

Improving 7-Day Access



Public Consultation Report

On proposals to Change 7-Day Access to Primary Care Services across Durham Dales, Easington and Sedgefield.

Prepared by Proportion Marketing Ltd. on behalf of NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group – February 2019



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1. Introduction

Improving 7-Day Access was a formal public consultation on proposals to change 7-Day Access to Primary Care Services across Durham Dales, Easington and Sedgefield. NHS Durham Dales, Easington and Sedgefield (DDES) Clinical Commissioning Group (CCG) ran the consultation over a period of 6 weeks from 7th November 2018 to 19th December 2019 and, due to feedback, extended to 12 weeks to 30th January 2019.

As a result of a 2016 urgent care services consultation, we created nine hubs across the DDES that provided additional evening and weekend primary care appointments. A review of public and clinician feedback highlighted that these hubs were valued but some were significantly underused. Issues were raised around overcapacity across all sites (too many staff for too few patients), staff retention across services (difficulty recruiting and keeping staff) and poor value for money.

A pre consultation engagement exercise was undertaken between December 2017 and August 2018 showed that patients who used primary care services attended the hubs after 6pm and at weekends and enjoyed easier access, a better service and had a positive of using NHS111. Most were prepared to travel further to these hubs. The exercise highlighted that clinicians and GP practices believed these hubs could deliver same day and pre-bookable appointments and considered telephone appointments and home visits. Travel requirements could be ascertained via the NHS111 call. During the period of 'pre engagement' with the public the CCG developed some scenarios around potential new models of care which were then refined into options that were presented to the public in the formal public consultation.

As the commissioner of primary care services, CCG's are able to develop a joined up model of care allowing flexibility to make changes to services to better meet the needs of our population. The CCG set out a strong case for changing existing services, both clinical – meeting the health needs of the population - and financial – developing services that are financially sustainable.

During the consultation period, members of the public, a variety of local stakeholders (those having an interest or concern in health matters) and organisations were given the opportunity to have their say on the proposals set out in the Improving 7-Day Access consultation documents.

The feedback from the consultation is set out in this report and will now be used to inform the decision that the CCG will make on how 7 day access to primary care services will be delivered in the future across Durham Dales, Easington and Sedgefield.

This independent report contains information about the planning and development of the Improving 7-Day Access consultation, the communications and engagement activities used to facilitate dialogue with the public, the analysis of the feedback and final consultation results.

DDES CCG would like to thank all those who took part in the consultation. Your input and feedback has proved invaluable, and will help the CCG to decide how primary care access can best meet the needs of local people in the future.

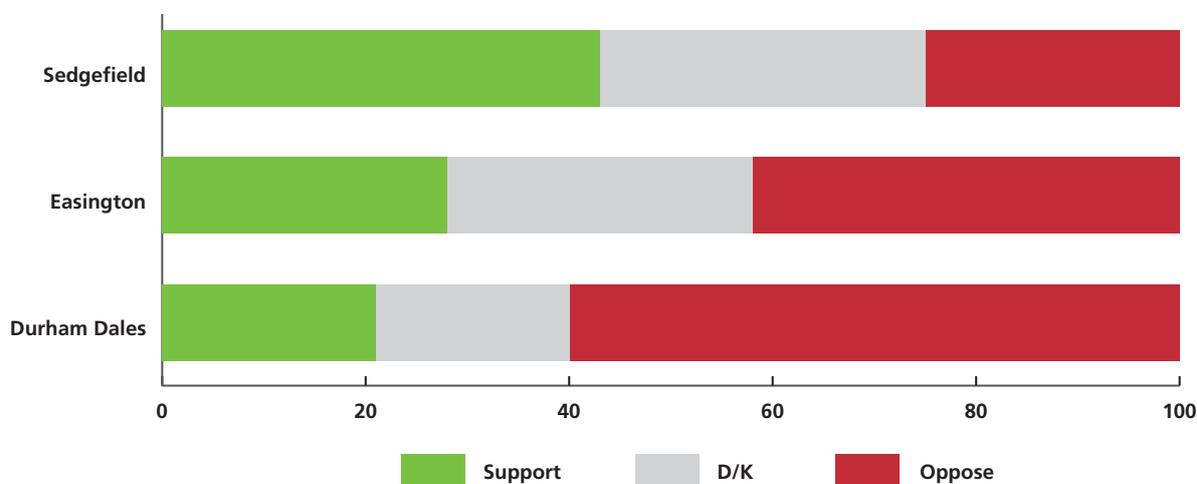
What do we mean by 7-Day Access to Primary Care Services?

Primary Care Services - Primary care is the service that provides the first stage of care for minor ailments and ongoing patient support/needs close to where the patient lives. It is the patient's main source of regular medical care by health professionals from a GP practice setting.

7-Day Access - GP Practices or a group of practices working together (called a hub) offering additional appointments beyond 6pm on weekdays and additional appointments on a Saturday and Sunday.

As part of the consultation the CCG complied with a number of legal requirements including the Equality Act (2010), The NHS Act (2006), Mental Capacity Act (2005) and Human Rights Act (1998) and guidance such as the Gunning Principles, incorporating values from the NHS Constitution.

2. Executive Summary



There was both support and opposition recorded from each locality for its proposal.

2.1. Durham Dales

In Durham Dales, a 60% majority of respondents opposed their proposal, 21% supported their proposal and 19% were unsure or did not know.

In terms of free text comments, the dominant themes were the concern for travel and transport issues (20% of all Durham Dales respondent comments), a potential loss of service (particularly to Richardson Hospital, Barnard Castle) (20%) and a lack of awareness with both the consultation and the existence of the extended hubs (15%).

In terms of weekday opening times, 73% of Durham Dales respondents preferred the Bishop Auckland **12noon to 8pm** opening time option, notwithstanding a majority opposing such a service being available at Bishop Auckland only. 27% preferred the **6pm to 8pm** option.

In terms of weekend opening times, 66% of Durham Dales respondents preferred the Bishop Auckland **10am to 2pm** opening time option, notwithstanding a majority opposing such a service being available at Bishop Auckland only. 34% preferred the **8am to 1pm** option.

The majority (47%) were unsure whether the proposals still allowed for same day and booked extended GP access and 37% thought that **Booked Appointments** would help make the proposal work.

Durham Dales responses dominated this consultation. Sharing 32% of the DDES population, Durham Dales accounted for 50% of all responses and 65% of all comments in this consultation. This high response reflects the high impact of this proposal as perceived by respondents in this locality.

2.2. Easington

In Easington, a 42% majority of respondents opposed their proposal, 28% supported their proposal and 30% were unsure or did not know.

In terms of free text comments, the dominant themes were the difficulty in accessing GP appointments (21% of all Easington respondent comments), the loss of service (18%) and travel and transport (13%).

In terms of opening times, 52% of Easington respondents preferred the Peterlee and Seaham **8am to 1pm** opening time option, notwithstanding a majority opposing such a proposal. 42% preferred the **10am to 2pm** option.

The majority (50%) were unsure whether the proposals still allowed for same day and booked extended GP access and 43% thought that **Booked Appointments** would help make the proposal work.

Sharing 35% of the DDES population, Easington accounted for 36% of all responses and 27% of all comments in this consultation.

2.3. Sedgfield

In Sedgfield, a 43% majority of respondents supported their proposal, 25% opposed their proposal and 32% were unsure or did not know.

In terms of free text comments, the dominant themes were the difficulty in accessing GP appointments (20% of all Sedgfield respondent comments), the loss of service and travel (19%) and transport (14%).

In terms of opening times, 61% of Sedgfield respondents preferred the Spennymoor, Newton Aycliffe and Sedgfield **10am to 2pm** opening time option, 39% preferred the 8am to 1pm option.

The majority (54%) were unsure whether the proposals still allowed for same day and booked extended GP access and 48% thought that **Booked Appointments** would help make the proposal work.

Sharing 33% of the DDES population, Sedgfield accounted for 14% of all responses and 8% of all comments in this consultation. This low response reflects the low impact of this proposal as perceived by respondents in this locality.

2.4. Headlines

The issues raised in this consultation will be all clearly answered and addressed in the business case, you said, we did for example.

Issues raised

- Plans to close community hospitals, particularly Richardson, affected the consultation
- Difficulty in accessing GP appointments – Easington/Sedgefield particularly
- Not knowing where services are - Hiding services, can't understand why we are not publicising
- NHS111 the only way to access services and they are not signposting patients to the hub closest to where they live or offered
- Public don't know about services and don't know about NHS111
- DUCT and transport issues and too far to travel – not aware of transport , criteria too restricted
- Communication not good enough about how to access services
- Lack of awareness of the consultation
- Advised poor communications about events
- A potential loss of service
- Services for housebound supported
- Pre booked appointment supported

2.5. Consultation extension

We listened and following feedback that the lead in time was too short therefore disadvantaging the public we extended the consultation from 6 to 12 weeks to ensure that more people had a chance to have their say.

By extending, it gave us the opportunity to go to events such as supermarkets to raise awareness and speak to people in a more informal setting than a public meeting. The extension boosted survey responses by a further 35%.

2.6. Recommendations

The recommendation is that the CCG take into account feedback from the consultation and use this to inform decision-making. It should also consider issues and concerns in the reported themes and take action to mitigate accordingly.

Most notably, the CCG should consider the feeling amongst the public that extended GP access under-utilisation, the fundamental driver for the consultation proposals, was the result of a lack of awareness of the service combined with a failure to distribute appointments to hubs equally rather than a lack of patient demand.

Respondents critical of the use of the utilisation rates suggested these rates could be improved by allowing access to extended appointments via GP surgeries (rather than NHS111), or introducing more significant campaigns to raise awareness. Respondents included staff who stated that things were getting busier since the utilisation rates were measured and that new housing developments would see greater all-round demand for GP access.

Respondents who initially opposed the proposal went on to state whether booked appointments, services for frail or housebound patients and better transport options would make the proposal work. 12% of respondents who opposed the proposal stated that they would make the proposal work. 51% of those who opposed were unsure these measures would make the proposal work and 37% believed that the measures would not make the proposal work.

The final published report should enable participants to see how their feedback has informed decision-making.

3. Consultation Response

3.1. Survey Response

Consultation documentation comprised of a 12-page document outlining the rationale and case for change, the options being consulted on along with visual information such as utilisation rates, a survey for completion and freepost as well as information about how the public can get involved for example at public events, by completing a survey online.

This was supported with a leaflet and poster, sent to primary care settings, GP Practices and public libraries, that publicised the public events. A website and social media campaign was used to support the communications plan.

The Current Service - Extended GP opening times in hub arrangements, three in each locality area, opening Monday to Friday 6pm-8pm and 8am-1pm Saturday and Sunday to manage demand for minor ailments during the day and same day urgent requests (instead of urgent care centres) either in every GP practice or in hubs.

PROPOSAL FOR DURHAM DALES

CURRENT PROVISION			➔	PROPOSAL		
	Weekday	Weekend			Weekday	Weekend
Bishop Auckland (86% utilisation rate)	6pm-8pm	8am-1pm		Bishop Auckland	12noon-8pm or 6pm-8pm	8am-1pm or 10am-2pm
Stanhope (21%)	6pm-8pm	8am-1pm		Stanhope		
Barnard Castle (21%)	6pm-8pm	8am-1pm		Barnard Castle		

- Reduce to one site at **Bishop Auckland Hospital** operating weekdays between 12noon and 8pm and weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

PROPOSAL FOR EASINGTON

CURRENT PROVISION				PROPOSAL		
	Weekday	Weekend			Weekday	Weekend
Peterlee (42%)	8am-8pm	8am-1pm	➔	Peterlee	12noon-8pm	8am-1pm or 10am-2pm
Easington (27%)	8am-8pm	8am-1pm		Easington		
Seaham (23%)	8am-8pm	8am-1pm		Seaham		8am-1pm or 10am-2pm

- Reduce to two sites at **Peterlee** and **Seaham** operating at weekends between 10am and 2pm and one site at **Peterlee** operating between 12noon and 8pm weekdays (**additional hub** to GP practices outside of GP hours and to cover same day need).
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

PROPOSAL FOR SEDGEFIELD

CURRENT PROVISION				PROPOSAL		
	Weekday	Weekend			Weekday	Weekend
Newton Aycliffe (64%)	6pm-8pm	8am-1pm	➔	Newton Aycliffe	6pm-8pm	8am-1pm or 10am-2pm
Sedgefield (24%)	6pm-8pm	8am-1pm		Sedgefield		8am-1pm or 10am-2pm
Spennymoor (51%)	6pm-8pm	8am-1pm		Spennymoor	6pm-8pm	8am-1pm or 10am-2pm

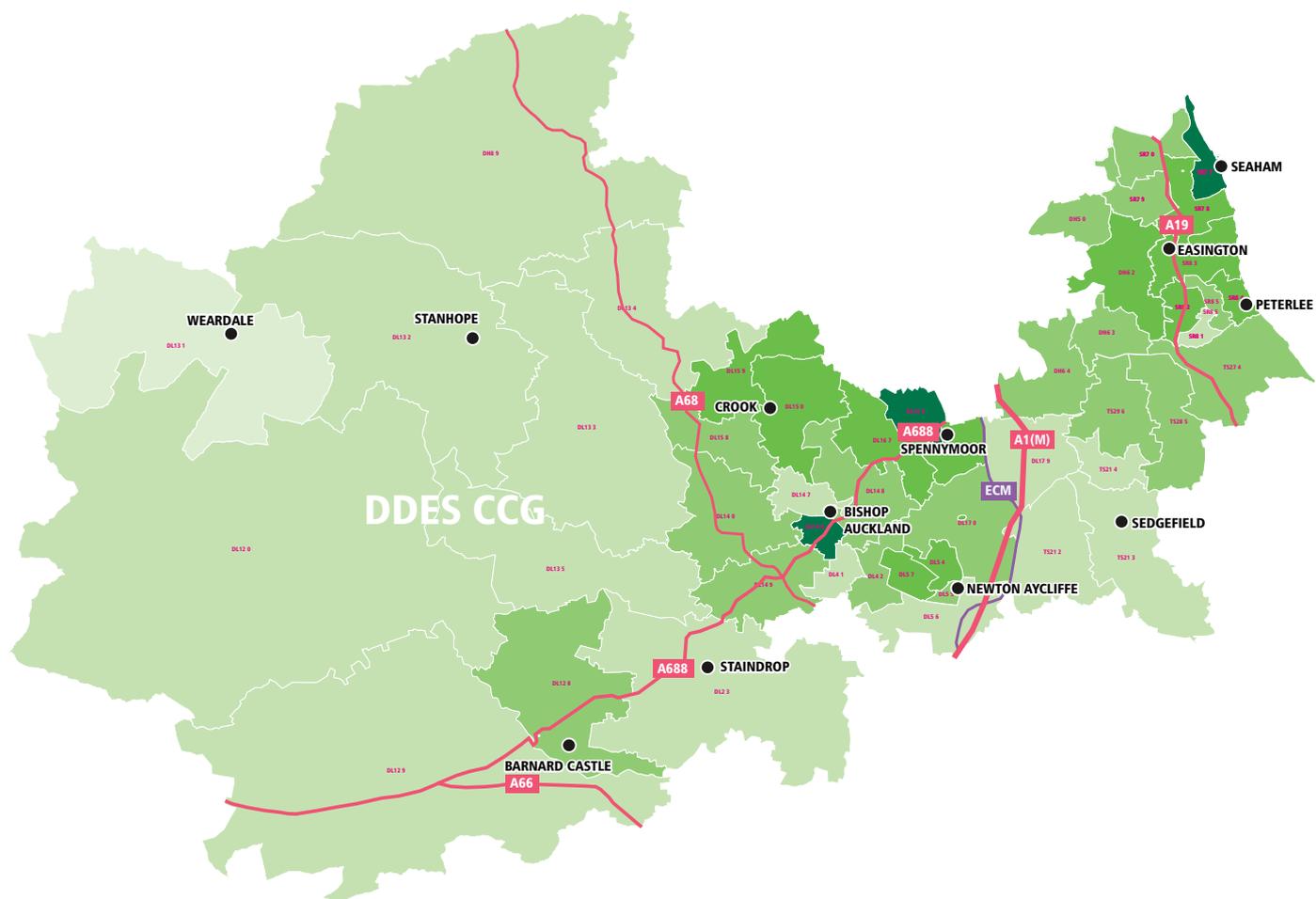
- Reduce to two sites at **Spennymoor** and **Newton Aycliffe** operating weekday evenings between 6pm and 8pm and retain three sites at **Sedgefield**, **Spennymoor** and **Newton Aycliffe** operating at weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

The consultation attracted 684 survey responses from the Durham Dales, Easington and Sedgefield population. This was made up of 165 paper surveys and 519 online survey responses.

