire but it needs to be taken into consideration with regards to where everything is to be situated.		
10	Thank you for putting Gastroenterology in the spotlight!		
11	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.		
12	Downgrading the blood testing service at Cirencester impacts heavily on local residents		
13	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?		
14	I support the local people living in Cheltenham. It's a wonderful Hospital but does need some money spent on it to use the space it already has. Some wards are closed due to building collapsing.		

Anything else you would like to say?

		Response Percent	Response Total
15	No		
16	Cary on with the plans.		
17	no		
18	I haven't the experience to comment on most of this questionnaire.		
19	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.		
20	No		
21	<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>		
22	whatever the experts in the NHS think I would be supportive of.		
23	Access to local facilities is important as I live in Tetbury. However, for specialist care i am prepared to travel further a field to Gloucester, Cheltenham and Oxford.		
24	<p>I understand and agree with your reasons for wanting to change things in these two big hospitals, but I would urge</p> <p>you to also consider our more rural hospitals (Cirencester, Stroud etc.) when it comes to where funds go. I would hate these to be underfunded at the expense of these changes.</p>		
25	Pure fluke heard about the consultation apparently running since late October. Leaflet only came with post on 2nd December. Good way of minimising responses		

Anything else you would like to say?

		Response Percent	Response Total
26	It is clear that the NHS cannot simply go on as before. How will these changes be monitored to see if they are successful? Who will monitor them and make any necessary adjustments if required, or indeed share best practice. In my lifetime I have seen many of the areas hospitals close or reduce their services, and I have not picked up on how all of this will impact the remaining hospitals in the area.		
27	Parking at both centres is problematic and public transport during Covid19 advised against		
28	I worry about the link and relationship between these proposals and GP services. GP services need to be as much a part of this as the hospitals and the hospitals cannot do this in isolation of community services. I can see part of the proposal is to enable more joined up working but this has to work in practice with collaboration and cooperation across the services. While I have experienced fantastic GP services in Gloucestershire (up to about 10 years ago). Unfortunately I have also experienced some poor GP service provision in Gloucestershire, which has deteriorated over the last 8 to 10 years. My biggest concern is that if the GP services are not joined up with these proposals, this will not be able to succeed.		
29	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.		
30	I don't think 'Centres of Excellence' should be considered at present, and yet again my suspicion is that if it looks good from the outside - ie when the CCG walk round with the scent of paint in their nostrils - it doesn't matter that staff and patients are unhappy with the way things are.		
31	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.		
32	I am not a medic but my above preferences are based on the viability of CGH. Covid 19 has shown we need more hospitals without affecting ordinary services. GRH has better rail access but at times the hospital is overwhelmed. I do think that concentrating more services at GRH at the expense of CGH is a serious mistake. There must be equal allocation of services between GRH and CGH. CGH must be protected from closure. Cheltenham is a growing town and needs a viable hospital. so does Gloucestershire		
33	Any changes should be accompanied by improved information / communication to staff and public. Staff need to be aware of geography and travel difficulties for appointments to be as convenient as possible. Where as I believe a centre of excellence is essential - longer journeys for clients with children or frail adults will inevitably increase stress levels. With ambulances being tied up for longer transferring patients to the appropriate hospital. You speak of specialist doctors. Are experienced nurses willing to change work base from CGH to GRH		
34	Maybe it is my age? It took a long time to read and digest mentally the information in the Fit for the Future book. I would prefer excellence in all hospitals with adequate staff - well paid and well trained. It would seem that the changes are needed for inpatient care. However, small local hospitals like The Vale at Dursley are most needed for being specialists in maintaining health especially the elderly. Travelling 6 miles is much preferable than 26 miles especially if you cannot use a car!		
35	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.		
36	The survey is difficult for non medics to comprehend. See points above.		
37	More free car parking at GRH and CGH		
38	If would help if other bodies such as Glos Highways and bus companies could be persuaded to consider better road access and enhanced public transport facilities to reduce difficulties in trying to access two sites.		
39	Relatives need to be able to visit very ill patients at moment this will delay recovery.		
40	This survey is part completed because we accidentally submitted the form when part way through the survey.		
41	No		

Anything else you would like to say?

