

# Fit For The Future - What matters to you?

## Responses from most deprived wards

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		37.01%	47
2	Support		26.77%	34
3	Oppose		9.45%	12
4	Strongly oppose		17.32%	22
5	No opinion		9.45%	12
			answered	127
			skipped	1

Please tell us why you think this, e.g. the information you would like us to consider (60)

1	Gloucester hospital is renowned for putting the fear of God into people when they have to go there for care, removing options for Cheltenham - especially during a pandemic seems insensitive to say the very least. We live in Stroud but have previously chosen to drive to A&E in Cheltenham to avoid GRH. I think there should be a lot more work going into trust in our services and more specifically the paper pushers at CCG before trying to garner support for another master plan that will inevitably cost trillions, be done without consent and have frustrating outcomes for patience and staff.
2	Gloucester itself is simply not big enough to accommodate current demand yet alone the additional 5,000 plus hour being built in Cheltenham in the next few years!
3	Many patients do not have transport and will be unable to travel to the 'alternative' hospital.
4	Very misleading question. I would doubt anyone will not want a centre of excellence, but more importantly how will this impact the other services
5	need to put all the expertise in one place 24/7
6	AMU should be spread across both sites to prevent a bottle neck where we are changing wards such as gynaecology into a amu. It is not appropriate for women going through tough times and having to have miscarriages in bays with patients from other specialties. It violates privacy and dignity and is heartless, but no other choice due to hospital management.
7	In a county this size , with the shortage of doctor and nurses we need to ensure that we have the safest care available and to do this efficiently as possible we need to have services centred on one site , in acute medicine GRH is the preferred site. This will not be popular with Cheltenham people but they have to accept that they will never ever have a fully functioning hospital on their site .
8	There needs to be acute medical services at CGH also.
9	This already works well with the acute medical take at GRH and all patients can be seen within the 14 hours that has to be a great improvement. Patients not being seen means their stay may be longer and their recovery poorer. It is frightening as a patient or relative if you are waiting sometimes days to be seen or reviewed and this would prevent that so a definite yes from me.
10	Both hospitals need to be able to assess and treat from both A +E departments. Currently Cotswold patients are having to be admitted to GRH meaning extra journey time for them and their families. Transferring Stroke and elderly patients back to CGH is not ideal and would be better being able to being able to provide holistic care for patients on both sites as we have done well for some time.
11	I think it should be split between the 2 hospitals so that you can go to the nearest hospital to where you live. I see no reason that both hospitals can not have enough or share staff so that this can happen

**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
12	I think the gastrointestinal ward should be bk in Cheltenham as I have a stoma and Gloucester hospital is far from me		
13	There's no point, the trust is focusing too much on the 'front door' and acute medical unit! What about the rest of the hospital, not good for pt. flow is the other services aren't looked at properly! Also not everyone lives in Gloucester, this is not their nearest hospital!		
14	It's not clear what services will be 'removed' from GRH in order to accommodate a CoE. Also by locating a major single service at one of the two hospitals doesn't address the increased time to travel for patients from the East of the County, the parking inconvenience (every part as bad at GRH as CGH, or cost of travelling further. Equally it does seemingly support (perceptibly at least) the downgrading of CGH A&E more permanently which is already and will continue to be an appalling decision.		
15	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		
16	this is completely unsafe and ludicrous		
17	this move is completely unsafe and a silly move the organisation. Cheltenham needs an amu too.		
18	Cheltenham should remain an acute general hospital		
19	Services provided at Gloucestershire Royal Hospital and Cheltenham General Hospital should not be duplicated. Either one or the other facility should provide a specific medical speciality. In that way the specialist teams will be concentrated on one site		
20	this move has made it very unsafe for patients as grh staff just cant cope with the high volume of patients they are getting. The worst move they have decided to do.		
21	good to have all services in one place.		
22	At present all medical take is at GRH and therefore at CGH we get all the medical patients that are difficult to manage and that GRH do not want. By having medical take at both sites the types of medical patients are more evenly spread.		
23	To help flow.		
24	I think it will promote continuing excellence in the services provided and will attract good quality staff to the area.		
25	Concentrate this and the required support services for this on one site		
26	This will reduce ease of access for Cheltenham and Cotswold patients. The site at GRI is difficult to access and navigate and crucially parking facilities are woeful. Traffic congestion around GRI is often very bad - this will add to the problems in people from Cheltenham and Cotswolds getting to the hospital easily for treatment,		
27	There just isn't a big enough ED at Gloucester, not enough Resus vays and just too cramped		
28	This will mean Cheltenham residents will have to get there and Cheltenham hospital will not be needed, we need a centre of excellence in every hospital		
29	Need a 24/7 type-1, consultant-led A&E at Cheltenham General Hospital.		
30	Evidence is that specialist stroke unit and cardiac units provide better patient outcomes		
31	The options outlined appear to make medical and operational sense		
32	Acute medical take is urgent care and represents one third of all hospital admissions (Royal Coll Physicians - 'Supporting the Acute Medical Take Dec 2015). While I support the principle of single centre of excellence approach for the Glos NHS Trust, surely for urgent care which represents such a high proportion of cases we need to serve both ends of the county properly. This would surely also mean a massive shift of patient numbers from Chelt to Glos and a resulting decline in budget for Chelt leading to further reduction of services there		
33	Local		

**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
34	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
35	I will appreciate one world-class centre for the county; without spreading the expertise by having a second service in Cheltenham. The current A&E provision at CGH (i.e. its Minor Injuries and Illnesses Unit) looks appropriate to me.		
36	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!		
37	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.		
38	Why have a hospital in your own town that your not able to use for all services		
39	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		
40	Clear clinical advantages in not duplicating staff, so long as sufficient / additional staff numbers are working shifts to deal with increased numbers (you couldn't just shift the take and keep the same number of staff with increased number of patients).		
41	Centralisation seems fine from a management point of view but the impact on the recipients can be major in terms of travel and access to the services.		
42	Anything that reduces risk, Travelling time, being passed from pillar to post offers a quality service, with quality staff can only be excellent		
43	Do things well in one place. Concentrate skills and workload.		
44	Save on staffing and equipment by focussing on one location. Provide a better service.		
45	This sounds like it would lead to the loss of Acute Medicine at CGH. I have really noticed during the COVID changes that this often leads to multiple patient transfers across areas and hospitals which can be difficult and dangerous. Several patients on RYE had been to 4 ward areas prior to arriving on RYE.		
46	The creation of a COE will benefit staff and Patients However a more "joinup" public transport option needs to be considered - the holder of Gloucester main Bus provider Stagecoach should be able to used their daily/weekly/monthly bus pass in the 99 that links the two hospitals.		
47	Gloucestershire Royal already has good facilities and these could be improved if it was made a centre of excellence.		
48	I want to know acute medical expertise is available locally to me		
49	We have to be realistic about the challenges and do what's needed to try and mitigate them.		
50	I like the "centre of excellence" approach		
51	Both hospitals more encourage to train and keeping staff.		
52	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		

**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	Although I support this option I have the following concerns:- Glos is a large county to have one A&E consultant led overnight. This will have an impact because in emergency care timing is vital and many patients will have to travel further to get the treatment they require.		
54	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'		
55	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.		
56	Cheltenham would be more convenient for me, but Gloucester is potentially bigger and within easy reach		
57	Keeping track of all medicine and where they are used.		
58	It is probably best to divide the centre of excellence status for best use of available expertise		
59	Quicker response to a service when needed - waiting times - if all under one roof - higher demand?		
60	If one centre will numbers be too high who need to be seen		

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

		Response Percent	Response Total
1	Strongly support		37.60% 47
2	Support		30.40% 38
3	Oppose		10.40% 13
4	Strongly oppose		15.20% 19
5	No opinion		6.40% 8
		answered	125
		skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (52)

1	There is too little trust in the care provided by GRH, from poor food, lack of staff, nasty conditions and poor staff morale to convince me that a bunch of desk workers in Brockworth have the support of the grass root level staff. There needs to be far more public trust in CCG and GRH before big moves are planned.
2	need to centralise expertise 24/7 ideally alongside other emergency services
3	Needs to reopen Cheltenham.
4	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 .
5	There needs to be capacity for this at CGH also.
6	All emergency cases come to GRH and I feel that Emergency General Surgery should be at GRH because of this.
7	We do not have the bed capacity at GRH to provide the care that patients need. . Lack of beds mean that all surgical patients are often outliers on various wards making it difficult getting the surgical teams to review patients when needed.