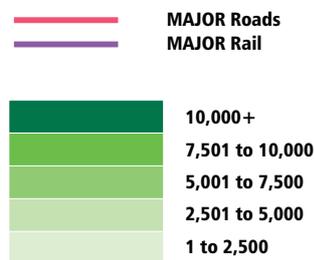
The survey response is equivalent to 0.23% of a population of around 289,670 patients and is lower than the national average of 0.89% quoted by The Consultation Institute (tCI).*

Location of survey respondents

The DDES are has a population of around 292,000 people. The map below illustrates how the population is distributed across the DDES area.



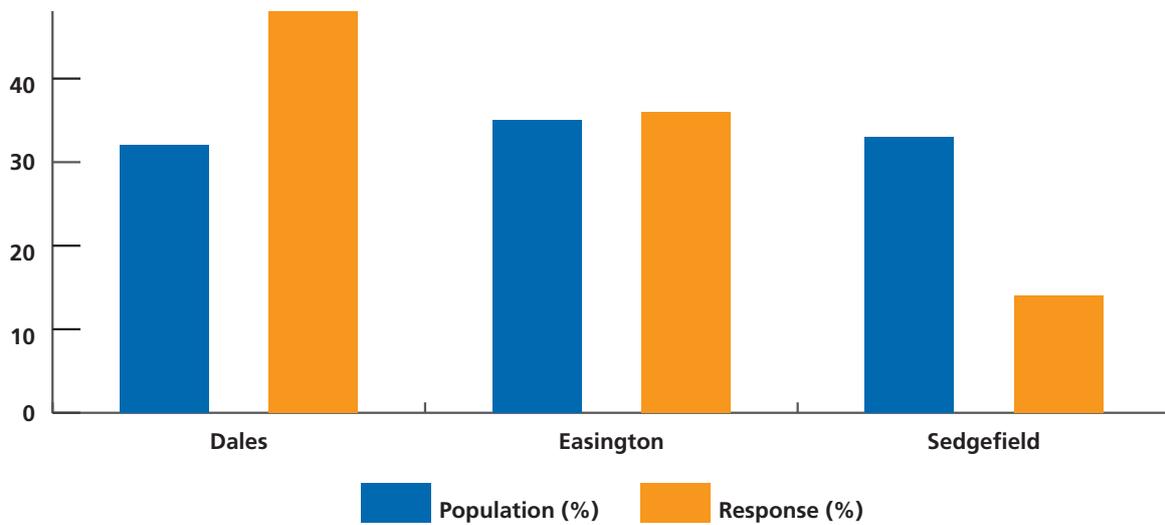
DDES CCG Population Map



Survey respondents were asked about where they live (Durham Dales, Easington or Sedgefield). Durham Dales recorded 50% of survey responses from just 32% share of the DDES population. Easington recorded 36% of the responses from 35% of the population and Sedgefield recorded 14% of responses from 33% of the population.

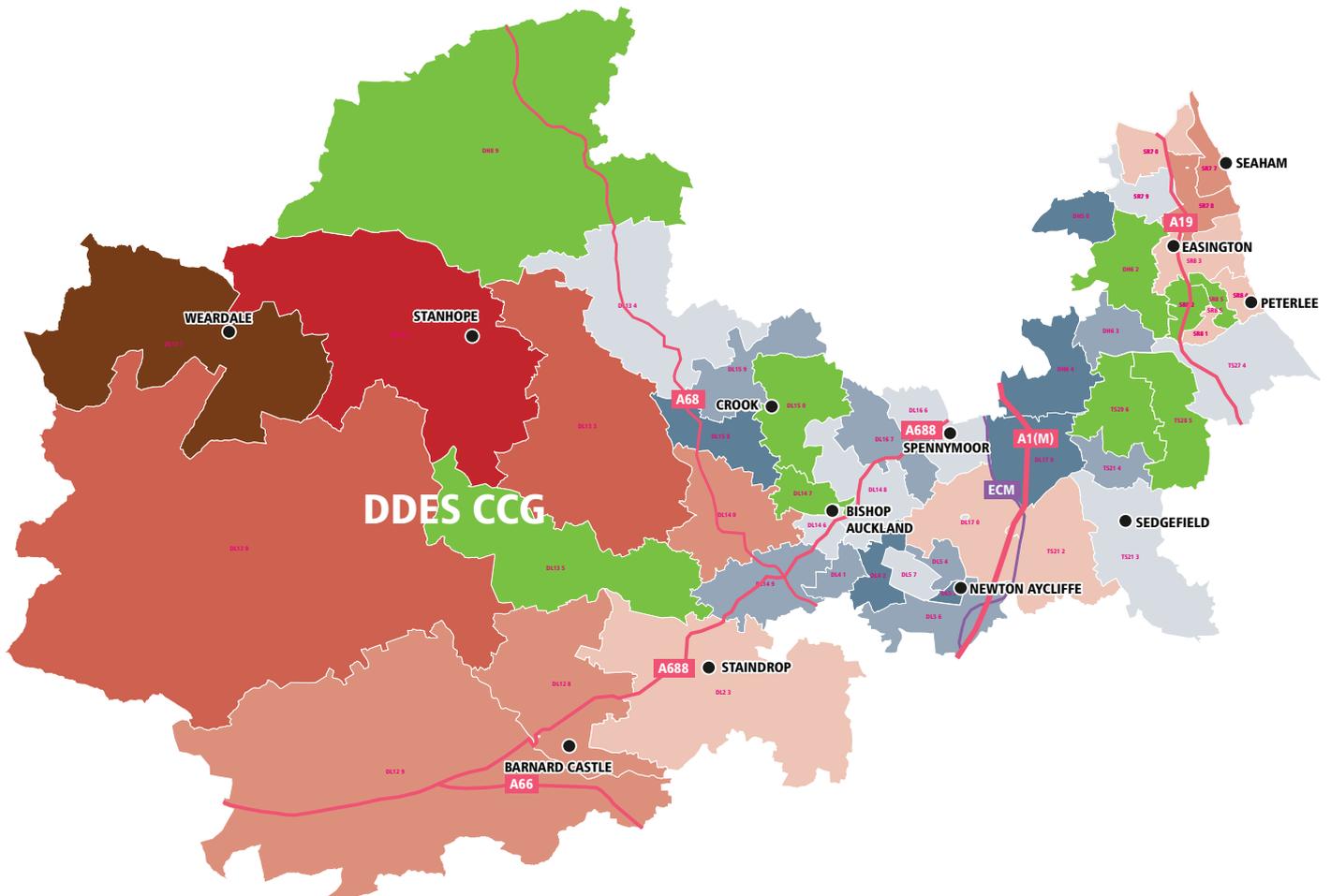
The differences in response rates between the three localities reflect the relative impact of each proposal as perceived by respondents in each locality.

Locality Population and Locality Survey Response Rate (%)

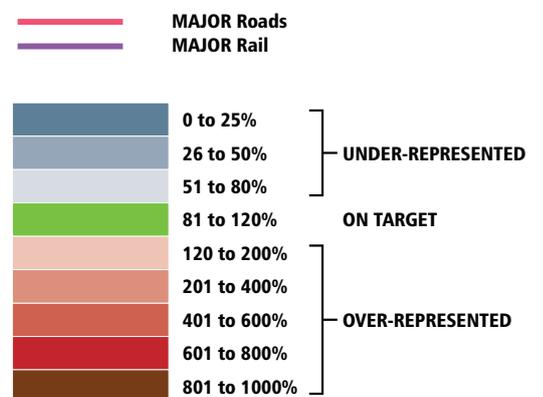


Distribution of survey responses

The following map shows the distribution of survey responses.



DDES CCG Response Map



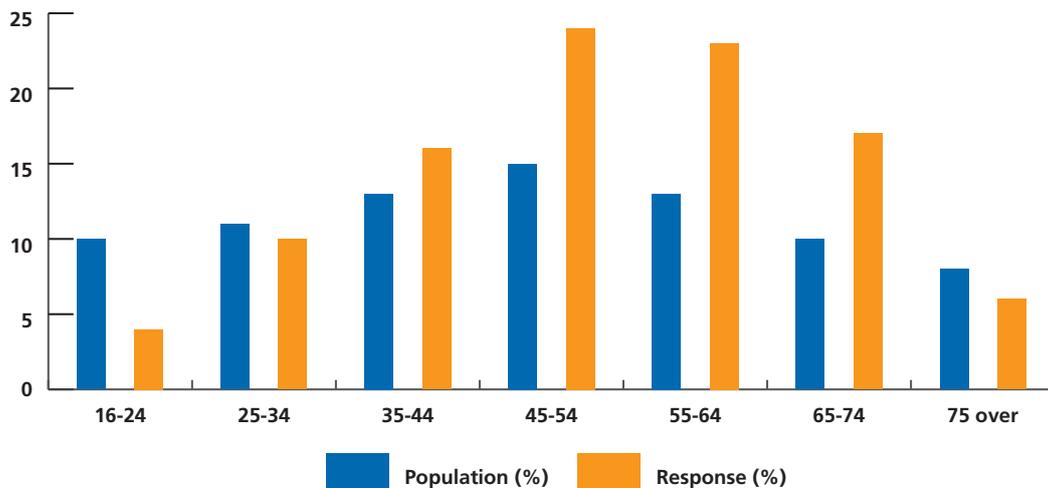
In the red areas the proportion of responses was higher than 120% of their proportion of the population. In the blue areas the proportion of responses was lower than 80% of their proportion of the population. In the green areas the proportion of responses was between 80-120% of their proportion of the population.

Some paper responses elected not to show the whole postcode sector and so for recording purposes they were allocated to the first sector in the list, hence the first sector for each postcode tends to have a higher proportion of responses to the proportion of population.

The map demonstrates that the highest response rates were recorded west of the DDES patch in the Durham Dales postcodes and the lowest response rates were recorded in the Sedgefield postcodes (see appendix 1 for the full table of response rates per postcode).

Demographic breakdown of survey responses

The following table is a guide to the representation by age group. It shows consultation responses versus census data for County Durham Unitary Authority. Operative since 1 April 2009, it is the same area covered by the former districts of Chester-le-Street, Derwentside, Durham, Easington, Sedgefield, Teesdale and Wear Valley. It should be noted that CCG age bandings differ to census bandings and therefore is shown as a guide.

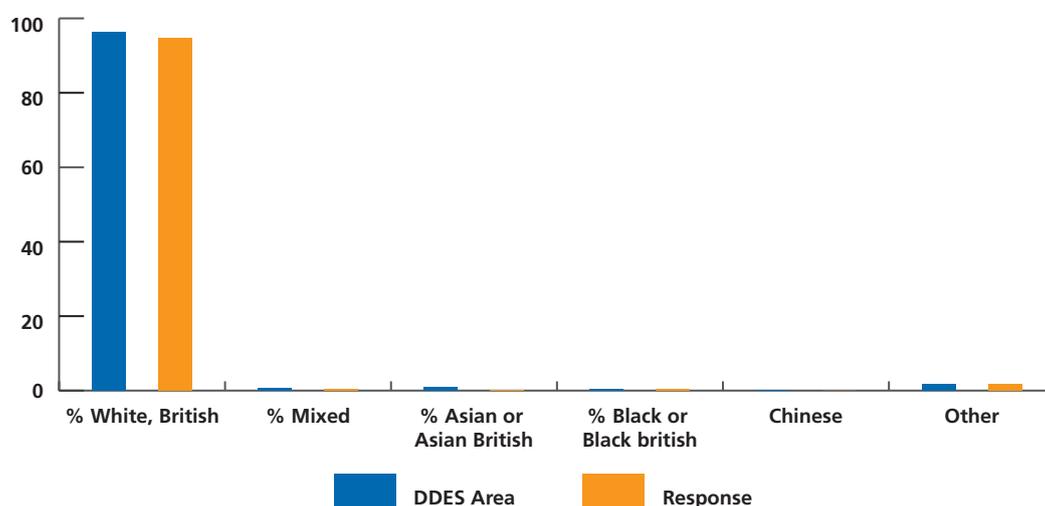


Source: Census 2011

It shows significant under representation in the 16-24 years range and over representation ages between 45 and 74 years, a typical pattern for public health consultations (see appendix 2 for all equality question results).

Ethnic breakdown of survey responses

The following table is a guide to the representation by age group. It shows consultation responses versus census data for the DDES area.



3.2. Public Meetings Response

Nine public meetings and two roadshows were held on different days/times with 137 people attending the meetings (60 Durham Dales, 55 Easington, 22 Sedgfield) and hundreds engaged in the roadshows. Attendees were made aware of the event through a variety of methods such as posters, leaflets and brochures in public libraries, GP surgeries etc and through social media, by attending a Patient Reference Group or a Patient Participation Group (PPG), via e-mail or via the CCG website.

Public meetings allowed attendees to meet face-to-face with experienced health professionals with knowledge of local services. In turn, the CCG had the time and opportunity to set out the proposals and explain the background work involved, discuss the options in greater detail and take questions on the viability of each. The public meetings gave the CCG a good idea of what public perceptions and understanding of the proposals were and enabled individual feedback.

3.3. Other Meetings Response

A number of engagements occurred outside of the public meetings, targeting hard to reach groups, Groundworks (appendix 3) for all equality question results), East Durham Trust (appendix 4) and Investing In Children (appendix 5, 6 and 7) each provided a report on their consultation engagements.

4. Background

4.1. Case for change

NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) is responsible for commissioning (buying) services for approximately 292,000 local people covering a diverse and large geographical area.

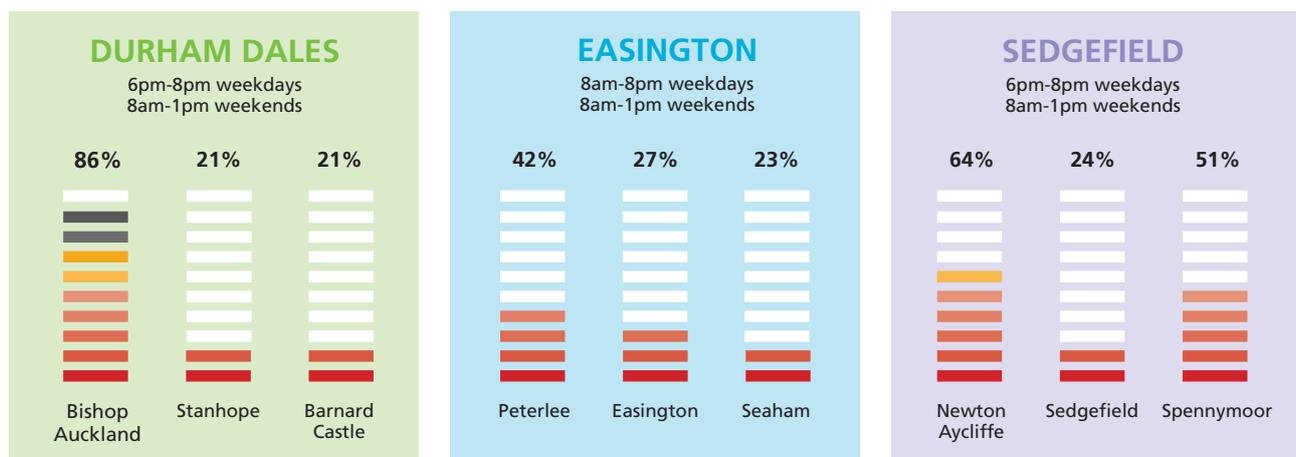
The CCG comprises of three localities, all with specific and varying needs. DDES is one organisation, but the locality focus has enabled specific input from communities to inform the options that have been designed. The options proposed are flexible to meet the needs of each community.