		Response Percent	Response Total
42	No		
43	Covid-19 as shown us that resourcing can come back to bite us		
44	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.		
45	See above please re-think before its too late		
46	When I was in hospital following the trauma to my ankle I felt well looked after by some of the nurses on shift, especially the ""day"" nurses. I was shocked however by a ""night nurse on the night shift asked me if I could hop!!! to the toilet rather than waste her time with her getting me a walking aid - remember this was when my leg was still in a very heavy plaster cast and I'd only just had the operation on my ankle that day - I was weak and very much in pain and certainly wouldn't be able to HOP to the damn toilet!! I couldn't believe my ears when she asked me that and that she almost seemed put out that i was in need of her assistance as the night nurse on shift. I was in hospital for two weeks but it was hoped and suggested by some junior doctors and at least one consultant that I leave after my first week. I was no where near ready to leave hospital after one week. I was still in tremendous pain and still had a heavy plaster cast on which considering my living situation at home was not at all ideal for supporting me with this current disability. I was discharged after two weeks after my insistence that I stay for Inger. I still feel I was discharged too early. My date to get my plaster cast removed was ill-scheduled and I was lumbered with dragging a heavy, itchy and uncomfortable cast around for about four weeks when it should have been two weeks after my operation that the temporary cast removed and a lighter more comfortable one put on. I requested transport to the hospital by ambulance which was denied so after getting a taxi half of the way still had to make my way through the grounds and the various corridors to get the appropriate place. I very much feel I was left unsupported durring my out patient recovery, especially during the time I was discharged and waiting for my new and lighter cast. The stress and anxiety was very detrimental to my fragile mental health. I suffer with anxiety and depression and undiagnosed and untreated OCD and complex PTSD all of which compounds to instable moods and frequent mental breakdowns. I do manage my mental health with medication and receive mental health support. I just wish my treatment as outpatient in aftercare was better monitored by professionals and I was better assisted and supported. I feel the COVID19 situation is part to blame for the seemingly hurrying of me out of the hospital and the quick discharge out of my own private room at the hospital where I have to say, I would have recovered better and faster perhaps rather than being herded onto an open ward where I was constantly disturbed by other patients and nursing staff. If I hadn't come into hospital during the corona virus pandemic I do believe my stay would have been far more pleasant and i wouldn't have struggled as much as i did with anxiety that i was using up vital bed space. I feel i should have stayed recovering in hospital for longer than i ended up staying.		
47	no		
48	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.		
49	Addition of trainee nurses and other healthcare professions in specialities means you can retain them more easily and get more money!		
50	Great believer in logic		
		answered	50
		skipped	78

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	116
	1	GL4	
	2	GL51	
	3	GL52	
	4	GL4	
	5	GL53	
	6	GI5	
	7	GI1	
	8	GL53	
	9	GI51	
	10	GL53	
	11	gl51	
	12	GL2	
	13	wR11	
	14	GL52	
	15	GI4	
	16	GL52	
	17	GL7	
	18	GL7	
	19	GL53	
	20	GL	
	21	GL51	
	22	GL7	
	23	GL2	
	24	GL5	
	25	GI14	
	26	GL3	
	27	GL53	
	28	SN6	
	29	OX18	
	30	GL52	
	31	GL53	
	32	GL2	
	33	GL54	
	34	GL52	

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

		Response Percent	Response Total
35	GL5		
36	gl52		
37	GL3		
38	GL54		
39	GL18		
40	GL16		
41	GL12		
42	GL52		
43	GL20		
44	GL16		
45	GL52		
46	GL54		
47	GL54		
48	GL54		
49	GI53		
50	GL5		
51	GL7		
52	GL3		
53	GL1		
54	GL52		
55	GL5		
56	GL52		
57	GI8		
58	GL7		
59	gl15		
60	GL2		
61	GL52		
62	GL		
63	GL52		
64	GL50		
65	GL20		
66	GL4		
67	GL51		
68	GL14		
69	GL52		