**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
8	It should be able to be at both hospitals, hopefully this will mean less people at each of the hospitals and also the nearer the hospital the better chance you have of helping someone especially if it is life or death		
9	Again, for same reasons as Acute care - GRH doesn't have capacity		
10	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.		
11	county too big for this to work		
12	Over working the system, more operating out of hours due to long busy list which is dangerous, battling different specialties on emergency lists resulting in longer waits for patients who might need an urgent operation, waste of Cheltenham general theatre teams skills, experience and facilities.		
13	Long emergency waiting list. Long waiting times in a and e. No beds. Rushed surgery. Waste of Cheltenham General facilities and staff.		
14	Lack of beds, long a&e waiting times, longer wait for operations		
15	we still receive urology emergencies into the theatre department with no provision for paediatrics overnight and no anaesthetic cover from 2200hrs apart from the DCC Doctors If emergencies are to remain in GRH then it needs to be all emergencies or proper provision for patients that remain in PACU after 2200hrs		
16	It is bigger hospital and easy for access (not confusing as opposed to CGH which is a maze and patients are constantly lost)		
17	GRH should concentrate on emergency work.		
18	Cheltenham should remain an acute general hospital		
19	I strongly support this. With Accident and Emergency to be located in Gloucester this makes sense		
20	cgh also needs general surgery so thr ED should be re opened to		
21	Cheltenham needs surgery. As some people can not travel to Gloucester		
22	I think it will benefit local people to have this provision and will promote continued quality improvement and performance in this area.		
23	Similar concerns to those outlined in first answer. Access problems, insufficient parking, traffic congestion and in addition the removal of general surgery is a highly significant reduction in the capability of the Cheltenham Hospital which will in due course be used as the rationale for full closure. Having services available on two sites also provides capacity and resilience in terms of space and equipment etc if one site has to be closed due to an outbreak of norovirus or covid for example.  Please don't say this won't happen as you know this is the tried and tested route taken in other hospital reorganisations that have taken place across the country.		
24	Because the majority of emergency admissions go to Gloucester so it is logical for them to have all emergency surgery. However, I think Cheltenham needs to have a 24 hr ED with a specialism in oncology, urology and colorectal.		
25	This should be done in Cheltenham too		
26	Need these services at Cheltenham General Hospital too.		
27	Trauma units have better expertise		
28	Again one location makes sense		
29	According to the Royal College of Surgeons ""Patients requiring emergency surgical assessment or treatment are among the most unwell patients in the NHS. Often elderly, frail and with significant other health problems, the risk of death or serious complication is unacceptably high."" This means the increasing unacceptable the risk to patients of making them travel from east of Cheltenham travel through the town and a further 10 miles to GRH		

**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
30	Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full - not very good for infection control following surgery. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
31	Right to co-locate this with the A&E centre of excellence.		
32	Again would like CGH to be able to continue to provide this to local residents and not all centralised at GRH.		
33	As long as theatre space would increase in line with the need		
34	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).		
35	Why should we have a hospital in our town but only offering limited services		
36	Again reduce duplication of doctors. Allow prompt senior review by team. Again sufficient senior staff must be on shift. One team operating and one reviewing pts. Busy team (CGH & GRH worth of pts at GRH) with only one team available will mean operating or reviewing not both. NEED BOTH. Also if this is to happen more GRH emergency theatre space will be needed so that other surgical specialities can do their cases promptly too!		
37	This leaves too much dependancy on the Ambulance Service to deliver services in a timely manner. It seems ludicrous to have ambulances criss crossing the county with all the attendant traffic delays that seem to be on Gloucestershire's roads. Are there any Service Level Agreements iwth the Ambulance Serviced to ensure timely tarhgets are met. What happens if (as seems to happen often) there is no availability of ambulances.		
38	Reducing waiting time, planned surgeries that are preformed on time contributes significantly to the health and wellbeing of patients and their families reducing stress and unnecessary waiting times		
39	Lessen impact on planned surgery		
40	Specialist staff and equipment in one location. Saves on time and money.		
41	The other options are more suitable		
42	Gloucestershire royal already has good facilities and several operating theatres with experienced staff		
43	Unsafe, inadequate beds, chaotic, not essential to be on one site, worked very well on both sites. Poor bed flow inadequate ICU. Poor service for east side of county.		
44	It makes sense to co-locate emergency medicine and surgery at GRH		
45	I like the idea of concentrating the expertise in a single location		
46	Mental health at Cheltenham Good centre		
47	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.		
48	as per commentary in last page; fear over increase travel times		
49	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.		
50	Look at the appointment systems and make the phone system shorter.		
51	It is probably best to divide the centre of excellence status for best use of available expertise		
52	always needed - Will specialist staff really be available or too busy elsewhere? How practical will this be or is sit just a hope		

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

			Response Percent	Response Total
1	Strongly support		46.72%	57
2	Support		33.61%	41
3	Oppose		4.10%	5
4	Strongly oppose		1.64%	2
5	No opinion		13.93%	17
			answered	122
			skipped	6

Please tell us why you think this, e.g. the information you would like us to consider (43)

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	Or???? Which is it?
3	for planned work we need to avoid the emergency site so the work continues despite emergencies - needs to be based at the non-emergency hospital cgh
4	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.
5	Elective services would benefit from single site 'centre of excellence' but with the capacity to transfer from Acute medicine/surgery at both sites.
6	I think that all planned colorectal general surgery should take place at Cheltenham General Hospital. If I was a patient I would know my operation is less likely to be cancelled, that the ward would be clean and CGH is currently the 'green' site. I would not want to chance being put in a bed next to an emergency surgery patient who has not had a covid swab results prior to admission.
7	care of all patients in the trust has deteriorated in the last few years due to lack of access to specialist services that used to be on both sites. Patient discharge is often delayed by days awaiting review by specialities based on different sites. This is frustrating for Staff, patients and their relatives
8	You should be able to go to nearest hospital for treatment, staff should be split between the 2 hospitals if necessary so this can be done
9	I think it should be bk in Cheltenham
10	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
11	I think planned surgery could be better placed within CGH so that GRH can focus on the emergency general surgery.
12	It should be CGH, because you want everything to be easy and understandable not only for the patients, but also for the workforce. I mean try to close the cycle within one medical field. Get Endoscopy, Theatres at one place.
13	Gloucestershire Royal is the most modern of the two hospitals and parts of the Cheltenham Hospital are 200 years old and unsuitable for 21st century health care provision. The most recent blocks in College Road Cheltenham could be used to complement the services provided at the Gloucester base
14	A unit at CGH would be the best option as if at GRH then the patients would be at risk of being mixed with emergency surgery and all the problems that can cause.
15	This is an 'either or' question without giving an opportunity to vote for either. It is nonsense.
16	Makes sense if centralising other GI services.
17	It will benefit local people needing this type of surgery

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
18	Cheltenham needs to become a centre of excellence for colorectal surgery, urology and oncology, both planned and emergency		
19	Both Cheltenham and Gloucester need to do general surgery, I was released from hospital in Gloucester at 11.30pm and as I was taken there by ambulance I didn't have my car, thankfully I have a son that drives but many people would be stranded, I could have walked home if I had been taken to Cheltenham		
20	What is the evidence for specialist bowel surgery ?		
21	I accept it is no longer practical/affordable to have all specialisms at both sites		
22	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
23	One world-class centre looks ideal to me.		
24	Support options where there is access to both sites so this is good		
25	It doesn't matter which site, so long as the service is there and available.		
26	Obviously to split up centre of excellence means less pushing people from one A&E to somewhere everything is not to hand		
27	Elective care should be split from emergency where clinically appropriate / demand exists - which it does in GS		
28	centre at cheltenham		
29	Planned surgery at least gives patients time to make suitable travel arrangements		
30	As above		
31	Focussing a specialism in one location makes the most sense providing value for money.		
32	COE will benefit Patients and Staff, and make effective use of existing resources		
33	Often have to go to Cheltenham for appointments so makes sense to do it at Cheltenham		
34	Centralising upper GI seems to have been beneficial, presumably the same will happen with colorectal.		
35	Available beds, less likely to be cancelled calmer safe green site. Excellent ICU linked to essential other services to make centre of excellence. Oncology onsite national recommendations.		
36	Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH		
37	Again, I like the centre of excellence approach and likelihood of fewer cancellations		
38	For Chelt		
39	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.		
40	Loss of this type of surgery would result in doctors/other specialists relocating hence would be unable to support A&E dept		
41	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.		
42	Parking and the use of public transport enabling the general public to use buses from Waterwells through to GRH		
43	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?**