In Spring 2016, we undertook a public consultation about urgent care services. During that consultation, we also asked the public and clinicians to tell us where we should locate primary care services that provide additional evening and weekend appointments. Nine hubs (practices working together) across the DDES area were chosen as the preferred option by the public.

It was agreed to implement and then review these changes after six and then twelve months of operation. This was to ensure the services covered the full winter period to truly understand their impact. In this review, we looked at who used our primary care services, when and why.

The need to change was established after we reviewed public and clinician feedback, including patient views, activity, capacity, impact on other services, practice requirements, value for money, transport and pharmacy provision.

The review highlighted that these hubs were valued but some were significantly underused. The utilisation rates for each hub are listed below.



This underuse has led to issues around overcapacity across all sites (too many staff for too few patients), staff retention across services (difficulty recruiting and keeping staff) and poor value for money. Clinicians are supportive of the need to change and think we could meet patients' needs in a different way.

Our patients have told us what they value in extended GP access and how they would prefer to access treatment. We have used this information working with various stakeholders to develop our options.

We believe that there is a strong case for changing existing services, both clinical and financial. We need to deliver services that meet the health needs of our population and we need to develop services that are financially sustainable for the future.

DDES CCG knows that changes in demographics, particularly a growing elderly population, is driving up demand and the overall cost of healthcare. This growth in demand is taking place at a time of austerity and puts pressure on NHS funding.

Despite an overall increase in funding, the NHS will have less funding than it had in previous years as the growth in funding will be outstripped by the rise in healthcare costs. For DDES CCG this means that it must spend its money wisely to ensure that the best outcomes are achieved for the DDES CCG population.

4.2. Communication and engagement plan

A detailed communications and engagement plan was developed, providing a structured and robust approach to consultation development and process. This included defined objectives, communications and engagement activity, how feedback would be analysed and report results. The plan also included sections on legal and equality duties, to ensure these responsibilities were fully met.

Regular and consistent communications and engagement is crucial in ensuring that the CCG commissions services that are of good quality, value for money and meet the needs of local people.

For this 7 Day Access consultation, the communications and engagement objectives were to:

- Effectively engage the local population, partners and other stakeholders
- Give the local population, partners and stakeholders the opportunity to consider and comment on the options for new models of 7 day access in the Durham Dales, Easington and Sedgefield CCG area
- Use the comments and feedback from the local population, partners and stakeholders to inform consideration by the CCG as to how it should provide 7 day access to best meet the needs of the population of the Durham Dales, Easington and Sedgefield area
- Inform CCG commissioning responsibilities in relation to, and the procurement of, 7 day access services
- Ensure that the consultation is accessible to local people, patients, partners and key stakeholders, that they are aware of the consultation and have the opportunity to participate fully, should they wish to do so.

The overarching principle was to encourage active, two-way dialogue between the CCG and members of the public so they feel that they have been able to have their say, and can see how their feedback has influenced the development of 7 day access they use.

The CCG also took into consideration a set of consultation principles called the Gunning principles (R vs. London Borough of Brent ex parte Gunning, 1985). These are listed below:

1. When proposals are still at a formative stage

Public bodies need to have an open mind during a consultation, not to have already made the decision, but have some ideas about the proposals.

2. Sufficient reasons for proposals to permit 'intelligent consideration'

People involved in the consultation need to have enough information to make an intelligent choice and input into the process. Equality Assessments should take place at the beginning of the consultation and be published alongside the document.

3. Adequate time for consideration and response

Was enough time given for people to make an informed decision and then provide feedback?
Was there enough time to analyse the results and make a final decision?

4. Must be conscientiously taken into account

Decision-makers must take consultation responses into account to inform decision-making. The way in which this is done should also be recorded to evidence that conscientious consideration has taken place.

Furthermore, the NHS Mandate 2013-15 (carried forward through NHS Mandate 2015-16) and known as the 'Four Tests' states NHS England expects all service change proposals to comply with the Department of Health's four tests for service change (referenced in the NHS Mandate Paragraph 3.4 and 'Putting Patients First' report) throughout the pre-consultation, consultation and post-consultation phases of a service change programme. The four tests are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Support for proposals from clinical commissioners

4.3. Methods of engagement

Stakeholder and public meetings

To support the consultation the CCG devised and delivered a thorough and on-going engagement programme to ensure dialogue with key stakeholders.

This programme included:

- MPs and councillors
- Parish councillors
- GP practices
- Federations
- Council of (CCG) Members
- Patient Reference/Patient Participation Groups (PRGs/PPGs)
- Durham County Council, Area Action Partnerships, Health and Wellbeing Board and public health departments
- CCG Executive committee
- CCG Governing body
- Adult Wellbeing Overview and Scrutiny committee

- General public/patients communication programme - nine public meetings
- Existing healthcare services providers
- Urgent Care Task and Finish Group (an internal CCG group)
- Third sector organisations
- CCG staff
- Neighbouring CCGs
- NHS England
- Healthwatch
- Local Dental Committee/Local Medical Committee/Local Pharmaceutical
- Committee
- Careline Durham (homes and assisted living for brain injury, neuro disorders and the elderly)
- Public meetings

Public meetings

Nine public meetings were held between 17th November and 10th December 2018. These dates were scheduled and publicised in consultation documents, on the CCG website and social media platforms. Flyers were produced and put in GP practices along with the consultation documents.

The Eventbrite system was used for people to register their attendance. The booking system was used to help CCG staff plan resources and assess health and safety concerns appropriate to the number of likely attendees. However, some members of the public chose not to pre register and attended on the day of the event.

The format of the public meeting was developed to maximise response from all attendees. After an initial presentation, CCG staff facilitated discussions that covered the consultation key issues. A scribe, whose notes were written up and analysed as part of the consultation, recorded the main discussion points. At the end of each meeting, attendees were informed of the next steps, assured that no decisions had been made and encouraged to complete the survey if they had not.

The public meetings were held on the following dates and venues:

Date	Time	Locality	Location
Sat 17th Nov	Weekend 10am-12noon	Easington	Easington Colliery Club & Institute Ltd
Wed 21st Nov	Daytime 10am-12noon	Sedgefield	Spennymoor Leisure Centre
Sat 24th Nov	Weekend 10am-12noon	Durham Dales	Wolsingham School
Mon 26th Nov	Evening 6pm-8pm	Durham Dales	GlaxoSmithKline Sports & Social Club
Thu 29th Nov	Evening 6pm-8pm	Easington	East Durham College
Tue 4th Dec	Daytime 10am-12noon	Durham Dales	Bishop Auckland Rugby Club
Thu 6th Dec	Daytime 10am-12noon	Easington	Seaham Town Hall
Sat 8th Dec	Weekend 10am-12noon	Sedgefield	Newton Aycliffe Youth and Community Centre
Mon 10th Dec	Evening 6pm-8pm	Sedgefield	Sedgefield Community College

Information roadshows in supermarkets

Three roadshows were undertaken at local shopping centres.

- ASDA Peterlee – 25th January
- ASDA Seaham – 25th January
- Morrisons Barnard Castle – 24th January

The events enabled CCG staff to engage with members of the public to explain key themes and respond to any concerns raised.

Everyone was encouraged to get involved in the consultation via public meetings, website and online survey, completing the paper survey or by contacting the CCG.

Results of engagement

The evidence log (appendix 8) shows the engagement that has been undertaken to support the Improving 7 day access to primary care services public consultation that started on 7th November 2018. It is standard practice to engage with a range of groups both prior to and during the actual formal consultation process.

East Durham Trust, Investing in Children and Groundwork North East and Cumbria supported the consultation in delivering a series of conversations with local community groups to collect views from hard to reach participants and participants with one or more protected characteristics.

The Adult Wellbeing Overview and Scrutiny Committee were dissatisfied with the original sample size we used for engagement. We listened and we increased our engagement activities accordingly.

We send the consultation document to two members of each Patient Reference Group (PRG), these were members who like proof reading and volunteered to support us. They gave back comments which were duly taken on board. One member from Durham Dales PRG came along to the HOSC and explained her point of view about the consultation and the changes. Members of the PRG also attended most of the public meetings and also came along to support us at events such as the supermarket sessions and also at the Blue Light café in Spennymoor.

Some of the PRG members went into their own GP surgeries and had discussions with patients about the consultation and talked them through the options in their locality. They encouraged them to have their say through the survey and some even supported patients completing the survey on the back of the consultation document.

Not all people filled in the questionnaires but we did engage – we met with local Members of Parliament, held supermarket roadshows where we met and spoke to hundreds of people and we used our 700 strong stakeholder list to circulate and promote the event to their contacts. The consultation document, briefing, press release and all other information was emailed out to all our stakeholders on three occasions. We asked them to forward this on to their contacts and share on websites and also social media.

4.4. Methods of communication

- Consultation document (with survey) online and hard copy versions
- CCG website
- Stakeholder briefings
- Poster
- Social media
- Animation
- PR media activity
- Advertising
- E-mail communication
- SMS (text messaging) via GP practices to patients

A series of communication materials were produced and distributed to support the consultation process as well as a range of comprehensive communication tactics (outlined above).

Consultation document

The consultation launched on Wednesday 7th November 2018. All 40 GP practices in the DDES area received a pack including 15 (12 page) full consultation documents, 10 leaflets and 4 posters with a request and contact details to order more if needed. The pack was also distributed to 24 libraries. Hardcopies of the survey were made available in the CCG reception at Sedgefield Community Hospital and also distributed to local council offices.

The survey was made available at all 9 public consultation events and shared with voluntary and community groups, Health Networks, Area Action Partnerships and Healthwatch.

Online survey

An online version of the survey featured in the 12 page full consultation document was launched on the 7th November. The survey asked questions on the options for change, feedback on the consultation including how the public heard about the consultation and levels of satisfaction regarding information provided. A section covered questions about the responder to meet the CCG's duties for equality. These questions were optional to answer.

The online survey was available on the CCG website at www.durhamdaleseasingtonedgefieldccg.nhs.uk and also via www.haveasay.org.uk. Both advised reading the full consultation document before completing the survey.

Website

All information and supporting documentation was available via the CCG website www.durhamdaleseasingtonsedgfieldccg.nhs.uk. This included a headline featured news article on the homepage taking users to the survey as well as a dedicated page under the 'Involve me' section of the website. This page included background information about the consultation, an animation and all supporting documentation (full consultation document, online survey, equality impact assessment, business case, press releases, communication and engagement plan, stakeholder briefings, and frequently asked questions (FAQs).

The website analytics show that in November there were **10,894** page views in total (that is people looking at pages on the CCG website) out of these **5,160** were views to the consultation page (**47.37%**).

In December there were **4,052** page views in total, out of these **830** were views to the consultation page (**20.4%**). In January there were **5,256** page views in total, out of these **1,053** were views to the consultation page (**20.03%**).

Total page views during the consultation (7th November – 30th January) were **20,202**. Total views to the consultation page were **7,043**.

Stakeholder briefing

The CCG updated 495 key stakeholders via an e-mail briefing and asked for support to promote the consultation. These were issued on the 7th November, 19th December and 10th January. Stakeholders include, MPs, Town Councillors, Parish Councillors, Local Medical Committee, Local Pharmaceutical Committee, Healthwatch Durham, Area Action Partnerships, Health networks, local Mayors, NHS England, Patient Representative Groups, Patient Participation Groups and My NHS members.

Poster

250 copies of a poster were produced that promoted the 9 public consultation events and how to access and complete the survey. The poster was delivered to GP practices, libraries, selected supermarkets and community centres, council offices (Durham County Council), promoted via social media and taken to all engagement meetings, East Durham Health Network, Peoples Parliament etc.

Leaflets

500 A5 leaflets were produced and distributed to GP practices and libraries and shared with voluntary and community sector groups.

Animation

A short animation was produced as a communication tool and shared via the CCG website, social media and at public consultation events.

Social media – Facebook and Twitter

70 social media messages were posted during the consultation period. The posts promoted the consultation launch and the extension of the consultation, signposted people to the website and online survey, reminded people to register for the public engagement events, promoted the events and a countdown to the closure of the consultation. It was also a valuable communication tool to promote the video animation. Local Facebook groups were contacted with a request to share information about the consultation and event details.

Facebook

Month	Total Posts	Total Reach	Link Clicks
November	14	13,808	187
December	15	6,689	247
January	24	11887	405

Twitter

Month	Total Posts	Total Reach	Link Clicks
November	14	13,793	187
December	15	21,173	233
January	24	25,977	405

PR media activity

- Three press releases were issued to the media throughout the consultation
- Launch press release – ‘Consultation launched on proposals to change 7 Day Access to Primary Care services in Durham Dales, Easington and Sedgfield’ 7th November
- Press release promoting the extension of the consultation – ‘NHS extends consultation about proposed changes to GP hubs in Durham Dales, Easington and Sedgfield’ 19th December
- Press release – ‘NHS urges people to give their views about proposed changes to GP hubs in Durham Dales, Easington and Sedgfield’ 19th January
- Press releases were issued to;
 - Northern Echo
 - Teesdale Mercury
 - Weardale Gazette
 - East Durham News
 - Seaham News

- Peterlee News
 - Sunderland Echo
 - Hartlepool Mail
 - East Durham Life
 - Newton News
 - BBC Tees
-
- The PR activity resulted in 12 press cuttings. Three in the Northern Echo, five in the Teesdale Mercury, one in the Weardale Gazette, one in East Durham Life, one in East Durham News and one in the Hartlepool Mail.

Advertising

- Quarter page advert booked into the Teesdale Mercury
- Half page adverts booked into East Durham News, Seaham News and Peterlee News
- Online articles on East Durham News website on 23 November and 19 December
- 400 views of the article on the East Durham News Facebook page
- Article featured on Peterlee Business Park website 26 November

E-mail communication

Two e-mails were sent to DDES CCG My NHS members on the 7 November and 11 January, which comprises 668 members of the public/stakeholders who signed up to receive regular information via e-mail/post about their local CCG.

SMS (text) messaging via GP practices to patients

As well as receiving a pack of communication documents GPs were also supplied with an SMS text message and a request to text all patients to promote the consultation. A Facebook post was shared that practices could use on their own FB page and a slide to use on the waiting room information screens. All GP Patient Participation Groups were contacted with a request to help promote the consultation.

Consultation materials

A comprehensive suite of communications materials was produced to support the consultation.