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

		Response Percent	Response Total
70	GL52		
71	GL53		
72	gl15		
73	GL6		
74	GL13		
75	GL52		
76	GL5		
77	GL17		
78	GL54		
79	GL52		
80	GL11		
81	GL12		
82	GL56		
83	GI53		
84	GL1		
85	GL52		
86	GL53		
87	GL15		
88	WR11		
89	GL8		
90	GL16		
91	GL6		
92	GL50		
93	GI51		
94	GL8		
95	GL5		
96	HR9		
97	GL51		
98	GL7		
99	GL4		
100	GL11		
101	GL3		
102	GL11		
103	GL6		
104	gl50		

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

		Response Percent	Response Total
105	GL50		
106	GL16		
107	GL52		
108	GL50		
109	GL2		
110	GL56		
111	GL3		
112	GL50		
113	GL50		
114	GL5		
115	GL7		
116	GL1		
		answered	116
		skipped	12

Which age group are you:

		Response Percent	Response Total
1	Under 18		0.78% 1
2	18-25		0.78% 1
3	26-35		7.03% 9
4	36-45		7.81% 10
5	46-55		14.06% 18
6	56-65		22.66% 29
7	66-75		21.09% 27
8	Over 75		25.78% 33
9	Prefer not to say		0.00% 0
		answered	128
		skipped	0

Are you:

			Response Percent	Response Total
1	A health or social care professional		10.94%	14
2	A community partner		1.56%	2
3	A member of the public		82.81%	106
4	Prefer not to say		4.69%	6
			answered	128
			skipped	0

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

			Response Percent	Response Total
1	No		5.47%	7
2	Mental health problem		17.19%	22
3	Visual Impairment		10.94%	14
4	Learning difficulties		1.56%	2
5	Hearing impairment		20.31%	26
6	Long term condition		65.63%	84
7	Physical disability		17.97%	23
8	Prefer not to say		0.78%	1
			answered	128
			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		35.20%	44
2	No		62.40%	78
3	Prefer not to say		2.40%	3
			answered	125
			skipped	3

Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		93.75%	120
2	White Other		1.56%	2
3	Asian or Asian British		1.56%	2
4	Black or Black British		0.78%	1
5	Chinese		0.00%	0
6	Mixed		0.00%	0
7	Prefer not to say		2.34%	3
8	Other (please specify):		0.00%	0
			answered	128
			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		36.22%	46
2	Buddhist		0.00%	0
3	Christian (including Church of England, Catholic, Methodist and other denominations)		57.48%	73
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		1.57%	2
7	Sikh		0.00%	0
8	Other		1.57%	2
9	Prefer not to say		3.15%	4
			answered	127
			skipped	1

Are you:

			Response Percent	Response Total
1	Male		44.53%	57
2	Female		53.13%	68
3	Transgender		0.00%	0
4	Prefer not to say		2.34%	3
			answered	128
			skipped	0

Do you identify with your gender as registered at birth?

			Response Percent	Response Total
1	Yes		98.44%	126
2	No		0.00%	0
3	Prefer not to say		1.56%	2
			answered	128
			skipped	0

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

			Response Percent	Response Total
1	Heterosexual or straight		86.51%	109
2	Gay or lesbian		3.17%	4
3	Bisexual		3.97%	5
4	Other		0.00%	0
5	Prefer not to say		6.35%	8
			answered	126
			skipped	2

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

			Response Percent	Response Total
1	Yes		0.78%	1
2	No		62.50%	80
3	Not applicable		35.16%	45
4	Prefer not to say		1.56%	2
			answered	128
			skipped	0