			<b>Response Percent</b>	<b>Response Total</b>
1	Cheltenham General Hospital (CGH)		54.84%	68
2	Gloucestershire Royal Hospital (GRH)		24.19%	30
3	No opinion		22.58%	28
			answered	124
			skipped	4

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

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	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
3	I believe that no one site can cope with providing the service for people who usually attend two sites. The waiting times increase, the staff are stretched and patients feel that they are suffering as a result. Gloucestershire is too big to have one site for a speciality.
4	this would support gynaecology surgery
5	Insufficient bed base of acute medicine, let alone medicine plus surgery. Certainly no possibility of a centre of excellence for planned care in a hospital with insufficient bed capacity for acute services.
6	because it's not the emergency site and patient flow can be better managed
7	As above so the specialists are on one site , can cross cover be available.
8	I think this fits in with gynae and urology planned surgery and often these patients may need two consultants operating at a time. It will also mean that planned surgery is centralised. This will make it more appealing for staff working at CGH knowing they work on a site that is considered a centre of excellence.
9	I
10	Just because it is the nearest hospital to where I live, I should imagine anyone living near to Cheltenham would choose the Cheltenham one as their option
11	CGH should be the site for all planned activity
12	I believe it would be sensible to try and ensure that CGH takes on planned / elective surgery with lower risks involved, and that GRH is responsible for caring for emergency surgery. However, I also appreciate that this could result in specialist surgical cover required across both sites rather than just covering one and could be confusing for the public if there is general surgery offered at both sites.
13	Oncology centre
14	Oncology centre.
15	Oncology
16	Which ever site has best capacity of operating theatres and staffing for this proposal
17	It is easy to get all GI surgeries in one place closer to Endoscopy.
18	Calmer atmosphere. Better patient experience.
19	Consultants and staff are fed up. Colorectal worked at Cheltenham before stop fixing things that aren't broken. Wasting good theatres, what's the point in not using something we already have. And you have amazing nurses and HCA's with colorectal experience in Cheltenham that will not go to Gloucester.

**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
20	As above, the premises at Gloucester are superior and those at Cheltenham have fallen way behind. In my view Cheltenham should have constructed a new hospital to replace Cheltenham General in the hospital building boom of the 1990s and early 2000s when a large number of towns and cities constructed new hospitals, such as Worcester, Swindon, Birmingham, Stratford -on-Avon, Hereford, Taunton, etc, etc. Cheltenham missed out then and a new replacement for Cheltenham General is unlikely now		
21	Planned surgery at CGH would reduce likelihood of patients operations being cancelled. Staff would be trained to manage all types of pelvic surgery and therefore give better service and earlier discharge.		
22	Makes sense to continue the planned trend at CGH.		
23	I don't think it matters where the provision is. I cant see that one site has more benefit that the other.		
24	It would appear logical to have all cancer services on one site and given Cheltenham's preeminent role in cancer treatment then all related services should be located there,		
25	Cheltenham already deals with urology and it would make sense for ALL lower GI surgery, planned and emergency		
26	Both need this		
27	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.		
28	If it is planned surgery the patient will have had time to plan how they will get to and from the hospital, and anyone who wishes to visit can factor the distance into their preparations. There is still the question of the exorbitant parking fees on the GRH site. Although CGH also charges stupidly high parking fees, Cheltenham based patients being treated in Cheltenham and their visitors might not need to use their cars and could avoid these phenomenally high charges. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
29	the main center for this type of surgery is already in Cheltenham - so why would you wan t to move it ?		
30	Don't really mind but feels appropriate to co-locate with the cancer (oncology) centre in Cheltenham. Nb. I have a family history of bowel cancer so take particular interest in this area.		
31	To make a decision about this, there must be many other holistic factors about the sites, capacity, etc which I am not aware of.		
32	As long as the support services match the need.		
33	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.		
34	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		
35	Whichever site the clinicians feel is most appropriate		
36	Care needs to be taken in assessing the user demographic to make a suitable choice. Ideally it would be in the centre of the most common user base.		
37	Greater Diversity in Gloucester - some longer term health conditions higher with minority ethics Ease of access and family support as communities live close together		
38	A good match with other services. Also seems too much at GRH which could lead to conflicts of staff time		
39	If the majority of this department is located in GRH, it makes sense for all of it to be located at GRH.		
40	Make effective use of existing resources		
41	As above		
42	If you think upper GI surgery needs to be on the same site as emergency general surgery, surely the same should apply to colorectal surgery. If you are struggling to run the general surgery service on two sites at the moment why would you want to set a a service that continues to run general surgery on two sites?		

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

		Response Percent	Response Total
43	As above		
44	see previous response		
45	I like the link with the gynae cancer treatment at Chetenham to form Pelvic Resection centre of excellence		
46	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.		
47	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		
48	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.		
49	It doesn't make sense to have a centre for excellence across 2 sites but transport needs to be available and affordable for those that need it		
50	Seems like a lot of specialist services are at GRH so good to have this one at CGH		
51	More information about ones operations		
52	So that centre of excellence status is not all centred at GRH		
53	Prefer something at both sites		

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

			Response Percent	Response Total
1	Strongly support		39.20%	49
2	Support		38.40%	48
3	Oppose		4.80%	6
4	Strongly oppose		2.40%	3
5	No opinion		15.20%	19
			answered	125
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (32)

1	I would like Gloucester to be a better option for care, this should be improved so that its more viable than having to travel to cheltenham to visit people.
2	See previous answer
3	planned = cheltenham
4	If there are enough surgeons to cover this service , my concern is if an emergency service is also working how will the oncology patients be managed in an emergency situation
5	I know that the Day Surgery Unit at CGH is expanding so this would be the ideal location for day case surgery for upper and lower GI cases.
6	I think it should be at both hospitals, leaving it easier for people to go to hospital nearest to where they live

**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
7	If planned surgery is on the same site then you keep a cohort of skills in that location		
8	Once again, I believe that there would be less breaches in waiting times for elective surgery if they were on one site and therefore protected from issues such as lack of staffing the rotas and access to resources		
9	I understand that the plans are in for two new day unit theatres to be built in CGH so hasn't this decision already been made		
10	I have already said that in my previous answers. Try to concentrate in one place all cases related to GI interventions. It is better for the workforce too.		
11	It is obvious that some services will have to remain in Cheltenham for the time being as Gloucester is not large enough to accommodate them all		
12	Benefits local people.		
13	It needs to be clear that if you have a centre of excellence, it is in one place. GU/GI at Cheltenham - Totally! along with oncology. Everything else to GRH		
14	Both Cheltenham and Gloucestershire need this		
15	Don't care as long as 24/7 type-1 consultant-led A&E services are restored to CGH.		
16	Biased. Nearer me!		
17	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
18	This is already in Cheltenham. I have had to use it and found it excellent.		
19	I like the emphasis of removing emergency from CGH so that all the planned can proceed without interruption by the obviously unpredictability of emergencies.		
20	Personally this suits me but appreciate that Gloce residents may not want to come all way over to Cheltenham		
21	It would make sense that both upper and lower should be on the same site as support services and staff would have similar skill sets		
22	So long as patients can access the location where their surgery is taking place.		
23	As before - economies of scale basically		
24	Separating Planned surgery will reduce cancellation and improve patients waiting times		
25	If I need my gallbladder removed with an overnight stay would I be able to have this done in CGH?		
26	Not essential on single site		
27	keeping planned activity in CGH if emergency services are going to GRH makes sense		
28	At Chelt		
29	This would work well because it is planned surgery instead of emergency surgery. Not so much of an issue around transport and time scales		
30	if there does need to be service better where county housing plan will put most new housing/greater need.		
31	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'.		
32	N/A		

## 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		32.00%	40
2	Support		31.20%	39
3	Oppose		9.60%	12
4	Strongly oppose		8.00%	10
5	No opinion		19.20%	24
			answered	125
			skipped	3

Please tell us why you think this, e.g. the information you would like us to consider (38)