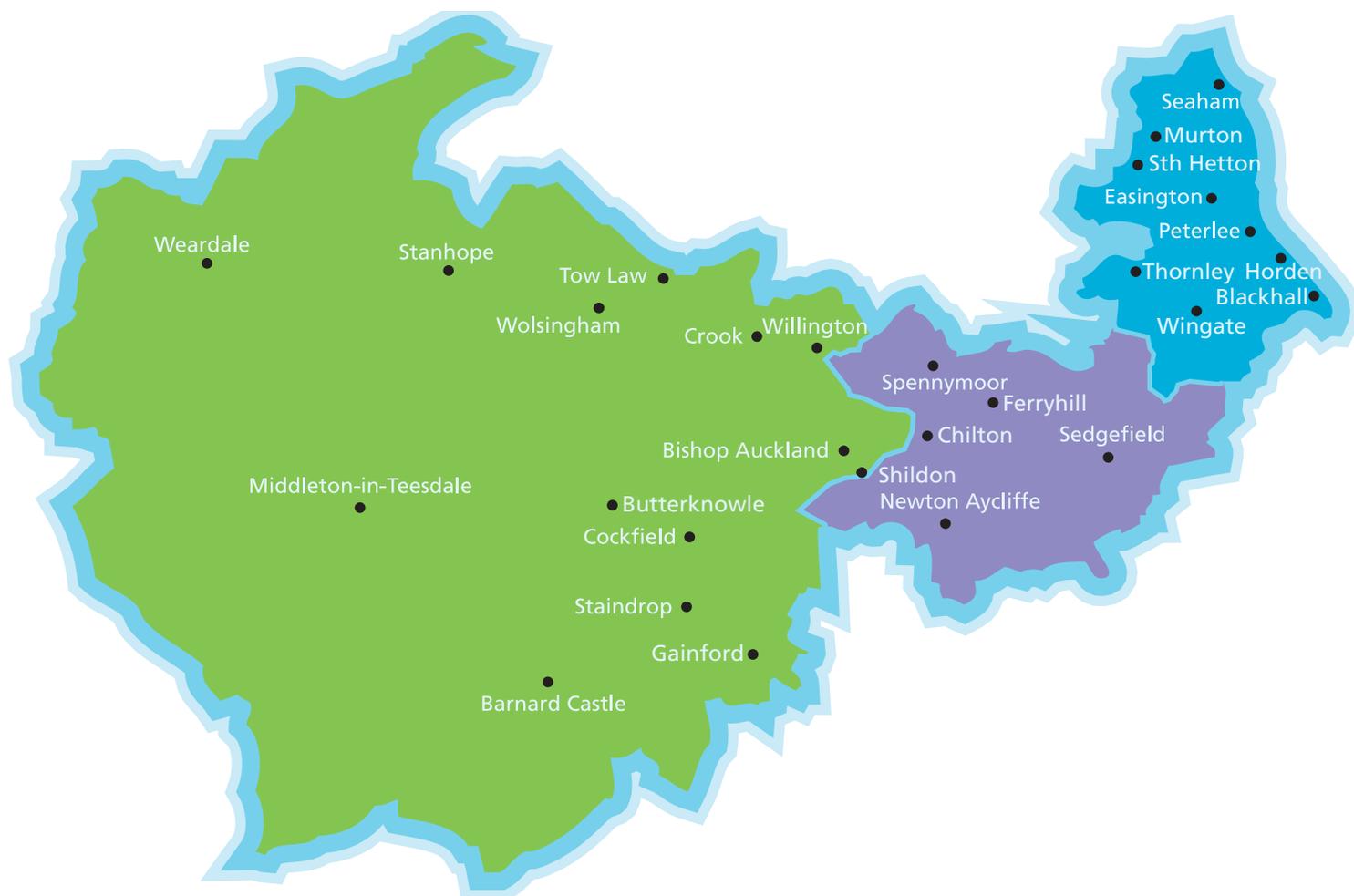
1. Consultation branding. A simple eye-catching logo was developed for use in all materials so the consultation had a clear and consistent brand. This was universally applied to communications materials both in print and on screen.
2. A4 12-page consultation document featuring a 2-page survey response form. 1,750 copies were printed and 40 copies were mailed to each GP surgery in the DDES geography.
3. Poster. An A4 sized poster was mailed out with the full consultation document and summary documents in the list detailed above.
4. Animation. There was a short animation produced for use at public meetings and also posted on the website.
5. Website. The URL www.haveasay.org.uk was used and forwarded visitors to pages within the DDES website. The site featured a range of supporting materials including:
 - Improving 7 Day Access consultation document
 - Easy Read (large format) – Improving 7 Day Access consultation document
 - Communications and Engagement Plan
 - Improving 7 Day Access poster
 - DDES Communications Strategy
 - DDES Engagement Strategy
 - Frequently asked questions
6. Powerpoint presentation. Used at various stakeholder events and public meetings.
7. Online survey. This was launched on 7th November and was accessed via a link from the consultation website. It was also promoted via social media.

8. The survey asked questions on the options for proposals pertinent to where the respondent lived. A section covered questions about the responder to meet the CCG's duties for equality. These questions were optional to answer.
9. E-communications. An email explaining the consultation and including links to the website and online survey was mailed to My NHS contacts and all relevant stakeholders.
10. Visual agenda. Each public meeting used a visual guide to provide clear information about the running order of the event.
11. Weekly updates. A bulletin was circulated to the consultation team, DDES staff supporting the consultation. It featured published and broadcast media, social media statistics, web analytics, survey responses and other communications activity.
12. Scribe template. A standard template in Word was produced to support staff attending public meetings and stakeholder events. This ensured that 'free text' comments were captured in a consistent manner.
13. An easy read version of the consultation document was created by the People's Parliament and this was shared on the CCG website and sent to people on request.



5. Who we engaged with

DDES CCG comprises three localities within County Durham.



5.1. Durham Dales

Durham Dales has a fairly stable registered population of about 91,600 but covers approximately 540 square miles which brings significant challenges in delivering healthcare.

The locality includes some small areas of urbanisation in Bishop Auckland, Barnard Castle, Crook and Willington but also many rural areas within Wear Valley and Teesdale. The Wear Valley sub-cluster accounts for around 62,000 of patients and includes all of the larger towns, apart from Barnard Castle and Middleton-in-Teesdale.

Approximately 25,000 patients are in the Teesdale area, which is predominantly rural. Large rural areas bring different issues and challenges to those of cities and major towns.

5.2. Easington

The Easington locality covers a registered population of approximately 101,900 and contains 10 of the 20 most deprived wards in County Durham and some of the most deprived wards in England outside London.

The Easington area contains the whole of the County Durham coastline, which forms its eastern boundary. Easington has the second largest population (94,000) of the Durham districts (648 people per km²), although it is the second smallest in terms of area (145 km²). It contains a mixture of urban and rural areas; the two main towns being Seaham and Peterlee, which both have populations in excess of 20,000. The population of Easington itself is approximately 2,072.

5.3. Sedgefield

Sedgefield is situated in the southern part of County Durham, between Durham City and Darlington. The majority of the population lives within the four towns of Newton Aycliffe, Spennymoor, Shildon and Ferryhill. Newton Aycliffe is a former 'New Town' and the other towns have developed around iron, coal and railway industries.

In contrast to the main urban areas, the area also contains some small historic villages and coalfield communities in the more rural eastern part of the borough. The major employment sector in the area is now 'manufacturing' with 28.5% of the districts employment. Sedgefield is 217km² in size with a registered population of 96,200. Population density is 404 people per square kilometre.

6. Analysis and Reporting

6.1. Receiving the response

The survey allowed respondents to add further comments to support their views. There was also free text space to add further comment on the consultation itself.

The consultation collected comments from a number of sources:

- Postal survey (sent to a FREEPOST address)
- Online survey
- Individual attendees at the public meetings
- Letters/emails from individuals and organisations
- Targeted stakeholder meetings
- Information roadshows

Online and postal survey responses were structured to prompt tick-box and free text responses around the main consultation question and the options proposed.

As there is no prescribed framework for responding via email or letter, comments via these response mechanisms were free text. This meant that comments were recorded, data inputted and coded into themes to prepare them for robust analysis.

CCG staff facilitated public meetings and a template was used for scribes to log comments. This ensured a consistency for free text analysis. Other meetings were minuted and notes recorded on a standardised proforma.

6.2. Analysing the response

The online survey contained tick box and free text response options. The tick boxes allowed straightforward quantitative analysis.

As much of the response to the consultation was open, unprompted and free comment from individuals, independent researchers Proportion Marketing used a robust methodology to count, classify and analyse these comments.

When coding qualitative data, the classification and analysis process has to be as consistent as possible. To minimise inconsistency, Proportion Marketing used one person to interpret all comments and a panel of three to settle ambiguous responses. To make meaningful analysis possible, the response data is organised into key themes made up of individual comments.

This enables analysis and allows for summarising and clearer presentation. The data was broken down by postcode area to allow for geographic comparison. A respondent could make more than one comment and one comment could be counted in more than one theme.

6.3. Explanation of themes

The qualitative data (free text responses in the survey, comments at public meetings etc) has been recorded in the consultation and allocated into recurring themes.

These themes were established approximately half way through the consultation process after analysing a sample of the initial responses. Additional themes or a refinement of the current themes arose after this time but by the end of the consultation period the themes were fully established. Each comment is allocated a theme and each theme is then quantified to highlight key themes.

7.a. Main Findings – Survey Response

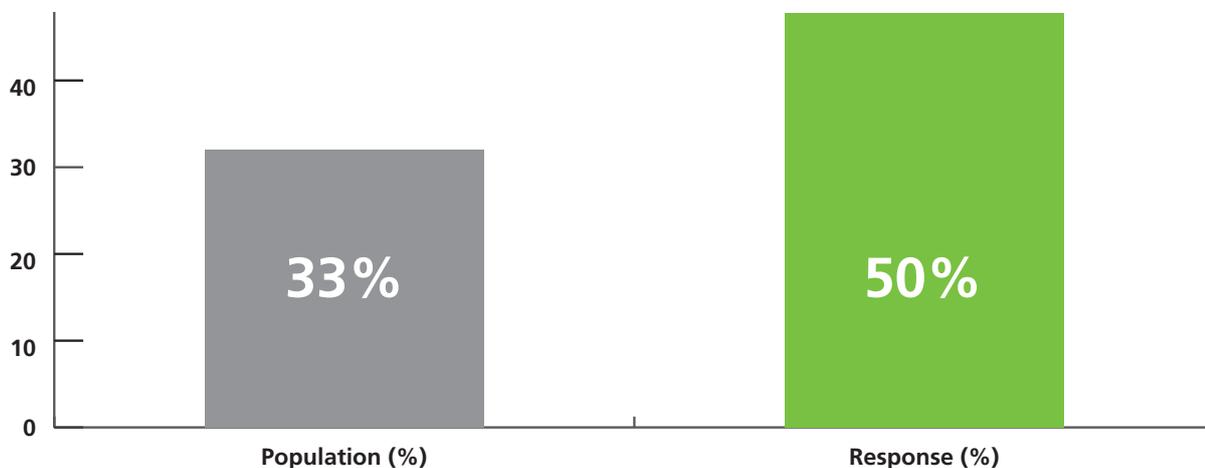
PROPOSAL FOR DURHAM DALES

CURRENT PROVISION		
	Weekday	Weekend
Bishop Auckland (86% utilisation rate)	6pm-8pm	8am-1pm
Stanhope (21%)	6pm-8pm	8am-1pm
Barnard Castle (21%)	6pm-8pm	8am-1pm

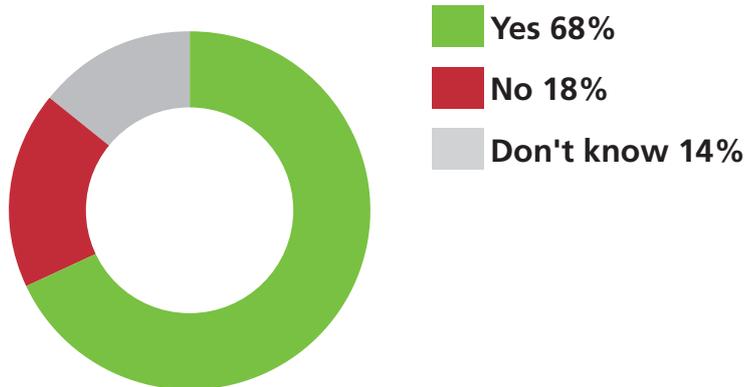


PROPOSAL		
	Weekday	Weekend
Bishop Auckland	12noon-8pm or 6pm-8pm	8am-1pm or 10am-2pm
Stanhope		
Barnard Castle		

- Reduce to one site at **Bishop Auckland Hospital** operating weekdays between 12noon and 8pm and weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.



Q2. Do you understand why we are proposing the changes in your locality?



Comments from proposal supporters

If they are underused we need to question, do we need them?

All improvements welcome

The proposals appear to utilise public funds in a way that maximises the service offer to patients.

These changes are necessary and essential.

Comments from proposal opposition

Living in a rural community is my choice however having a lack of medical care is not.

When people ring they are not given option to go to Stanhope surgery they are given Bishop Auckland this is what I am led to believe has happened so survey doesn't give true usage.

Why has the current service not been staffed or publicised properly - this service was designed to fail.

It appears that the changes being proposed are based on flawed data regarding the level of use at Barnard Castle. There is plenty of first-hand and anecdotal evidence that the reason for the low usage figures that you have published is that very few people know that there is an out-of-hours service available in Barnard Castle and that 111 operators are also unaware of the service.

You are seeking to close essential services in order to comply with the governments continuing funding cuts despite how needed they are.

Comments from people unsure about the proposal

Despite well meaning words the overall driver for change is lack of adequate funding from central government.

Yes, to maximise capacity. Make best use of resources.

I didn't even know you had introduced any 'extended' service to begin with.

Although from opinion expressed at the meeting the Stanhope has been set up to fail. Dales patients have had to ask to attend there rather than Bishop.

Feel it is driven by cost cutting rather than to improve services.

I don't feel that this proposition has been widely advertised. I have only seen this by chance ad some thoughtful person has shared on social media. A letter would have been appreciated.

I understand the need for improvement and better use of money. However, we live in a rural area so services must be accessible for everyone.

No idea what's going on. Just guessing they're trying to close our only hospital, Richardson.

We need these services as we live in a rural area there is too much travelling long distances to other hospitals for clinics treatment and other.

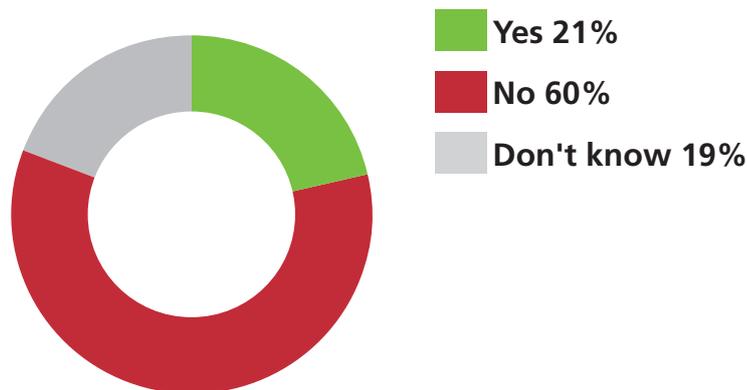
Yes service has been underused people been directed to other hubs.

the difficulty in staffing medical centres due to shortage of medical staff, it has been reported that some of the areas are deprived due to the social and economic effects of the losses of historical employment i.e. coal mining which these areas relied upon.

I assume to help with the demand on normal GP appointments. The triage thing is difficult if you work and cannot accept calls at work.

Reduced money due to central government funding cut back and general reducing of financial aid to the health services in England. Reduction in staffing due to financial problem and Brexit.

Q3. Do you support the changes in your locality?



Durham Dales accounts for 32% of the DDES area population. The Durham Dales locality attracted the largest response rate to the survey, with 340 respondents (49.7%) of total responses.

21% of Durham Dales respondents supported the proposals, 60% opposed the proposals and 19% did not know or were not sure.

Comments from proposal supporters

Mainly yes but am concerned about the distance for the Dales community

Better opportunity of getting an appointment.

Better value for money.

Comments from proposal opposition

I would add that NHS services are being consistently concentrated in urban areas. There does not seem to be any awareness of rural issues - let alone a sense of obligation to provide a proper service to people rural areas.

As someone who has used these services on several occasions both by dropping in and through 111, I have never been informed of services at Barnard Castle nor Stanhope. Both of these are as accessible to me as Bishop. If 111 are directing people to Bishop then they are going to bias the usage stats to make Barnie and Stanhope look under-used. In other words, their approach has aided this justification.

Because I live in a rural area I am being penalised yet again. Travelling further for out of hours services for my parents would be extremely difficult and would involve a 60 mile round trip if they had to go to Bishop Auckland.

I think the rural hubs are vital - I live in Weardale and have used the Stanhope hub for myself and my family and on each occasion it would have been difficult or impossible to travel to Bishop Auckland for care, with winter months approaching this service is even more vital particularly to our elderly and vulnerable people living in the dale.

The problem with moving all these services to Bishop Auckland Hospital is one of accessibility. The last bus to Bishop Auckland leaves Stanhope at 17.00 arriving at 17.43. The final bus to return to Stanhope leaves Bishop Auckland at 17.49 making it impossible to use out of hours services at Bishop Auckland if needed in the evenings. There are no bus services at all on a Sunday.

You have not communicated the implications sufficiently. You must make sure that the wider community is fully aware of the facilities available at the Richardson Hospital. Only then can you properly judge if the facility is being used sufficiently. There are over 5000 people in Barnard Castle, all of whom may require Out Of Hours service at some time. It is wrong to expect them to travel far afield when there is a community hospital able to provide this service locally. There is a high proportion of elderly people in the town most of whom rely on public transport which makes travel to a distant site even more difficult. LET THEM KNOW WHAT IS AVAILABLE IN THE TOWN.

Comments from people unsure about the proposal

It will depend upon criteria used for DUCT and having sufficient capacity at Bishop. Financial issues & cost for patients is an issue especially if on low income and universal credit etc.

Don't have enough information.

Only know there is something to do with the Richardson at Barnard Castle.

See above. If local people don't know what exists locally, then how can we support/not support changes. It would be like trying to fill in a form blindfolded in a dark room. Impossible to do it accurately.

I am concerned about how people from the top of Weardale will access services as it is a 60m round trip to Bishop Auckland.

Feel it is driven by cost cutting rather than to improve services.

I don't support closing our only hospital, Richardson, Barnard Castle. There's no transport link to any other hospital.

I support changes that will provide a better service for all. Some of the services seem to have been cut in all but the Bishop Auckland area, many disabled and elderly people cannot easily get to Bishop Auckland - especially

Not if it means that our hospital will eventually close down or that we have to travel further for treatment or clinic, rehab appointments.

Not sure as already having lots of problems getting a doctor's appointment. Even when not urgent unable to get appointment at station view medical centre.

Rural areas need access perhaps more importantly than urban areas. Transport costs are inevitably higher in rural areas. People on low incomes in particular will suffer loss of access.

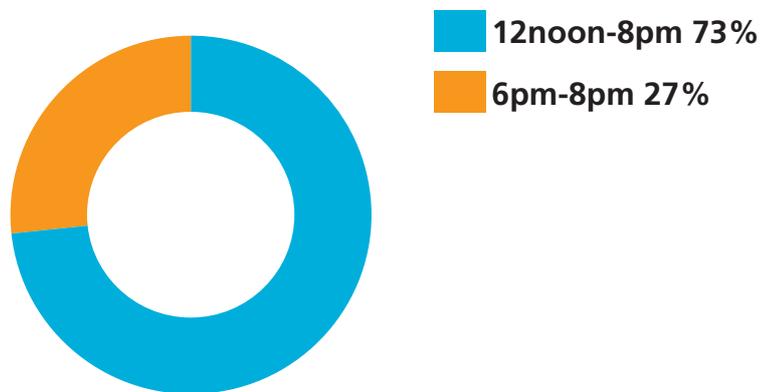
They will be situated so far away that they will probably be irrelevant!

having been employed in NHS and suffered the rigors of the many miss judged change that took place in the latter part of the C20 and the failure of some of those ventures that cost the system dearly.

Only people who work or are genuinely unable to attend normal surgery appts should be allowed to attend the weekend out of hours appointments. At present these appts seem to be taken up with people who just want to see a Dr and do not want to wait.

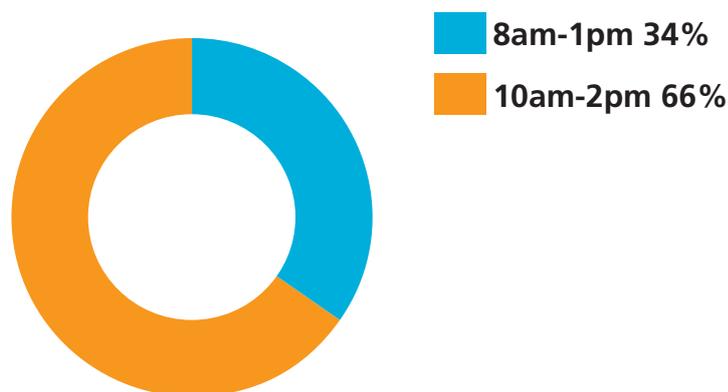
While understanding that the review shows the service is underused it would be foolish not to state the value of having this service in Barnard Castle.

Q4a. Select your preferred weekday opening times for the Bishop Auckland site



In terms of weekday opening times, 73% of Durham Dales respondents preferred the Bishop Auckland **12noon to 8pm** opening time option, notwithstanding a majority opposing such a service being available at Bishop Auckland only. 27% preferred the **6pm to 8pm** option.

Q4b. Select your preferred weekend opening times for the Bishop Auckland site



In terms of weekend opening times, 66% of Durham Dales respondents preferred the Bishop Auckland **10am to 2pm** opening time option, notwithstanding a majority opposing such a service being available at Bishop Auckland only. 34% preferred the **8am to 1pm** option.

Q5. Would the proposed changes for your area still allow you access to booked and same day evening/weekend appointments?

The majority (47%) were **unsure** whether the proposals still allowed for same day and booked extended GP access.

Comments from proposal supporters

It is important to be able to book routine appointments in advance outside of school hours. Perhaps these hubs could offer pre-bookable routine appointments with any doctor as continuity of care is now a thing of the past.

Hope this will be available even if booked on the day.

Transport available - otherwise would struggle.

Comments from proposal opposition

Buses stop running early evening and none on Sundays.

This proposal will backfire because some patients will simply attempt to call an Ambulance due to the extra travel distance. Not well-thought-out.

I've heard several people complain that patients are not able to access the service at the Richardson, with NHS 111 call centre having sent them elsewhere!

Stanhope and Barnard Castle need to be hubs where people can see a DOCTOR at weekends when they judge they need to, preferably without appointment. It is difficult enough to get there by public transport, let alone being sent to Bishop Auckland, where even your 12 till 8pm option is too little. More regular weekday doctor appointments also need to be available in Weardale, especially at St. Johns Chapel which doesn't seem to have doctors in attendance as much as a year ago, with the waiting time to get a non emergency appointment often 3 weeks which is unacceptable, as is them trying to send people elsewhere for emergency appointments when doctors are working less at St. Johns.

Comments from people unsure about the proposal

There's no transport link from my village, Mickleton, BD Castle to any hospital other than Richardson. With my heart condition, I have to beg my busy working, daughter to take me in a car. To attend an 8am appointment, she has to drive through, rush hours and school runs totalling 2 hours. The roads are complicated.

Can't easily get appointment at moment although have had no information of what to do if my doctors has no appointments.

GP surgeries should be open weekends and on evenings patients can often work shifts and cannot get time off for day time appointments.

At Bishop Auckland hospital.

Depends on if I could get there. Buses don't run too well on an evening and weekend from up the dale. Getting someone to take me to the Richardson hospital is one thing, but to trail to Bishop is a big ask.

Do not know what the proposed changes are!

I currently have my own transport but this could be lost any time, then my answer may change.

In the past I have tried to get a same day appointment but have been told to phone back the next day. I do not always need to see a doctor but would like advice over the phone or by email.

The opening hours seem to be very short! What are you supposed to do after 8pm weekdays and for most of the weekend illness doesn't have time boundaries!

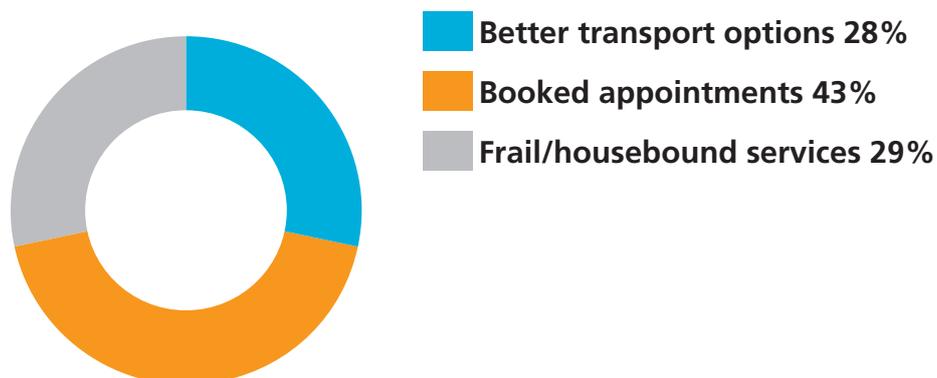
Will depend on capacity management and monitoring.

Don,t understand the question. Out of hours services are there for minor emergencies so booking in advance unlikely to be relevant.

Perhaps alternative hours 5pm - 9.30pm.

It is difficult to get anywhere without a car (from Middleton in Teesside) and I do not have one. Richardson's at Barnard Castle would be my first choice.

Q6. What else would make this option work?



Booked appointments were seen as the most helpful service by 37% of Durham Dales respondents, followed by **Services for frail or housebound patients** (32%) and **Better transport options** (31%). All three options were selected by respondents who supported and by respondents who opposed the proposal.

Q7. Is there anything we have missed or not considered?

This question generated 266 comments, reiterating main concerns around loss of service (22% of comments), Transport issues (19%) and lack of Awareness (15%).

Comments from proposal supporters

Consideration on staffing over busy periods such as holidays and increased appointment availability if reducing the amount of hubs will the amount of appointments at the remaining hubs be reflected to deal with capacity?

Reminding people to ring 111

Large distances even to Richardson in Barnard Castle for people in upper Teesdale where the farmers are liable to suffer severe accidents.

Comments from proposal opposition

The opinions of residents with an attitude of a 'deal already done', irrelevant it will be detrimental to the health of all those living in a rural area with little or no public transport service.

The Richardson is underused because it is not publicised. When I had to phone 111 last year for my son I was told to go to Bishop Auckland or Darlington. I did not know I could have gone to The Richardson 5 minutes walk from my house.

This is a tick box exercise and not a consultation.

Yes, use Richardson's more. We deserve a service that is designed for the people not a money saving stunt purporting to make life better for us. We are not stupid!

It is vital that the out of hours service at the Richardson Hospital in Barnard Castle remains in place, as it serves a very large rural area. It is a much -needed service for everyon in this area,

especially the residents who live in Upper Teesdale, who would have far too big a distance to travel, it would be serious.

Please keep Richardson open, we need this in our community.

Comments from people unsure about the proposal

Winter weather conditions if you need to travel to Bishop Auckland.

Those who live nearer to a different CCG and may find it easier to access their services. We should be informed of this alternative provision and be able to use it if required.

Could a nurse not be based just for repeat prescription.

Again need to think about communication with the practices. Also how they tell patients about these services.

Have you considered, AT ALL, promoting the out of hours services you offer at the Richardson Hospital at Barnard Castle? And letting the 111 staff, knowing that it exists???

I need to be able to book appointments in advance not just on the day. This is not possible at Crook. If something is worrying me it may not be urgent but needs attention at a convenient time.

People who can not understand the new rules.

Provision of a weekly surgery in rural areas e.g. community centre, for certain conditions e.g. diabetes, so the more isolated do not have to travel to Bishop Auckland.

Telling us the basic info would be a start.

How about the community consultations we had at Middleton village hall and other halls when they were trying to restrict the ambulance service up the dales.

Transport for isolated patients is key to this proposal.

Visiting existing PFI units for hosting the OOH services.

There is no mention of the Richardson in Barnard Castle, which is crucial for those of us without cars or family to drive us. If ill one would not want to have to travel any further than home town even if I did have a car and felt well enough to drive. I trust those proposing this are aware of the limitations of the local bus services.

A summary of proposed changes would be useful for people to read again prior to completion of survey tagged on the front of this page to ensure people know exactly what they are responding to.

Public transport which is almost nil and ambulances often take time to come.

Q8. Any other comments regarding this consultation?

This question generated 214 comments, reiterating main concerns around loss of service (27% of comments), Consultation shortfalls – particularly not specifying Richardson Hospital (19%) and lack of Awareness (17%).

Comments from proposal supporters

Very limited awareness raising. Patients may not know about the consultation.

Important to ensure that the service will have GP/appropriate practitioner on-site to avoid 'bounce around' the service.

Such an option would have to ensure it could meet the demands of the whole area. Both centre based and visiting household service in an extensive rural area.

Living in Barnard Castle and having to go to bishop or Darlington urgent care/out of hours is inconvenient and unnecessary when we have an amazing hospital in walking distance from town. The town wants and needs the Richardson's out of hours. There is a great deal more that I think the hospital could offer also. I will be passing on my comments at any meeting with the friends of Richardson's in hope that we can keep this service going.

This survey should have been posted out to all residents as many do not use IT or those who do don't consult the NHS or CCG websites.

Comments from proposal opposition

Bishop Auckland is a long trip for people in the Weardale. Especially people without access to a car. Which will be many people in our aging population. Bus service is also poor in our area. More so in the weekends. Give it a go yourself. It's a beautiful trip, but long and stressful if you're in need of medical attention.

Constant changes like this one cost money again and again. Whilst I understand the funding restrictions within the NHS constant changes to services must impact elsewhere. These constant changes also reduce trust in the CCGs as the changes to services occur so frequently it does make people wonder if you know what you're doing.

I can not understand why even on here I am being asked about the Bishop Auckland Service and not Stanhope. This is ridiculous.

Your option of better transport will just not happen - you have promised this before and it did not materialise. It is vastly expensive and logistically difficult - the best option by far is to maintain the service in the Dale.

It is a shame that you are being put in this position to streamline vital resources to the rural communities.

Keep Barnard Castle out of hours open.

We have lost enough local services and Weardale again bearing the brunt.

Comments from people unsure about the proposal

Get some proper publicity on the services offered locally. For example, social media, local television, local radio, doctors surgeries, clubs around the area - sports centre, the Hub, local schools, Retirement homes. The amount of people who are without a means of transport in this area is huge, the public transport is minimal, so to close the Richardson out of hours service seems ridiculous and a half cocked idea decided by people who aren't even from the area.

I like many others are extremely angry about this, about having services cut once again on our medical front line.

I like the idea of multi-disciplinary teams.

I would value this service as I work full time meaning it is very difficult to gain an appointment when required. In addition to this I travel to work when phone lines at GP surgery open meaning There are never any appointments left by the time I am able to ring.

My husband and I cannot access services when we are working during the week because of the nature of our jobs.

Personally I do not agree with not being able to make appointments and having to ring at 8am in the morning. Why do we pay taxes and prescription charges when we can't even see a Dr. Instead of penalising those who need to see Dr regularly, highlight the time wasters and offer them telephone consultations. Don't punish those who need to see a Dr on a regular basis.

Venue for Bishop not accessible for people - no public transport near (bus station long walk for patients with mobility issues). This can affect who can give views.

Why is the Richardson not included in the options, it exists, it is necessary and it is in a town which is subject to much new housing development and also has an older demographic, so more potential patients.

There are many people who do not have a computer so to reach a wider number of people. Why do you need to know the [EQUALITY] questions - will some be excluded from being treated.