1	I suspect more money has gone into coming up with the terms / logos for hub and spoke than into IGIS. Both places should be equal and more money should be invested and the CCG shrunk to release the funds.
2	Image guidance needs to have services in both locations
3	strongly support the concept but if this is elective work wouldn't it be sensible to base it at cgh and have a spoke at grh?
4	Makes sense as the oncology services are at Chet=ltenham so would need support
5	Provided there is emergency cardiac interventional capacity at CGH also. It would not matter if this was at CGH considering the trust's stated aim of reopening ED at CGH post pandemic and it already exists there.
6	I think it should be at both hospitals so people can go to hospital nearest to where they live
7	There needs to be 24/7 cardiac intervention! This has been needed for years & should all be on one site!
8	The spoke is a 'gesture' and perceptibly will be seen as something to sacrifice at a later date to move all services to GRH....
9	Cheltenham with a functioning a and e needs 24/7 imaging
10	Cheltenham needs a functioning A&E and will need a imaging
11	I feel like this could fit the idea of GRH being for emergency care and CGH for elective care. I understand that there are already vascath labs at both sites so one could assume we already have the staff / resources to cover both sites if necessary.
12	It should be on one place. But I have not estimated the premises that we have available at CGH even if we have to build up a new building it is going to be far more better for the service than the service to be scattered.
13	This is a very important part of present and future health care and will greatly increase in the coming years
14	re opening CGH ED as we have perfectly good imaging equipment and needs to be used.
15	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites
16	As long as this allows radiology to expand and develop. Be bold and invest here, this could be a real jewel in the crown for healthcare in Gloucestershire.
17	Will provide a better health care service for local people.
18	Both hospitals need this
19	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH.
20	Being a more modern hospital having the hub in Gloucester makes sense
21	Should have equal amounts at both hospitals

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

		Response Percent	Response Total
22	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
23	I prefer it to be offered at both		
24	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
25	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.		
26	IGIS & vascular should be on same site		
27	Probably necessary due to availability of technology and equipment.		
28	Often with services / treatments there is a lot of confusion where to go Cheltenham or Gloucester? a centralised hub offering as much as possible at one place would provide a ""comfort zone"" for the patient without having to travel to different places. Doesn't have a feeling of disconnect		
29	This could have been a centre for excellence in cgh ?		
30	Bringing the hub into one location makes sense, as staff and equipment can be focussed on one place not split over two sites.		
31	This Provide the Best Option - and will mean patients can be seen locally.		
32	Availability re transport and parking for patients and carers		
33	It looks as though this makes it more likely that i would be able to have my treatment in Gloucestershire		
34	This depends where the activity is required - in emergency surgery or planned		
35	Support encourage people to come to hosp a more quicker turn around		
36	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.		
37	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.		
38	Good idea		

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

			Response Percent	Response Total
1	Strongly support		26.83%	33
2	Support		32.52%	40
3	Oppose		6.50%	8
4	Strongly oppose		11.38%	14
5	No opinion		22.76%	28
			answered	123
			skipped	5

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

1	I would like Glos population served as a consequence of this. Currently patients from outside the county have skewed access to aligned services as a consequence - mainly radiology.
2	probably unless we split acute and elective
3	Vascular surgery should stay in Gloucester, however there is increasing amount of t&o outliers.
4	Cardiology and vascular services should be on the same site to service emergencies.
5	I would support this if GRH were able to provide vascular surgery with a ward that was fit for purpose! Vascular patients are currently on a ward that does not have the space or capacity for the patients. Wheelchair patients have 1 accessible toilet and shower for 21 patients. This is not good for rehabilitation of patients post amputation and impossible for all patients to access shower facilities. This is adversely affecting patient care. Lack of space around beds make life hazardous for staff and patients as we are often transferring patients from bed to wheelchair with hoist and moving furniture around to make this possible.
6	Again it should be at both hospitals so that people can go to hospital nearest to where they live
7	This service was previously being managed well at CGH but if it not possible to split elective e.g. IGIS and emergency vascular surgery then I believe it would be preferable to keep it on the GRH emergency site and then consider the ""spoke"" option at CGH for the elective surgery. Splitting this service will have an impact on the intensity / quality of Therapy those patients will receive unless additional funding is provided to support splitting this service across sites.
8	Multi million pound interventional radiography theatre built in Cheltenham, consultants still wishing to do hybrid cases in IR resulting in transferring patients post major surgery across site, emergency list overwhelmed in Gloucester Royal as battle for specialities to operate
9	Because is not GI surgery. Every surgery not related to GI can go in GRH.
10	Speciality doesn't really have elective admissions. They have urgent emergency type patients
11	Vascular has already moved to Gloucester
12	This should be concentrated at Gloucestershire Royal and it is not asking too much for patients needing such procedures to have them carried out at Gloucester
13	Vascular surgery worked well for many years at CGH and the ward environment was much better than the present situation at GRH. Patients travelling from Swindon have much further to go for treatment so it is better situated in Cheltenham.
14	Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites
15	Hard to have IGIS at GRH and vascular at CGH so makes sense.
16	I think it is an interesting area of surgery and will provide excellent provision for local people.
17	Keep Cheltenham as centre of excellence for everything GU/GI and oncology and all other surgery at GRH
18	Both hospitals should do this

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

		Response Percent	Response Total
19	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
20	Supporting evidence required		
21	Same as the above		
22	I am not sure why it is that CGH always seems to get the second best option of anything being considered, but as I have not needed treatment of this type I am not in a position to make further comment.		
23	I think it should be offered at both sites		
24	As long as there is suitable staffing to support this arrangement, eg. Radiologists, nursing staff, radiology staff, physiology staff.		
25	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).		
26	IGIS & vascular should be on same site		
27	As above		
28	I Struggle to see the Justification for the move - other than to be Closer to Trauma unit.		
29	Good parking, already has a good unit at GRH		
30	It seems that this is closely linked to the IGIS hub		
31	Keep it has it is ensure a good quality service		
32	I appreciate the fact less invasive surgery would be needed and reduced travel time for some procedures, so that would be a bonus.		
33	as noted earlier CofE reduces resourcing supporting A&E from other hospitals		
34	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.		
35	Another very good idea.		
36	The need to create the centre of excellence for specific specialisation over the 2 hospitals		

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

			Response Percent	Response Total
1	Strongly support		33.88%	41
2	Support		34.71%	42
3	Oppose		4.96%	6
4	Strongly oppose		3.31%	4
5	No opinion		23.14%	28
			answered	121
			skipped	7

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

		Response Percent	Response Total
Please tell us why you think this, e.g. the information you would like us to consider (32)			
1	better to avoid the emergency site		
2	Provided there is some gastroenterology presence at GRH also.		
3	I feel that this ward is located on the wrong site and should move to GRH where the other acute medical care is taking place. Many patients need regular access to Endoscopy but there are not enough gastro patients at CGH to warrant an inpatient list each day or weekend access to services. By moving this ward to GRH patients would have improved access to endoscopy services 7 days of the week on dedicated inpatient lists. They would not have to be transported cross site either		
4	It should be at both hospitals so people can go to hospital nearest to where they live		
5	This fits with separating surgical and medical divisions across each site.		
6	It is closer to Endoscopy Unit. Patients can be easily transferred to it.		
7	Nothing wrong with snowhill, Again don't fix what's not broken just make it bigger		
8	Some services will need to be continued at Cheltenham as Gloucestershire Royal will not be able to accommodate them all		
9	Should be in Gloucester with the rest of medicine		
10	As the pilot has been seemingly successful then makes sense.		
11	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.		
12	I have concerns that the underlying message of specialisation does not take into account issues of resilience, access, critical mass or community. The approach being taken is "standard" nhs review practice to downgrade one site to the benefit of another. In effect closure by instalments: Why does the Senior Health Management in Gloucestershire look at closing both hospitals and locating a new one just off J11 or 11a of the M5?		
13	If you want to have a centre of excellence EVERYTHING to do with that area of medicine needs to be there, no half measures and aahh but this bit goes to Gloucester. You need to keep things simple and easy for Joe Public yo understand as well as your HCP partners.		
14	Both hospitals need this		
15	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
16	Describe centre of excellence as this term is being overused in the survey		
17	prefer location of all specialist resources at GRH, Gloucester City site		
18	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious.		
19	As long a there are support services, equipment and staffing to support this		
20	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.		
21	Whichever the clinicians think is best		
22	Urgent general need for many people. Reduced waiting times - quality focused attention and care for the patient is always a win win		
23	Support concept		

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

		Response Percent	Response Total
24	Focus a centre of excellence on one site, don't try to split it across two geographical locations.		
25	The Pilot seems to indicate that this is and will continue to work well		
26	Your pilot appears to have worked well		
27	I support this if linked with colorectal surgery at Cheltenham		
28	linking this with the Cancer centre streamlines care		
29	All in one place		
30	Yes, always keep anything that is excellent and working well!		
31	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		
32	this is a service which should, as far as possible, be located as close to the existing Cancer Centre in Cheltenham General Hospital.		