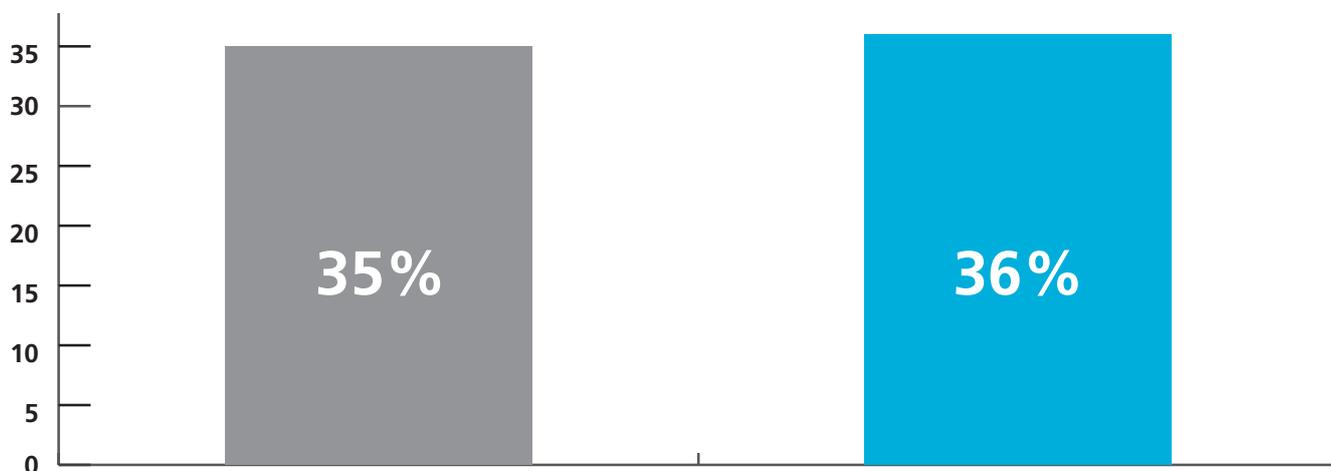
What about the Richardson Hospital at Barnard Castle?

PROPOSAL FOR EASINGTON

CURRENT PROVISION		
	Weekday	Weekend
Peterlee (42%)	8am-8pm	8am-1pm
Easington (27%)	8am-8pm	8am-1pm
Seaham (23%)	8am-8pm	8am-1pm

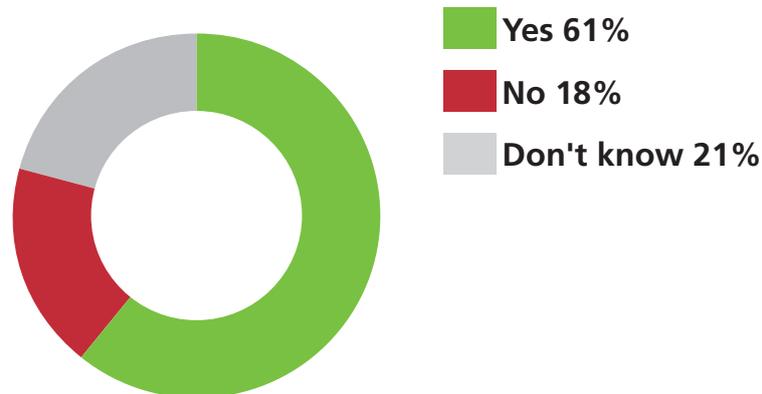


PROPOSAL		
	Weekday	Weekend
Peterlee	12noon-8pm	8am-1pm or 10am-2pm
Easington		
Seaham		8am-1pm or 10am-2pm



- Reduce to two sites at **Peterlee** and **Seaham** operating at weekends between 10am and 2pm and one site at **Peterlee** operating between 12noon and 8pm weekdays (**additional hub** to GP practices outside of GP hours and to cover same day need).
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.

Q2. Do you understand why we are proposing the changes in your locality?



Comments from proposal supporters

I understand the changes, however, does not advise what to do after 8pm weekday and weekend after 2pm.

To reduce extended hours appointments at sites due to reduced demand.

The one at Peterlee will be a good place to go to. The only issue will be transport.

To save money and manpower.

Unused appointments.

Comments from proposal opposition

This service has not been informed about very well, recently I have used the service twice in 2 weeks it has been excellent, and only wish I had known there was such a service in my doctors previously.

Understand but do not agree.

To save money.

You want to cut services on the pretext of improving patient care, however, it is simply a money saving exercise.

I disagree with changes as it is hard to get appointments.

Comments from people unsure about the proposal

I don't know what changes you're proposing - it doesn't say on the link followed via Twitter or on here...

I don't understand.

Lack of doctors.

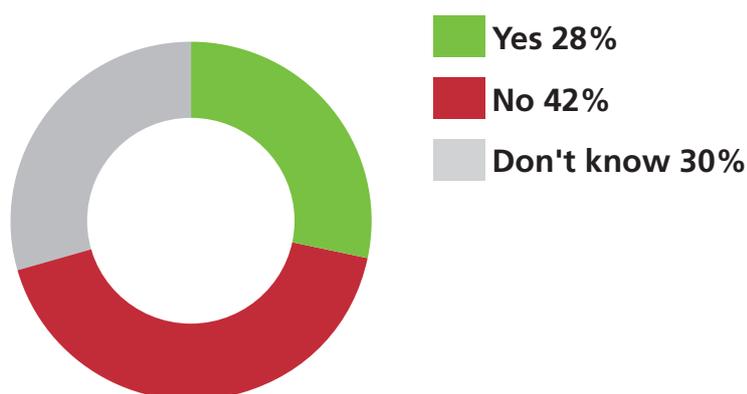
Not sure what this entails.

There isn't enough information on the website from what I can see. A lot of the nearby meeting have been held during the day when people are working.

Under utilisation of staff and medical staff, however the whole appointments system is a nightmare for patients at our surgery.

I have read read the previous page "working together for excellent health for the local communities" but I am unsure what changes are going to be made.

Q3. Do you support the changes in your locality?



The Easington locality attracted the second largest response rate to the survey, with 244 respondents (35.7%) of total responses. Easington accounts for 35% of the DDES area population.

28% of Easington respondents supported the proposals, 42% opposed the proposals and 30% did not know or were not sure.

Comments from proposal supporters

Use funds and limits staff appropriately.

If it improves the service.

The only problem will be transport to get there on a Sunday with the bus times.

Could you please advise what to do before 8pm and 12 noon as does not say in consultation.

Wastage of resource.

Comments from proposal opposition

Complete and utter disgrace. All the services are well-used, not underused as you have stated.

I had occasion to call 111 a little while ago, and was requested to travel about 20 miles late at night, I feel we should have a permanent, local service.

Make Hartlepool bigger and give them the money to get more staff.

Old people and parents with young children will suffer the most because of the distance to travel and local staff know their patients too.

Trying to get an appointment is made difficult and same day appointment are encouraged if you successful and if you work you have to wait up to 4 weeks. Cost cutting exercises will not help disadvantaged communities.

Comments from people unsure about the proposal

Needs to be a more efficient system but it is difficult to get an appointment anyway. Reducing services is not a good suggestion as far as I can see.

Not clear in what the changes are. I know that the hubs are not being used but don't know what you are offering.

Opening Seaham and Peterlee at same time on weekend makes no sense. Need to understand intentions of Sunderland and impact on Seaham. Impact on A+E.

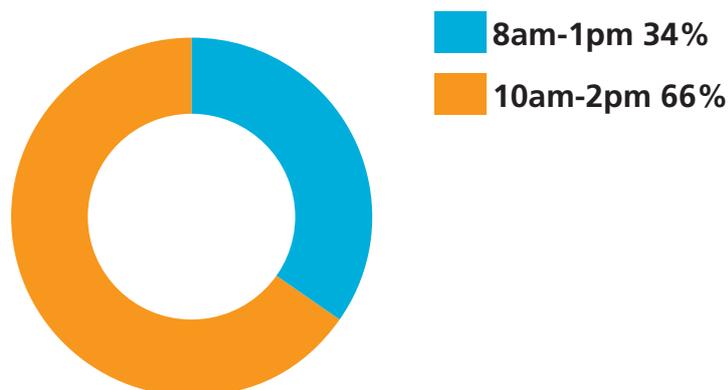
There isn't enough information on the website from what I can see. A lot of the nearby meeting have been held during the day when people are working.

Wasn't aware of the operations of the hubs over the last year.

Why change? We need more, not less!

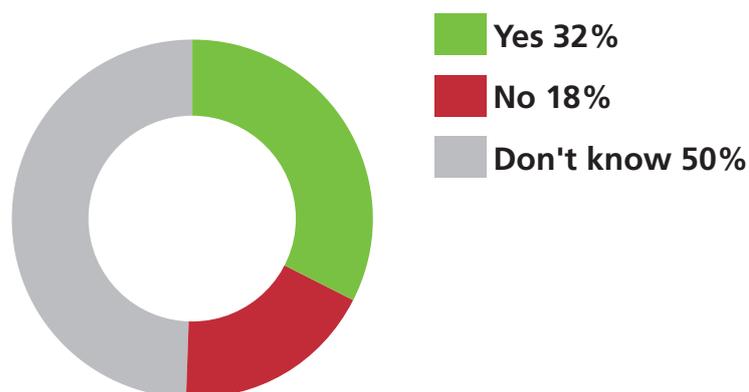
I am one of the GPs covering every other weekend. I wished to express my concern at the possible reduction in the hours. From my experience, the service has become increasingly busy, and it is not uncommon for ANPs to have a full ledger from 08.00 - 12.30, with extras added on. On top of this there is the requirement to triage for visits and advice. I have worked with the service since its inception in April 17 and have seen a very committed group of ANPs grow in confidence and ability by regular exposure to large volumes of patients, supported by an on site GP. I think that the service hours on a weekend need to expand rather than contract from 08.00 - 16.00. I feel that reducing hours would also be a disincentive to a group of hard working nurses. The time at work and remuneration has to be sufficient to justify the disruption to ones other activities, commitments and family time.

Q4. Select your preferred weekend opening times for the Peterlee and Seaham sites



In terms of opening times, 52% of Easington respondents preferred the Peterlee and Seaham **8am to 1pm** opening time option, notwithstanding a majority opposing such a proposal. 42% preferred the **10m to 2pm** option.

Q5. Would the proposed changes for your area still allow you access to booked and same day evening/weekend appointments?



The majority (50%) were **unsure** whether the proposals still allowed for same day and booked extended GP access.

Comments from proposal supporters

Need more of this stuff at own doctors.

Yes, providing I was given an appointment.

I find more booking in advance appointment should be made available, work commitments make it hard for people to get on the day appointment, as even she ringing or visiting g surgery at opens times, there is rarely any left.

Despite what is advertised at surgeries etc. it is still difficult to access same day appointments. That is why telephone lines are continually engaged at 08.30 and there are queues of people waiting at receptions for appointments to be 'released'.

Comments from proposal opposition

Because it's difficult to get an appointment.

Not as easy to access especially if feeling too ill to get a bus. Taxis very hard to get at school times. Lots of people have no car.

Most of my family work shifts, your times are not suitable.

Seaham residents need a constant available service.

I believe this survey and the associated "IMPROVING 7 DAY ACCESS" have not met the stated intention of the NHS Constitution item 4 and further amended consultation should take place a.s.a.p. involving ALL PATIENTS.

To my knowledge most patients seen are accessing via 111. I am at a loss to know why GP surgeries cannot offer pre booked appointments out of hours with the service.

Comments from people unsure about the proposal

Cuts, cuts, cuts.

Highly unlikely.

If it is Easington or Peterlee.

It is extremely difficult to book an appointment now. This will not improve the situation in any way.

This question doesn't make sense!

Too limited at weekend.

Yes, that would be a little better.

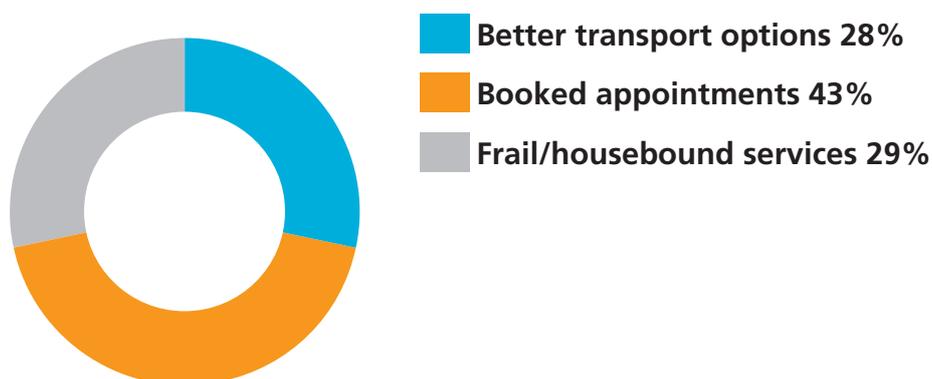
Weekend opening times need to be 24/7. No point in mornings or afternoons.

Peterlee walk in turn you away and Harris's always rammed busy.

Weekend open times could be extended as the majority of people are unwell out of hours.

As the nearest A+E for the Easington area is a 20 minute journey it would be better to use the local walk in as an initial point of call. If local GP Surgeries re opened on a Saturday morning for emergency appointments booked through 111 then the opening times for both Peterlee and Seaham sites could be in a afternoon and people would not need to use accident and emergency departments unless there was an emergency situation.

Q6. What else would make this option work?



Booked appointments were seen as the most helpful service by 43% of Easington respondents, followed by **Services for frail or housebound patients** (29%) and **Better transport options** (28%). All three options were selected by respondents who supported and by respondents who opposed the proposal.

Q7. Is there anything we have missed or not considered?

This question generated 128 comments, reiterating main concerns around the difficulty in accessing appointments (21% of comments), loss of service (20%) and Transport issues (15%).

Comments from proposal supporters

The opportunity to use telephone and video face to face appointments. Could be useful for remote or housebound patients and parents who find it difficult to get to the surgery with other siblings.

See commercial propositions offered already. www.pushdoctor.co.uk

*Also providing a consistent GP to patients who have ongoing, * chronic illnesses and complicated medical history. ** Seeing a different healthcare professional/GP * increases time in appointments, as invariably patient has to explain and expand and also requires HCP/GP to read copious notes. This not only frees up valuable time but expedites consultation and diagnosis. It also means there is less room for oversights, particularly if patients are not able to explain and communicate effectively.*

Move the staff to Hartlepool as most people go there now.

For people on borders between Dales, Sedgfield, Easington going across border should be an option.

Appointments hard to get - old people can't drive.

Comments from proposal opposition

Increased demand on GP practices in Seaham/Murton to cover patients who previously went to PCS. Population increases in next 5 years.

People who suffer with severe anxiety find it hard enough to access services without wanting to travel further.

Changes are being made to services that were not communicated properly back in 2017 when you first changed them. People don't know what or how to access.

In most GP surgeries you can't get appointments for weeks and day release appointments are going within 10 minutes of them opening. How are people going to see a GP?

The patients of the Easington area comprise some of the most deprived for health issues in the country-CQC ratings 1 and 2 and as such should rate the most attention to providing health services as close to their homes as possible. The original system of providing out of hours care involved "Walk in Centres" at various locations and proved in my view very popular. However no sooner were we getting used to that system when it changed again and out of hours was being provided at hubs. Once again before the patients get used to that system the DDES CCG propose another change, which once again will be poorly communicated with the general population and so public consultations are poorly attended- this is because NO-ONE knew they were on-e.g. recent meeting at Easington colliery of 5 people. Deprivation also means patients will NOT have their own transport and will not be able to get to the re-organised hubs!

I do not live in the area but work as an ANP at Peterlee. The usage level does not tally with my experience and my feeling is that the service has been much more used in the recent months, probably as a result of the public becoming more aware of its availability. Daily, patients state they are unable to get GP appointments. If the service were to run at 95-100% capacity I believe this would raise significant safety issues: constant face to face consultations without change of activity rapidly leads to declining quality of patient interaction and possible deteriorating concentration. The clinical environment needs maintenance, keeping correct stock levels, clean and tidy work space, checking emergency equipment, mandatory training, clinical reflection and supervision, ensuring knowledge is up to date re guidelines and planning education and training.

Comments from people unsure about the proposal

Future planning considerations in terms of house building.

I have no car so rely on bus transport.

More housing being built means more GPs, not less.

The thousands of extra residents proposed to be living in the area over the next few years will have to be catered for.

Wasting money on building these hubs, only for them to not be used to their full potential. People having to travel to other hubs because the facilities are not open, very annoying.

What will happen to the minor injuries unit at Peterlee. Am I still able to access this service and am I still able to attend here after 8pm weekdays?

Will there be the staff to accommodate?

Yes - explain or at least consider how you can improve the booking of appointments. Your present system is not good enough.

You need to consider those who work. Currently the system running for requesting repeat scripts is between 10:30 - 13:00pm, at time whilst at work this isn't possible.

People want the walk in centre back in Peterlee and it needs X-ray as well.

Q8. Any other comments regarding this consultation?

This question generated 118 comments, reiterating main concerns around loss of service (21% of comments), access to appointments (15%) and lack of Awareness (14%).

Comments from proposal supporters

Will there be enough appointments for all patients if only one centre?

Transport very important.

Made me aware of the services at Peterlee. Have not been informed of this service by my doctors surgery.

If only open until 2pm on a weekend I worry what will happen if I need service after 2pm - how far will I have to travel?

I have rang my doctors 4 days in a row. Unable to get a reply. 3 phones 2 people answering. No phone message to ring back later.

Since last changes this service has not been cascaded to public. When you call GP for an appointment you're never guided to these available services, this would be a great idea to have local GPs to access evenings or weekends. Currently my GP asks you to call 111 where you're asked a list of questions am I bleeding etc when all you require is an appointment. These are none medical people who are ticking a box before appointments by them are considered for offer. As a patient why would I share confidential information to a none medical person to make judgment on me to see if I require an appointment. This disempowered vulnerable patients on decision making.

Comments from proposal opposition

Due to continuous changes to systems, patients are confused about what is available and when. Try and plan a service which is sustainable and give patients trust and faith that people know what they are doing!

I feel living in Seaham on the border of Durham and Tyne and Wear has always been a disadvantage for accessing health care. Services are always located in other areas and we are the ones who are made to travel, in case it has gone unnoticed Seaham is continuing to expand all of the time surely this should be considered when allocating services.

If you close 2 hubs and reduce hours at third then you're limiting times with more patients. You also don't give much room to answer questions.

This will put more pressure on the already overworked ambulance service.

We need this kept in Seaham. We have a lot of elderly vulnerable people as well as young children. Not everyone has transport.

Getting a doctor's appointment can often be difficult, sometimes I have had to wait a week to see my doctor for myself or my daughter, we both have medical problems, I have to accompany her at all times. I am currently under a neurologist, cardiologist, I have hypertension, arthritis, COPD, carpal tunnel, hyperparathyroidism, I am a full time carer for my daughter who is registered disabled and has numerous complex mental health issues, travelling to Peterlee is a worrying option for us.

DDES CCG are acting in a way that seems to alienate local patients and make them feel that their voice does not matter when it comes to out of hours care.

Comments from people unsure about the proposal

Appears to be purely a cost cutting exercise with no benefit to patients.

As above I believe these residents will have a massive impact on already very overstretched services.

I know that the hubs are not being used. I'm very unclear what you are proposing.

I strongly believe that you should be able to book appointments in advance as it is difficult to get appointments to suit working life.

I'd like to see the appointments system more accessible for 9-5pm workers.

It's hard enough to get seen since the purpose built out of hours centre was closed.

Meetings during the day do not help, haven't seen anything about these meeting apart from Facebook. Seems like the less people who know about it the better.

Why is utilisation at Seaham so low as population on a par with Peterlee.

Worst thing to do was close the walk in centre. Hard enough to get appointment with GP.

You should have left it as it was. Now everyone confused and doesn't know where to go. If you ring 111 you are on the phones ages and they just send an ambulance

Proper waste of money.

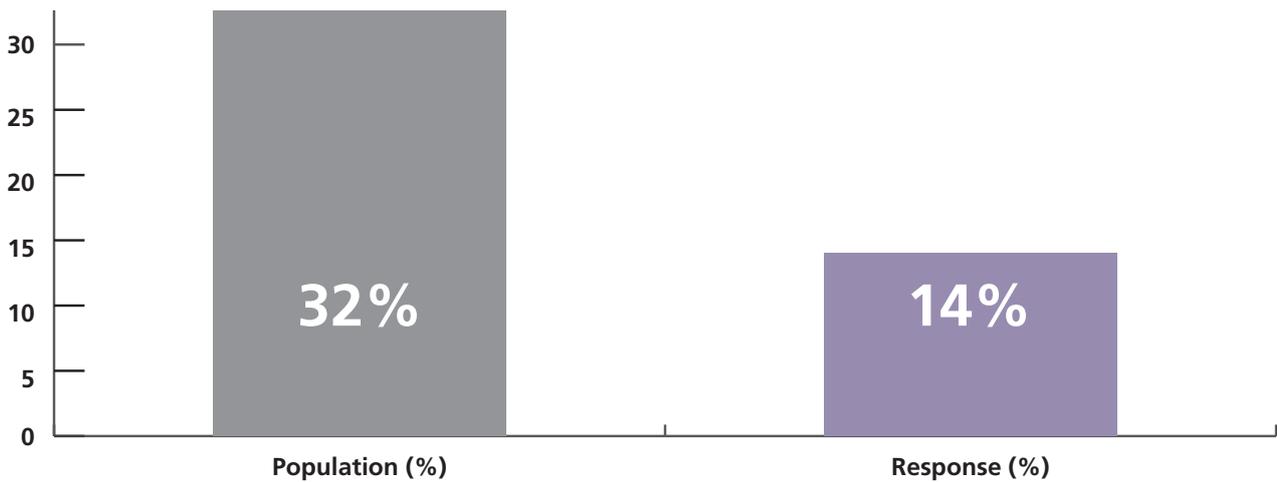
It's all too complicated for the elderly who find using this form of communication on the internet challenging.

Consultations should be more widely publicised over a longer period of time.

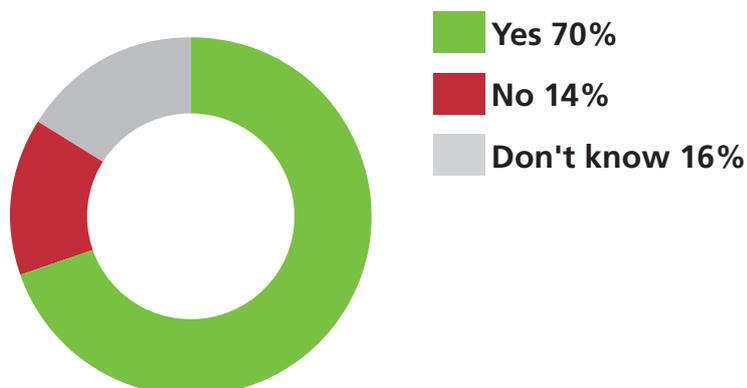
PROPOSAL FOR SEDGEFIELD

CURRENT PROVISION			PROPOSAL		
	Weekday	Weekend		Weekday	Weekend
Newton Aycliffe (64%)	6pm-8pm	8am-1pm	➔	Newton Aycliffe	8am-1pm or 10am-2pm
Sedgefield (24%)	6pm-8pm	8am-1pm		Sedgefield	8am-1pm or 10am-2pm
Spennymoor (51%)	6pm-8pm	8am-1pm		Spennymoor	8am-1pm or 10am-2pm

- Reduce to two sites at **Spennymoor** and **Newton Aycliffe** operating weekday evenings between 6pm and 8pm and retain three sites at **Sedgefield, Spennymoor** and **Newton Aycliffe** operating at weekends between 10am and 2pm.
- Provide services for frail/housebound patients including home visits and pre-bookable appointments.



Q2. Do you understand why we are proposing the changes in your locality?



Comments from proposal supporters

Long over due to be honest.

Money is not being well spent at the moment.

7 day access ensures patient receive the treatment they need, when they need it. Lack of, or reduced, services at weekends cause delays in the diagnosis and treatment of diseases and infections.

Comments from proposal opposition

Cost saving.

Currently finding it hard that staff are complaining about not having enough work to do!

I have had no written information about the proposed changes and how they are different to what was put in place. Nor do I have information about the costs before the scheme was introduced, current costs and impact on other services nor future costs and anticipated impact.

Comments from people unsure about the proposal

But how do we contact these practices as I live in Ferryhill. Do I ring my doctors to be put through or will there be a central switchboard to ring?

I haven't heard of these Hubs, it's all new to me which makes me wonder if this is why they are underused, as I have asked at least 10 people if they of the service and all said NO. Where Do you get the information on the Hubs regarding where they are and times etc?

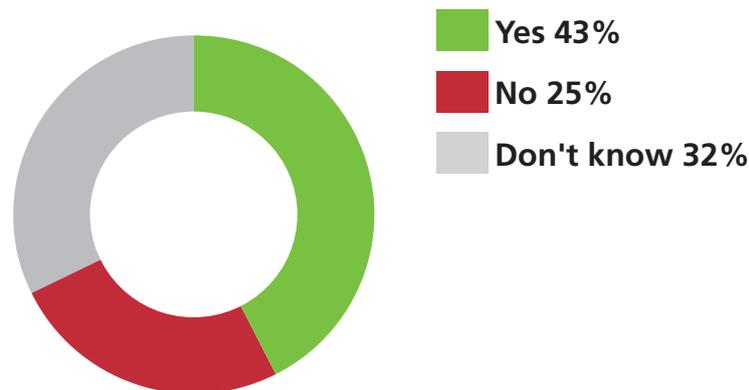
If extended hours appointments aren't being taken up maybe the public don't know of that service or not enough people require them.

Never heard of it before can't get doctors appointment weekend or evening got to fight for appointment.

The changes would effect people who work long shifts and are unable to get to a location.

What changes?

Q3. Do you support the changes in your locality?



The Sedgefield locality attracted the smallest response rate to the survey, with 99 respondents (14.5%) of total responses. Sedgefield accounts for 33% of the DDES area population.

43% of Easington respondents supported the proposals, 25% opposed the proposals and 32% did not know or were not sure.

Comments from proposal supporters

Up to a point. Certain considerations need to be addressed.

The main change relates to opening hours on weekends/bank holidays - 10am opening is a more sensible time.

Concern regarding the continuity of care for those with chronic illness/palliative care needs who reach crisis out of hours. How will the continuity be maintained?

Comments from proposal opposition

Need more not less.

Two of our GP practices are due to close so we will need the current extended hours service more than before.

The current hubs are not used enough as they are not well known about.

Since this survey was instigated, there has been a change of circumstance in this area. The imminent closure of the surgeries in Trimdon Village and Fishburn will impact on requirements at Sedgefield. Perhaps these proposals should be put in abeyance for a period of time (e.g. twelve months) and a further review undertaken when the effect is known.

You cant get an appointment within 2 weeks sometimes as it is now also there are elderly people rely on the doctors being in walking distance.

I am unable to support the proposal as I'm unclear how it is different to what we have now.

Having used the emergency system during the early hours of the morning I am not sure that there is enough stretch within the new times to cover all emergencies.

It is disgraceful that you are marketing this consultation as 'Improving Access to 7 day Access' when it is actually removing a service in Sedgfield.

I think management in CCG live on a different planet. Sedgfield cannot provide a service during normal hours because of a lack of GPs and yet the CCG is planning to extend hours using GP Hubs. Get real!

Comments from people unsure about the proposal

I actually live in Trimdon village, our surgery is under threat as it is our nearest out of hours is Peterlee community hospital this concerns me lot I needed to use this service couple of weeks ago but I couldn't get a lift arranged therefore couldn't be treated. We desperately need something closer.

I find the proposals to be confusing, what exactly are we able to influence? It would've been good to have a say on the location of the hubs, it seems to me that we can only comment on the opening times? What is the point of that?

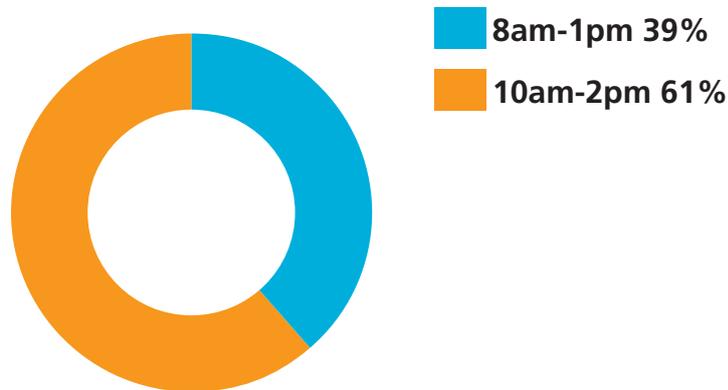
Insufficient detail being provided so makes it difficult to comment further.

Not able to comment as don't know where the locality is.

What changes do you mean?

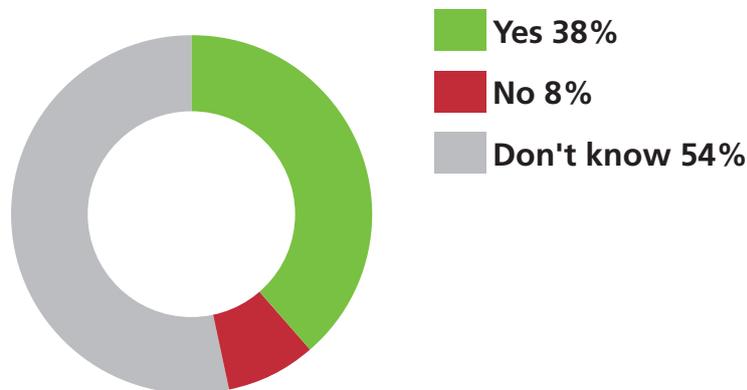
Until I know the changes I cannot comment.

Q4. Select your preferred weekend opening times for the Spennymoor, Newton Aycliffe and Sedgefield sites



In terms of opening times, 61% of Sedgefield respondents preferred the Spennymoor, Newton Aycliffe and Sedgefield **10am to 2pm** opening time option, 39% preferred the **8am to 1pm** option.

Q5. Would the proposed changes for your area still allow you access to booked and same day evening/weekend appointments?



The majority (54%) were unsure whether the proposals still allowed for same day and booked extended GP access.

Comments from proposal supporters

Some people may have a problem with transport.

It is the 'still' word. If it means that you can call 111 and get the appointment, then yes. Otherwise don't know.

This information is not available therefore can not answer the question!

Comments from proposal opposition

Why is Sedgfield not a weekday hub both of the suggested hubs are west of the district, Sedgfield would cover Sedgfield and surrounding areas including Ferryhill the Trimdons and surrounding hamlets.

I would prefer to give a definite answer but, unfortunately, am not "au fait" with public transport availability, etc.

I honestly do not know.

Many are after these times.

Comments from people unsure about the proposal

Due to work commitments it's not always easy to get appointments around working hours however It would depend on the urgency of seeing a Dr as to whether someone is prepared to wait. Maybe this is something that could be asked when ringing in.

I don't know if the current or future hub appointments are over and above the regular service provided at my practice which is a hub or if they are part of, therefore impacting on available slots for registered patients.

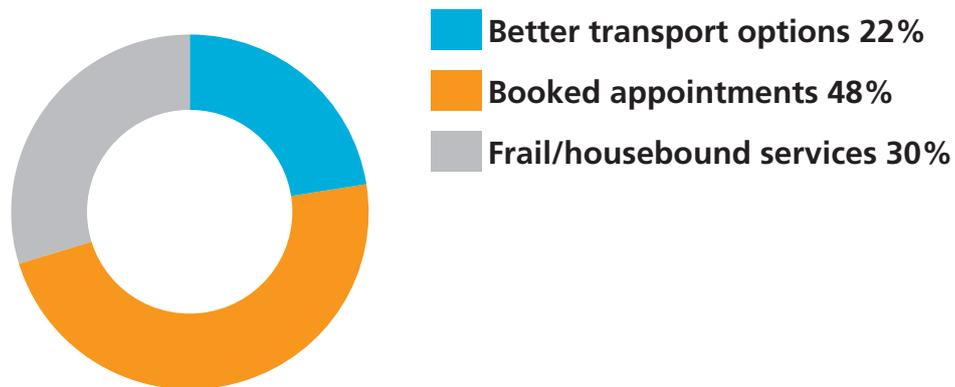
I work 40 miles from home 7:30-6 so it would help me.