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

			Response Percent	Response Total
1	Strongly support		48.00%	60
2	Support		31.20%	39
3	Oppose		8.00%	10
4	Strongly oppose		3.20%	4
5	No opinion		9.60%	12
			answered	125
			skipped	3

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

1	absolutely - this should be a number 1 priority - better trauma and A&E care at both destinations - there is NO WAY that one centre will suffice and we know this undermines public trust in CCG (who honestly now must be loved about as much as covid 19 itself).
2	If it is a trauma case, it is quite possibly an ambulance admission and GRH cannot cope now. All ambulances go to GRH and then orthopaedics would have to be transferred to CGH, increased cost, risk, time and staff
3	makes complete sense
4	There are a high number of T&O patients so both sites is good
5	Need to be on one site . Have CRH as cold , non emergency surgery and GRH as emergency. Which would protect beds at CRH
6	I agree that all trauma should come to GRH and planned orthopaedics to CGH.
7	This has to be fit for purpose and capacity needs to be considered
8	Again both of these subjects should be at both hospitals so people can go to nearest hospital to where they live

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

		Response Percent	Response Total
9	This is something that I believe is already pretty much established with GRH being the trauma site and CGH being the elective site		
10	this has worked well since 2017		
11	It should be everything in GRH. This is my refrain. It is logical and simple. The simpler is the better is. Perfection is in simplicity.		
12	Trauma and orthopaedics should stay together at GRH		
13	Appears to work well at the present. Not sure why spinal surgery is not at CGH too.		
14	This is known to be good practice and the pilot has been working well. Why change it?		
15	Don't know why we need two centres. Probably better to have everyone on one site rather than spreading resources more thinly across two sites.		
16	Trauma and orthopaedic need to go together. It would be VERY confusing to split them. You've GOT to start treating this as one hospital over 2 sites; not 2 different hospitls. EVRRYTHING trauma and orthopaedic at Gloucester. Coronary Care also needs to be centralised wherever PPCI is.		
17	Glad both are being considered		
18	Don't care as long as 24/7 type-1 consultant-led A&E services are restored at CGH		
19	Not sure aboutb separate centres for orthopaedics.		
20	Given the nature of these services it makes sense to have in both locations		
21	As mentioned previously it is obviously better for those living in the Cheltenham area for as many services as possible to be fully delivered at CGH.		
22	As long as there are support services, and staffing to support this		
23	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.		
24	Orthopaedics can usually hang around and be given pain killers for a certain amount of time.		
25	Again splitting elective and trauma sensible if demand / need exists.		
26	I think this is necessary because of what people are constantly being told about the ""Golden Hour"" for successful outcomes. It seems useless in trauma cases if a large part of this period is used in travelling to the necessary hospital		
27	Needs no words to say this is a critical service and needs to have all the positives. Better care and attention and help out at the outset reduces issues developing later		
28	As above		
29	Having had a very successful hip replacement at Cheltenham eighteen months ago, I can only say that every aspect of my treatment was excellent, the surgeon was informative, the nursing was brilliant, even the food was good, and the outcome has given me my life back. It is working really well there, so perhaps Cheltenham is a good place for it to be based.		
30	The results of this pilot indicate that the proposal is and will continue to work wll		
31	Parking and general access for patients		
32	Your pilot wseems to have worked well		
33	Not seen enough evidence as pilot		
34	Yes keep as it the county is increasing with people living in areas FOD, severn vale, Tewkesbury, Cotswold etc		

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

		Response Percent	Response Total
35	Yes I agree with this, this can be needed at anytime, having two centres of excellent is very comforting. Reduces travel, retention of staff , waiting times		
36	Trauma will in many cases also require Orthopaedics support so it seems best to have both specialist available in both hospitals		
37	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.		
38	as long as a streamlined service can be provided at both sites consultants, ultrasound etc need to be available. Registrations are fine but it duplicates appointments. If you could see a consultant sooner service would be slicker		
39	Convenient for residents of both areas		
40	Yes very well needed		
41	These will not be planned procedures - some instances and being able to receive treatment at the nearest hospital therefore an advantage		

## 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%	68
1	extra travel time, costs and difficulty if services are required.		
2	If the only option for a certain appointment or procedure was in GH, I would not attend and know from discussions that my family would not either. We have had relatives in GRH and the experience has been unsatisfactory both fr them and for us whereas CGH experiences were much better.		
3	I am concerned that any developments are a short term solution which does not address the fundamental issue of either site having a sufficient bed base to run an acute take for medicine and surgery (plus O&T, Gynae etc). We need a new hospital based an a different site to achieve. The suggestions are well intentioned but ultimately a wast of tax payer money.		
4	pretending we have 2 acute hospitals is the biggest potential detriment to services		
5	AMU needs to be spread across both sites. Head and Neck ward with Gynaecology doesn't make sense		
6	I want the best care for my family and whether we travel to Cheltenham or Gloucester is irrelevant and has no bearing.		
7	Failure to deliver emergency care in Cheltenham has already negatively impacted my family and our view of the trust's performance.		
8	These proposals would improve the care provided if myself or my family ever needed treatment at GRH or CGH.		
9	Cheltenham maybe too far to travel, public transport route to Cheltenham from the towns that are in the county are poor. Also car parking and cost is a concern		

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
10	The Trust's decision to move services post Covid peak had a negative impact on staff morale and mental health. Working through the difficult time of March and April was stressful for all and whilst all were happy to go where needed we were working in new teams in new ways with little support in this emergency situation. Moving back to our own wards and teams meant that we were starting to share the difficulties of the previous weeks and just as we were supporting each other we were told we were to move sites, splitting the ward staff and putting all through more stress and uncertainty. I do not think management realize how traumatic this was for those involved. The priority for staff is to provide good holistic nursing care for patients and support our colleagues. I feel that we have not been able to do that for a long time.		
11	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future		
12	Travel, parking, costs of parking, congestion all negative. With an ageing population with less mobility it's likely less visiting will take place the more you centralise services on a single site.		
13	Cheltenham needs a amu and functioning a and e, plans to ship patients across country are absurd and detrimental to patient safety		
14	the removal of a and e puts everyone in the county at risk. putting people in ambulances between sites is already damaging. stop letting this continue		
15	changing our jobs yet again, nurses don't matter		
16	negative all round.		
17	If this is established successfully I think it will have a positive impact on establishing better pathways with our primary services and accessing community follow up etc.. and hopefully work reciprocally with helping admission prevention / flow in the acute setting.		
18	None		
19	Centres of excellence mean clinical expertise is concentrated in one area, rather than split across the county. This means better, more responsive specialist care for me and my family when we need it.		
20	further for some patients to travel too if A and E in Glos		
21	It is only positive		
22	Please keep acute services at cgh		
23	I live in Cheltenham and fortunately at the moment I am not receiving any services from either hospital . I I recognize that there are issues with Cheltenham General in view of the fact that parts of the building are 200 years old and not in current use because they are not fit for 21st century health care. I favour a new facility in Cheltenham being constructed on the edge of town so that the present buildings can be vacated and the land redeveloped. In the meantime I realise that the bulk of the services will need to be provided at Gloucester or even out of the county		
24	Will be able to get looked after by specialist people wether in Glos or Cheltenham		
25	Travelling to GRH		
26	I live in Gloucester and would prefer Gloucester hospital to be able to deliver all services to an excellent standard, Cheltenham hospital is difficult to get to, difficult to park at and it is extremely annoying to be sent there for treatment.		
27	I think in general the proposals are positive and will improve the services available in Gloucester.		
28	longer ravel times are a reality, not a possible consequence		
29	Focused centres of excellence to allow for planned care at CGH and more acute/emergency care at GRH but still maintaining access to ED across both sites		
30	The proposals to reduce services at Cheltenham will cause massive inconvenience and huge concern. A&E services are the vital bedrock of any "proper" hospital. This set of measures will reduce access, potentially harming those seriously ill due to delays in receiving expert help. The car parking problem will add to stress of both patients and families and there is real concern that this is yet another in a long line of service reductions at Cheltenham. The clear agenda being to cut the site back so far that it is unviable.		

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
31	<p>You just need to have one place to go to for one SUBJECT e.g. Oncology, CVS, and GU/GI at Cheltenham and everything else at GRH.</p> <p>You've got to make it simple. And you need to make ED at Cheltenham 24/7 with doctors. Or you've got to double the size of ED at GRH. You've lost 2 x resus bays by closing CGH to ambulances, yet not increased capacity at GRH at all. It's ridiculous at Gloucester ED- and don't blame COVID. ED at Gloucester is not fit for purpose, being the only ED in the COUNTY!!</p> <p>JUST KEEP IT SIMPLE, so that everyone can understand it. You've been got to stop thinking like a person in the NHS and start thinking how the public views the organisation of the services offered.</p> <p>I don't believe you'll re-open ED at Cheltenham, you've been wanting to get rid of it for ages, but GRH ED is NOT fit for purpose with current demand - and demand is not going to decrease.</p> <p>You also need a centre of excellence for the Older Person. By 2040 , 25% of Glis CCG patients will be over the age of 65.</p>		
32	I live in Cheltenham and work in the community, the cost of coming back to Cheltenham is high if you get taken via ambulance to glos royal, if you stay in, family find it expensive to visit you therefore your mental health deteriorates and your physical health recovery is slower, if it wasn't for my son being able to pick me up at 11.30 at night I would of had to stay in overnight, this would of caused a bed to be taken by me when I was well enough to go home but had no money to get home, a bus Journey from chelt to go's is a long time when you are travelling in pain or in recovery fir follow up appointments, we need a centre of excellence in both hospitals		
33	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
34	Travel and access to both sites for those with out cars or relatives locally		
35	All service development has the potential for increasing the health service possibly needed in the future by my immediate		
36	I think that all of the proposals will have a positive impact on everyone, as the services in the long run will be better, if certain hospitals become centres of excellence for individual things.		
37	As stated above I am concerned for myself and all others like me who live east of CGH that relocating acute medical intake and emergency general surgery solely to Cheltenham may put my life at risk in future		
38	Local and ease		
39	I anticipate that the most likely service that I or my family would need would be the Acute Medicine. Being dragged over to Gloucester in a crisis situation would significantly increase the levels of stress experienced by both the patient and their family.		
40	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.		
41	Looks fine. We live in Shurdington so GRH and CGH and both readily accessible		
42	As someone of working age with access to independent transport, I think this is a positive move for me. However, I am concerned about the social practical impacts for people who are dependent on public transport, elderly, need support to to travel, more financially disadvantaged.		
43	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.		
44	Car parking is an issue at CGH, assurances need to be made that relatives are able to park, to be able to transport and visit their relatives. The estate has to be able to support the changes to the centres of excellence along with staffing and support services.- all		
45	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.		
46	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 personally .....I have an existing heart condition.		

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
47	I think that both hospitals should be running independently like they have as not everyone can get to Gloucester royal hospital and why should Cheltenham residents be penalised for extra charges gained from transport.		
48	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		
49	Minimal impact currently - may involve slightly longer travel dependent on outcome. Applies to services that would move to GRH		
50	na		
51	I think any change to trauma or emergency services will impact my family where reduces easy access to services is involved. Also the assessments seems to only produce marginal gains from a staffing point of view.		
52	As a family, I think it is better to know which hospital you will be treated at as it's not easy for everyone if loved ones get transferred back and forth. It's nice to know in advance of planned treatment where you will be.		
53	Living close to GRH the proposals will not impact me greatly. It makes sense to use resources (staff and equipment) as wisely as possible given funding shortages, therefore the changes seem sensible.		
54	I think overall there will be a positive benefits having local COE's with appropriate staffing		
55	For either hospital it is access from the forest and other outlying areas such as Stroud. Good transport links might be essential		
56	The temporary changes made to Emergency General Surgery at GRH have had a positive effect on patient care, patient experience and staff morale. Patients now see the correct speciality during admission within a timely manner.		
57	As long as the clinic appointments are in the same place I think ti will have very little impact on my family		
58	Major elective general surgery - I am concerned if located in GRH - COVID cancellation of operations, poor quality care, chaos not good environment for recovery		
59	As a Gloucester based family it is always easier for us to go to GRH. However, I would prefer to travel a bit further to a centre of excellence.		
60	I had excellence service with my eyes op chelt covid 19. Has been await a call to staff must be needed for the future of NHS.		
61	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.		
62	It was traumatic for my husband to be transferred to CGH at 2am because of vascular problems. It would have been beneficial to have been beneficial to have had a vascular centre at GRH.		
63	Hope fully our only need will be A&E based and in this area I fear the proposals are negative		
64	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.		
65	Cardiac and renal. I am 84, have had 2 heart attacks and been cared for at both hospitals. I have chronic kidney disease		
66	no opinions but good idea		
67	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.		

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
68	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	68
		skipped	60

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%	53
1	this should not be undertaken this year, if a government integrated review has to be delayed I don't see how it can be ethical that Gloucestershire CCG even have the man power to consider this - let alone spend money on making it happen. Is this a project pushed to the forefront to benefit an individuals career?		
2	Keep both sites running and share the workload between them as they are. GRH is difficult to get too, the parking is unsatisfactory and the building totally unwelcoming and difficult to navigate - i had to run to theatres ? 7th or 8th floor via the stairs because both lifts were out of action for maintenance - I had to leave on the ground floor someone who was in a wheelchair. In CGH, there are other route options so this wouldn't happen.		
3	GRH will be full all if not most of the time. Rapid discharge (prematurely) will inevitably happen to create bed capacity.		
4	pretending we have 2 acute hospitals is the biggest potential detriment to services		
5	I consider the effect will be positive		
6	Interventional Cardiology. This should remain at CGH where it performs very well despite the trusts problems.		
7	I do not think there are any negative impacts to the proposed changes.		
8	Managers need to ensure that there is the bed capacity to provide centres of excellence. Movement of patients between wards and sites is not conducive to good care. Staff need to be consulted and views listened to.		
9	Cant answer that as no way of knowing if or what treatment me and my family are likely to need in the future, if services changed to Cheltenham then we would need to get there and the parking in Cheltenham is awful and the hospital is not near the actual town centre		
10	As above		
11	make a fully functioning a and e in Cheltenham to protect their health.		
12	risks everyones lives. not having an acute service in Cheltenham is laughable.		
13	will completely change my job, again! lower staff morale and lose a much needed acute care service		
14	a fully functioning A&E needs to be in Cheltenham and our ACU and AMU needs to come back. patients safety is massively compromised.		
15	As long as there is data and outcome measures to reflect that this costly reconfiguration is truly having a positive impact on waiting times, avoiding cancelation of elective surgery etc.. then I cannot anticipate any negative issues.		
16	None		

**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
17	Paediatrics definitely need looking at as if emergency cases for urology are still being operated on in CGH transferring them to GRH is a logistical nightmare. Its embarrassing to tell patients that we have to transfer patients , it takes ambulances away from emergencies calls, waiting times for ambulance, can sometimes be early hours of the morning, is it safe to transfer , staffing for paediatrics , its not giving the child a positive experience, could cause increased anxiety for future admissions		
18	I don't see any negative effect. I live in Cheltenham and had to go to GRH as a patient. I just got on the bus and was there on time for my appointment. It was fine. In emergency I can get a taxi if an ambulance car is not available.		
19	Keep cgh an acute hospital		
20	The proposals will have no impact on me as I am not receiving any services at either hospital at present.		
21	this has a massive impact on me and my family. I wouldn't want my family member going to GRH unwell knowing what state the hospital is. patient care isn't what it use to be like unfortunately.		
22	Travelling to GRH		
23	None		
24	work with the transport services		
25	N/A		
26	Do not alter or reduce A&E provisions at Cheltenham. Do not centralise general surgery at GRI		
27	You really need to have a ""Southmead"" in the Golden Valley area. And you need to consider better bus services to both sites for general public yo reduce car parking requirements and problems.		
28	Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family.		
29	I can think of no negative effects of adding to or developing services unless such development diminishes the value already present.		
30	As far as possible try to maintain urgent/emergency/acute facilities at both sites while splitting care not in those categories into centres of excellence across the two sites		
31	Any service which compels patients to travel a significant distance gives a significant negative impact. It is not just the physical and financial inconvenience of organising travel to and from the hospital, there is also the significant negative psychological impact of the actual GRH site, which is noisy, confusing, over-crowded and uncomfortable. Every time I have visited the site, even as a visitor, I have left it feeling completely drained and unwell. I realise you are going to do the changes anyway as you have to cut costs and this consultation is a 'box ticking' exercise.		
32	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.		
33	Not that I can see		
34	I want access to as many things to continue at CGH as possible. this consultation seems to want to centralise as amny 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		
35	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.		

**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
36	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.		
37	Open Cheltenham general with all services		
38	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.		
39	Nil		
40	na		
41	As long as you don't try to close cgh a&e you will have my support.		
42	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		
43	As above		
44	None		
45	As above		
46	Finding ways to minimise the need to transfer patients between sites is important. Communication about any changes that are made and why they are necessary always helps		
47	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.		
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	n/a		
51	no negative impact		
52	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.		
53	Parking issues		
		answered	53
		skipped	75

**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%	34
1	split the clinics between both sites at different times or weeks but keep the specialities at both. Re-open A&E as a FULL setting and not as a nurse led one which will reduce the impact on GRH.		
2	no		
3	Gloucestershire would be better served by ambitious plans for a new hospital between Gloucester and Cheltenham along the M5 corridor. This would solve most of the trust's problems.		
4	I think that all Upper GI surgery emergency and planned should take place at GRH and all lower GI surgery at CGH so they are kept separate.		
5	The trust used to provide fantastic care that I have seen deteriorate over time with the changes and ""streamlining"" of services. Patients often need a combination of services to meet their needs and not having them on both sites impacts on our capacity to provide good holistic care.		
6	As mentioned previously I think the services should be in both hospitals, don't see why the staff cannot be shared between the hospitals or more staff if required - if I was running the hospitals I would make it far more efficient that it currently is, I think there is a lot of money wasted in services the hospitals have to pay for, I would be obtaining them cheaper and would not waste items that have to be thrown away from a packet that 1 item has been removed. It is ridiculous and wastes so much money, it can all be sterilised and then money saved on these things could help with the services		
7	stop hiding behind lies and tell people the truth re closing a and in Cheltenham		
8	reinstate the services previously supplied by Cheltenham. local opinion is not being considered at all. Cheltenham needs an acute care ward and a and e		
9	reinstate a and e Cheltenham, don't fob us off as a downgraded service that then has to push emergencies to grh in ambulances.		
10	we need to be told the truth and they need to stop hiding behind the lies they are telling us. its completely ruined staff morale and staff are not enjoying work.		
11	Nil.		
12	yes, all emergencies to GRH urology and ophthalmology included (paediatrics)		
13	Nothing is mentioned about ERCP. This is part of GI service. It should be in CGH as a part of the entire circle. It is limited at the moment to two half days a week. It should be at least on a 5-day basis (every morning let's say). There must be an ERCP centre. It could play a big role as a Centre of Excellence for training within the UK if the consultants think that they are able to develop it in this way. If not, then our patients will benefit at least from centre like this.		
14	As before, the answer to all the questions is to provide a new hospital for Cheltenham designed to provide the location for all the latest developments in 21st century health care		
15	CGH ED department needs to reopen so that the pressure is taken off GRH and CGH has their Aute Care wards open again. GRH cant cope with the whole county.		
16	Bring Cheltenham's A&E back		
17	Build brand new hospital at J11 of M5 next to the Airport to serve the whole of Gloucestershire.		
18	Both CGH and GRH need 24/7 type-1 consultant-led A&E services to support their growing communities. Anything less is totally unacceptable. GRH clearly cannot cope.		
19	On occasion I have come across some silo issues where, for example, such provision as physiotherapy is not always referenced in relation to other clinics where a natural connection seems relatively low priority obvious. This could be achieved through the GP intermediary or by direct referral within a hospital.		

**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
20	Reducing costs and providing a good service to all patients do not go hand in hand. You have already done your 'cost / benefit' analysis and decided what you are going to do, so even if I had sufficient knowledge of hospital processes to offer suggestions it would be a waste of time.		
21	no		
22	Try to make centres of excellence at both sites where possible		
23	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.		
24	""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.		
25	I think most of possible suggestions seem very sensible, but perhaps more use could be made of voluntary services (stopping blood flow from nasty cuts or wounds where the nearest A&E is not very near and it is closed). Dealing 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?		
26	na		
27	Could make cgh the vascular centre.		
28	None		
29	No		
30	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		
31	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.		
32	ensure each patient sees a consultant on their first occasion and gets ultrasound etc in the hospital closest to their home ie Gloucester people in GRH etc. Email appointment letters to people. Its faster and saves on postage. It also reduces the number of telephone calls coming in. If you offer email as a way to communicate ensure NHS staff have the ability to email the patient back		
33	no		
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.		
		answered	34
		skipped	94

## Anything else you would like to say?

		Response Percent	Response Total
1	Open-Ended Question	100.00%	42
1	This is the wrong time, please spend the funds on dramatically improving A&E / Trauma and on building public trust in our local health services.		
2	I don't understand why we have to keep both EDs open. What matters is what happens once patients arrive and to deliver the service I would expect, would mean concentrating emergency staff expertise. I don't live in C or G so have no emotional attitude to either department but I do expect one fully staffed centre of ED expertise somewhere in the middle of the county.		
3	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 !!!!		
4	Invest in your nursing staff as you do with every other professional group. Pay them more and develop their skills. This is the only way you will be seriously considered as addressing the recruitment and retention crisis.		
5	Gastroenterology ward should be moved back to GRH.		
6	Don't think so		
7	Management have no clue how the services are run and what is best for the Gloucestershire pts.		
8	How any of this helps patient flow and integration with primary care is poorly explained.		
9	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		
10	patient safety is being compromised daily already, let alone letting this carry on further. nursing morale is at rock bottom.		
11	stop trying to deceive everyone and be up front with the plans. this effects people livelihood and health. stop treating nurses as if we don't matter by moving us all pillar to post.		
12	the Gloucestershire nhs service needs to at least attempt to show some honesty and integrity when dealing with the public and its staff. do not treat us as though we are fools.		
13	we need to be told the truth and be kept in the loop more. the patients are also taking the brunt from staff because of these moves		
14	Although it has been stated that staff have been consulted I wonder whether it has been at managerial level rather than at patient facing level? Often the feedback with consultation processes is staff feel like the right people have not been involved and therefore they have not truly had the opportunity to feedback their opinions on the process. Ultimately, the majority of staff working in the acute setting will always want to accept change if the end result is better patient care and staff experience.		
15	I hope that you are going to see the picture in different levels, i.e. locally, nationally and internationally.		
16	I have responded to a number of surveys such as this over the years and none of them appears to have resulted in any changes being made.Hopefully this one will result in some positive action		
17	please ignore the people of cheltenham who are biased against Gloucester and who shout the loudest. this would be a good opportunity to also increase health equality in the county.		
18	Cheltenham need a A&E		
19	Why are there not adequate children's services in the area? My daughter was transferred to Bristol for endoscopy and gastric surgery despite Gloucester having the services necessary.		
20	Just ensure that the investment needed to provide these changes properly and not half hearted is there for all services involved including those that are sometimes overlooked. There is no point picking a service up and moving it to one side of the county or other if you don't use this opportunity to actually improve it.		
21	It is completely cynical to perform this type of public consultation during a ""once in a century"" global pandemic. By proceeding with this the NHS trust are showing utter contempt for the communities they serve. These proposals and this consultation should be put on hold until Covid-19 restrictions have been lifted by central government.		

## Anything else you would like to say?

		Response Percent	Response Total
22	<p>Build a new County Hospital between Gloucester and Cheltenham, or focus development on the Gloucester site.</p> <p>Improve access (sheltered pedestrian links) to Gloucester rail and bus stations.</p>		
23	<p>Just a point about competition between services. Central Government, in particular the Minister for Health and Social Welfare, has repeatedly affirmed that the BHS has remained open for non-COVID health provision. This is not strictly the case. For example, prior to the first phase of the pandemic I attended the BOTOX Clinic every 10 weeks. At the peak of the pandemic it was understandable that out-patient services should be a relatively low priority. However, eight months on my condition has worsened and when I receive the promised appointment I suspect that treatment will have to be re-assessed and possibly extended to achieve some parity with the positive outcomes achieved over many years of treatment. This must also be the case where there are other conflicts even during normal times. I am fully supportive of the need for centres of excellence but I would want to be reassured that other services are not reduced in terms of financial and staff resources in order to accommodate them.</p>		
24	<p>I am extremely dissatisfied that there is not a department at CGH which specialises in treating children. When my grandson was 6 years old he fell at school and received a large gash to his forehead which needed stitching. I was told I would have to get him to GRH because it could not be dealt with at CGH. I had to drive him over the Golden Valley by-pass, in the rush-hour, in the pouring rain, trying to keep him from falling asleep on the journey because I was concerned about possible concussion. He was kept at GRH for 6 hours without being treated then sent home overnight and told to come back the next day for the stitches. An injured child should not have to undergo such a lengthy and hazardous journey or be left so long without proper treatment. Fortunately I had a car and sufficient petrol to get to Gloucester, but if I hadn't how would I have got him there, with his head cut open, by bus?</p>		
25	no		
26	<p>I would be interested to know what consideration One Gloucestershire have given to inclusion in terms of practical access to the hospital sites e.g. public transport providers, charities with volunteer drivers, support groups in disadvantaged areas. Given the health inequalities which have been demonstrated through the Covid-19 situation, it is vital to me that these considerations are given a platform in any changes, else we risk worsening inequalities already present. As well as the patient, this can impact visitors, whose support can positively bolster outcomes for a patient.</p> <p>Also, there is no mention of the impact on ambulance services, but presumably there will be an impact in terms of transfers needed (not just when ambulance first called to patient, but also transfers between GRH and CGH)</p> <p>. Am wondering how this has been assessed?</p> <p>Thank you for appreciating the importance of having an A &amp; E service in Cheltenham to local people, I am really pleased this is reflected in the plan.</p>		
27	<p>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.</p>		
28	<p>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 that 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.</p>		
29	<p>Whatever decision is made, the correct and additional staff numbers must be allocated. You cannot simply move the patient workload (currently split over two sites with two teams) to one site with only that sites pre-existing team numbers. This will be a recipe for failure / disquiet. Working in a small speciality which centralised 10 or so years ago the benefits are huge for us</p>		
30	no		

## Anything else you would like to say?

		Response Percent	Response Total
31	The assessments continually refer to the BAME and homeless community if Gloucester (some 32,000 quoted) as being a major criteria in deciding where the services will be located. There are over 600,000 people in Gloucestershire . Do you not think this is a case of ""the tail wagging the dog"" . I also believe that some of these changes are being brought in to cover up for poor management in the past. Surely better recruitment schemes and a decreased insistence on nurses being degree trained would improve day to day outcomes for most patients.		
32	We are extremely fortunate to have two such good hospitals serving us.		
33	Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these. Mental health support is very poor, particularly in GRH, I hope the cost and staff savings can be used to provide better mental health support for patients with mental ill health.		
34	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.		
35	None		
36	Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved		
37	If you centralise more long queue and parks, waste cancelled appointments staff on sick holidays etc. As more money was used in covid 19. We have to think weekly and keep NHS going for years to come. Electric chargers at hospital while wait for o/patient and visitors. Cars in come for hospital?		
38	No		
39	Covid-19 as shown us that resourcing can come back to bite us		
40	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.		
41	no		
42	seems like GRH has a more specialist focus under one roof - will this lead to overcrowding, parking issues, less quality face to face time with staff / professionals		
		answered	42
		skipped	86

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

		Response Percent	Response Total
1	Open-Ended Question	100.00%	128
	1   gl2		
	2   GL4		
	3   GL4		
	4   GL51		

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

		Response Percent	Response Total
5	gL50		
6	GL1		
7	GL1		
8	GL50		
9	GL4		
10	gl1		
11	GI51		
12	GL4		
13	GL50		
14	GL4		
15	GL5		
16	GL14		
17	GL51		
18	GI1		
19	GL4		
20	GL4		
21	GL4		
22	GI51		
23	GL2		
24	GL4		
25	GI2		
26	gl51		
27	GL2		
28	gl51		
29	gl51		
30	gl2		
31	GL1		
32	GL51		
33	GI2		
34	GL2		
35	GI4		
36	GL2		
37	GL2		
38	gl14		
39	GL2		

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

		Response Percent	Response Total
40	gl51		
41	GL50		
42	gl51		
43	GL51		
44	GI50		
45	GI2		
46	GI51		
47	GL50		
48	gl1		
49	GI50		
50	GI50		
51	gl1		
52	GL4		
53	GL2		
54	GL51		
55	gl4		
56	GL51		
57	GL51		
58	GL2		
59	GL4		
60	GL2		
61	GI14		
62	GL2		
63	GL51		
64	GL1		
65	GI51		
66	GL51		
67	GL50		
68	GL2		
69	gl1		
70	GL2		
71	GL2		
72	gl2		
73	GL51		
74	GI14		

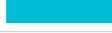
What is the first part of your postcode? eg. GL1, GL20

		Response Percent	Response Total
75	gl51		
76	GL1		
77	Gl51		
78	GL51		
79	GL4		
80	GL2		
81	GL51		
82	GL50		
83	gl50		
84	GL50		
85	gl51		
86	GL4		
87	GL4		
88	GL51		
89	Gl51		
90	GL14		
91	GL50		
92	gl1		
93	GL51		
94	GL1		
95	GL1		
96	Gl51		
97	GL14		
98	Gl4		
99	GL2		
100	gl2		
101	gl50		
102	GL1		
103	GL14		
104	Gl2		
105	GL51		
106	GL50		
107	GL50		
108	Gl51		
109	gl51		

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

		Response Percent	Response Total
110	GL51		
111	GL4		
112	GL2		
113	GL51		
114	GL14		
115	GL4		
116	GL2		
117	gl50		
118	GL50		
119	GL1		
120	GL50		
121	GL50		
122	GL2		
123	GL51		
124	GL50		
125	GL50		
126	GL1		
127	GL1		
128	GL4		
		answered	128
		skipped	0

### Which age group are you:

			Response Percent	Response Total
1	Under 18		0.79%	1
2	18-25		5.51%	7
3	26-35		17.32%	22
4	36-45		15.75%	20
5	46-55		18.90%	24
6	56-65		22.05%	28
7	66-75		11.81%	15
8	Over 75		6.30%	8
9	Prefer not to say		1.57%	2
			answered	127
			skipped	1

### Are you:

			Response Percent	Response Total
1	A health or social care professional		36.22%	46
2	A community partner		0.00%	0
3	A member of the public		58.27%	74
4	Prefer not to say		5.51%	7
			answered	127
			skipped	1

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

			Response Percent	Response Total
1	No		71.88%	92
2	Mental health problem		4.69%	6
3	Visual Impairment		3.13%	4
4	Learning difficulties		0.78%	1
5	Hearing impairment		3.91%	5
6	Long term condition		16.41%	21
7	Physical disability		3.13%	4
8	Prefer not to say		6.25%	8
			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		29.03%	36
2	No		66.13%	82
3	Prefer not to say		4.84%	6
			answered	124
			skipped	4

### Which best describes your ethnicity?

			Response Percent	Response Total
1	White British		84.92%	107
2	White Other		4.76%	6
3	Asian or Asian British		3.17%	4
4	Black or Black British		1.59%	2
5	Chinese		0.00%	0
6	Mixed		0.00%	0
7	Prefer not to say		4.76%	6
8	Other (please specify):		0.79%	1
			answered	126
			skipped	2
Other (please specify): (1)				
1	White English			

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

			Response Percent	Response Total
1	No religion		44.09%	56
2	Buddhist		0.79%	1
3	Christian (including Church of England, Catholic, Methodist and other denominations)		44.09%	56
4	Hindu		0.79%	1
5	Jewish		0.00%	0
6	Muslim		1.57%	2
7	Sikh		0.00%	0
8	Other		3.15%	4
9	Prefer not to say		5.51%	7
			answered	127
			skipped	1

### Are you:

			Response Percent	Response Total
1	Male		32.03%	41
2	Female		61.72%	79
3	Transgender		0.78%	1
4	Prefer not to say		5.47%	7
			answered	128
			skipped	0

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

			Response Percent	Response Total
1	Yes		93.65%	118
2	No		0.00%	0
3	Prefer not to say		6.35%	8
			answered	126
			skipped	2

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

			Response Percent	Response Total
1	Heterosexual or straight		85.04%	108
2	Gay or lesbian		3.15%	4
3	Bisexual		0.79%	1
4	Other		0.79%	1
5	Prefer not to say		10.24%	13
			answered	127
			skipped	1

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

			<b>Response Percent</b>	<b>Response Total</b>
1	Yes		2.36%	3
2	No		74.80%	95
3	Not applicable		17.32%	22
4	Prefer not to say		5.51%	7
			answered	127
			skipped	1