It's quite difficult to get same day appointments, or so it seems, at present and I can't see that changing much.

These are not my doctors so then I would say no.

I am retired so any time is suitable for me. The problem for me would be travelling as I don't drive.

Q6. What else would make this option work?



Booked appointments were seen as the most helpful service by 48% of Sedgefield respondents, followed by **Services for frail or housebound patients** (30%) and **Better transport options** (22%). All three options were selected by respondents who supported and by respondents who opposed the proposal.

Q7. Is there anything we have missed or not considered?

This question generated 39 comments, reiterating main concerns around difficulties in accessing appointments (23% of comments), loss of service (21%) and Transport issues (15%).

Comments from proposal supporters

Would services such as tests on blood, taken at the weekend, also be carried out at the weekend or delayed until Monday?

Would the service be staffed by Drs and Nurses?

I think it would be helpful if nurse practitioners can prescribe within in their remit whilst visiting.

People living in the Newton Aycliffe area can travel to Darlington more easily either by car or using public transport. This is not covered by the Sedgefield locality and often leads to confusion about availability e.g. is Piper House still available as an emergency walk-in centre?

Telephone consultation appointments with prescription emailed to a pharmacy.

Those with mental health problems who find it hard to leave the house due to anxiety being to bad and should also get home visits from GP.

Comments from proposal opposition

Ability to dial the GP surgery and book rather than have to ring 111 after calling GP. Ability to book say a 12 noon slot at 8am on the Saturday. Can I book a slot like I book a GP slot at my own practice?

Enough support service to answer calls

I'm virtually housebound I'm lucky I have a partner with a car if I didn't I'd have no means to get to any other surgery apart from my surgery Trimdon village.

Publicity for consultation events has been poor have spoken to many who have missed in my area and do not have IT skills or equipment to fill in survey.

The extended hours option has been poorly advertised. Some residents are not aware of it.

Yes! Where are all the 'new' people going to go? There are 3 new building sites in Sedgfield/ Fishburn - new homes at Trimdon and the Sedgfield one already runs at least 30 mins late on appointments. What about all the old age bungalows - how will these people get to other surgeries in the winter when Trimdon frequently ends up snowed in?

The lack of GPs! The overworking of staff - while you sit on your backsides drinking tea and smoking cigars.

Comments from people unsure about the proposal

Is it not possible to keep some appointments available for people who work and find it hard to get in to see GP at suitable times.

People who work 7-6 Monday to Friday.

People with no transport for elderly or disabled like myself people with severe ailments.

Possibly offer call back services, as often a talk with a Dr for advice is often all that's needed. Which could result in a better service for all, allowing them who need to be checked out in person available appointments.

What consideration has been given to ensure continuity of care for those patients and families living with terminal disease and end of life care, out of hours for crisis situation?

What if someone needs an urgent appointment, but has no transport...and they have to wait for a bus .which wouldn't get them to surgery on time. Or they're too ill to go out to wait for a bus.

Can't think of anything but feel I need more facts.

Q8. Any other comments regarding this consultation?

This question generated 36 comments, reiterating main concerns around a lack of Awareness (19% of comments), loss of service (19%) and access to appointments (14%).

Comments from proposal supporters

Basics seem to be adequately covered. More proof will be obvious when up and running.

Needs many more members of the public to put their views forward.

There's a shortage of GPs and planned closure of surgeries. How will this fit with 7 day services?

Just worried about out of hours services for frail or housebound. I'm not sure how you plan for this to work bearing in mind the length of time it takes to get out to the patient.

It would be useful to read about services available to patients in the local free newspaper "The Newton News".

Comments from proposal opposition

I didn't even know about the last two consultations, has this been done in private or just been poorly publicised? I didn't know about the consultation or the actual service until a friend shared a post today on Facebook.

Improve public knowledge of hubs.

Keep the surgeries open and upgrade the facilities in them - have GPS stationed in them full time so they know their patients and what their complex medical issues can be.

Nightmare getting buses to get you there for an appointment lots of waiting around and if it's for my daughter who is 4 it's even worse.

Publish local pharmacies who are open at the same time so that I know where to take a prescription. Understanding of health staff access to my records so that they don't prescribe things which I'm allergic to or are able to see other issues that I have e.g. if I'm deaf an unable to use telephone appointment.

Comments from people unsure about the proposal

Currently if an older person over 60+ the only way to get an appointment with the surgery staff is to get up early and go and stand in a queue until the doors of the surgery open at 8.30 and this is the only way a person can get an appointment, unfortunately if you go to any surgery at between 8 and 8.30 you will see that the queue consists of elderly folks who either do not have access to a computer (to go online) or live on their own and do not have family close by that can go online for them and I feel that this is really a shame to have old people out in all kinds of weather to stand for half an hour to make an appointment. Trying to telephone a surgery is a waste of time, as the phones are not manned until 8.30 and then they are engaged until well after 9.30 sometimes later by which time all the same day appointments are taken and they do not make future appointments. It took me 5 weeks to finally get an appointment and then that was with a HCA so I don't bother going at all now. I self medicate and go to the surgery once a year for a checkup. I am over 80 nobody appears to be interested in the elderly in this day and age unfortunately.

Fine people who do not attend appointments. Someone's got to be a first.

I was not aware of current provision of weekday and weekend services. To me those actually are the only time I can get to doctors. Please, make the booking system such that ordinary working person also gets to see a doctor, not only those that have no job or are retired.

My fear is an already stretched service will get poorer through the week.

Not really sure how this will work as I don't live in any of the towns.

Our family love the talk before you walk campaign. However, it's only been seen in to surgeries, should it have a wider circulation, to increase impact?

Please think about people and their circumstances.

Re Q6. I would like to see home visits for the elderly, less mobile & those with chronic medical conditions to be more easily accessible. With regards to transport I find the 'SUPPORT' volunteer drivers provide a valuable service.

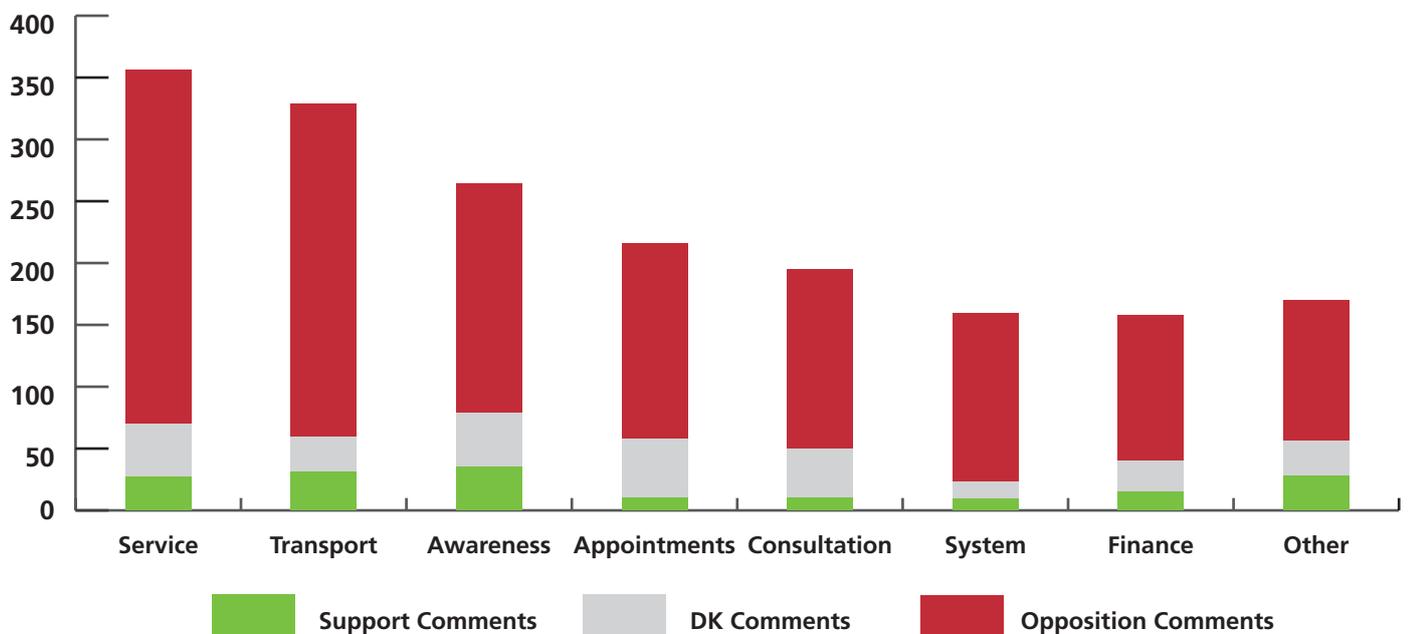
How do housebound people find out about the consultation especially if they do not have access to the internet?

7.b. Main Findings – Survey Free Text

The structure of the consultation survey enabled the respondents to comment or add further information to explain the reasons for their support or opposition.

There were 1,854 comments recorded in the consultation survey. These comments are allocated to themes to show the issues that were repeatedly raised by respondents in large volumes (see appendix 9 for the full list of comments). A comment may cover more than one theme and was analysed accordingly. Some respondents elected not to add a comment.

All Survey Comments by Theme (N=1,854)



The largest number of comments (19.2% of all survey comments) were around a **Service** theme. This included concern over 'loss of service' from the proposals (generally from the Dales and specifically about Richardson Hospital in Barnard Castle), comments on the 'quality of service' and people's personal experiences of using the extended GP services. There was some frustration that services seemingly keep changing with no clear reasons. There was significant concern for vulnerable groups facing changing services.

Many described personal positive and negative experiences of the service they have received. Some suggested more demand would be coming due to increased local house-building. Some stated personal requirements, demanding more services not less, and many expressed a fear of closing Richardson Hospital (particularly after the late January Teesdale Mercury story).

The second largest number of comments was around a **Transport** theme (17.7%). Comments were focussed around proximity of services, the difficulties and cost of using poor

public transport services (particularly in the Dales) and benefits of care close to home. These travel challenges were seen as particularly disadvantageous to vulnerable groups, rural areas and the socially isolated.

The **Awareness** theme, (13.2%) included many not knowing about the existence of GP extended hubs, criticism of the lack of promotion of the hubs and comments around few people knowing about the consultation itself.

Many commented on the lack of awareness of patients of their options when calling NHS111. Some recommended GP surgeries, libraries, community centres and other venues to promote the consultation. A few remembered the 2016 Urgent Care consultation and thought this should have had the same door to door distribution to raise awareness.

The **Appointment** theme, (13.0%) included comments about the historical difficulties in getting appointments (especially same day or urgent requests), the proposal making access worse and people's own (positive and negative) experiences of accessing appointments.

Some suggested GPs could offer a call back service to avoid appointment in the first place, a number claiming that the timespan was not long enough for the weekend (travel/shiftwork).

Comments around the **Consultation** theme (10.5%) criticised the consultation document for the use of its utilisation data and for not explicitly mentioning Richardson Hospital by name. Some thought the consultation was a box-ticking exercise for a *fait accompli* and that the restricted options did not allow respondents to make their choice known.

Some claimed that the consultation has been hidden and was misleading as it was 'cutting' not 'improving' services. Some were concerned about the lack of older patients involvement as they 'lack IT skills'. Many confirmed that they needed more facts in the proposal, some suggesting a change in local circumstances (housing increase) should prompt a review in 12 months time. Other comments included flawed consultation data, misdiagnosis of data, limited scope (we could only change times), have hubs had an impact on reducing ambulance call outs? underused purposely, designed to fail, Richardson Hospital deliberately not named, cynicism regarding other consultations (Rothbury, Ward 6 Bishop Auckland). A small number asked to stop using Eventbrite and forcing people to book to attend meetings.

The **System** theme (8.6%) included comments around the NHS111 provision, citing lack of closer options, lack of geographical knowledge and not being presented with a full choice when using NHS111. The NHS111 system was often accompanied by 'awareness' and 'consultation' comments in that the hubs were underutilised through lack of awareness rather than lack of demand.

There appears to be plenty of confusion around the whole system - when to call or not. A common call was to allow booking extended access appointments through their GP and not through NHS111, where signposting offers no choice and seems insensitive to patient location.

Comments around **Finance** (8.5%) included the criticism that the proposals were a

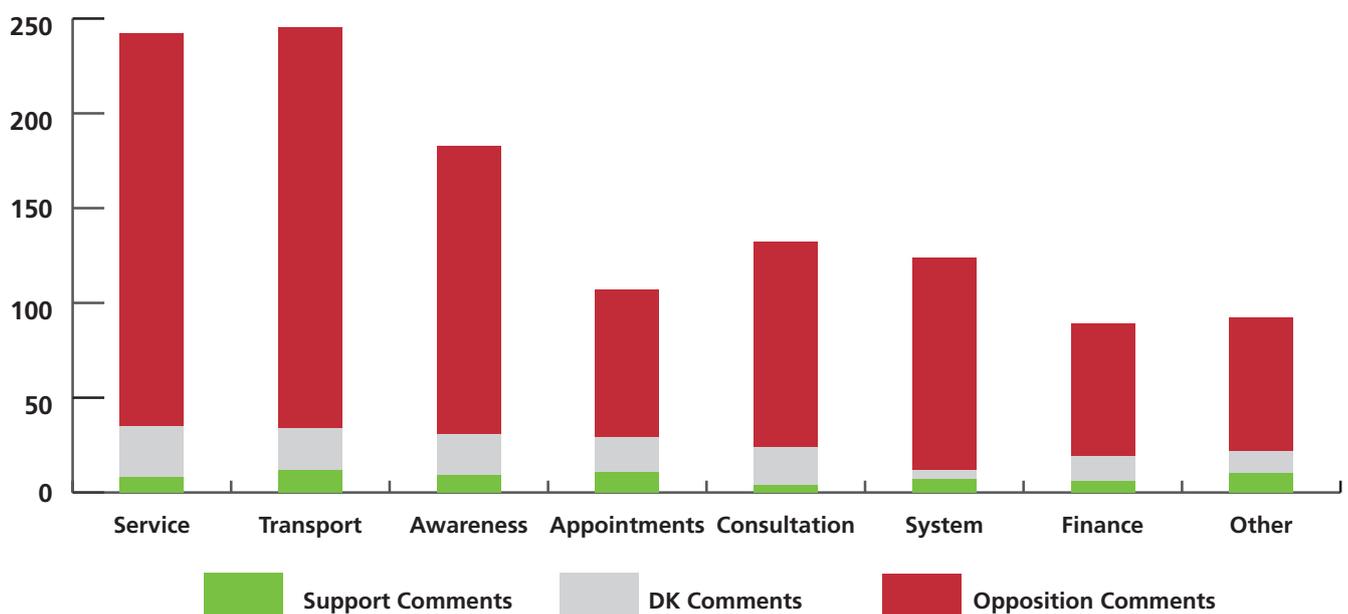
cost-cutting exercise only, that GP and practice nurses were under-resourced and that the proposals would cost more in travel and parking.

Other comments included the affordability of transport if people have to travel further, that CCGs are a waste of money, that upgrading all GP practices and extending access at each was preferable, that transport costs have a higher impact in deprived wards. Some demanded more doctors and nurses, stated government was underfunding the NHS forcing CCG to cut costs, and said that the burden of the costs of care were shifting to poorer people in an effort to save money.

Comments that were unrelated to the specific scope of the consultation were still recorded and classed as **Other** (9.2%). There was some confusion amongst respondents with extended GP access and Urgent and Emergency Care. There were comments about the NHS in general, politics, personal experiences and some ideas to improve services.

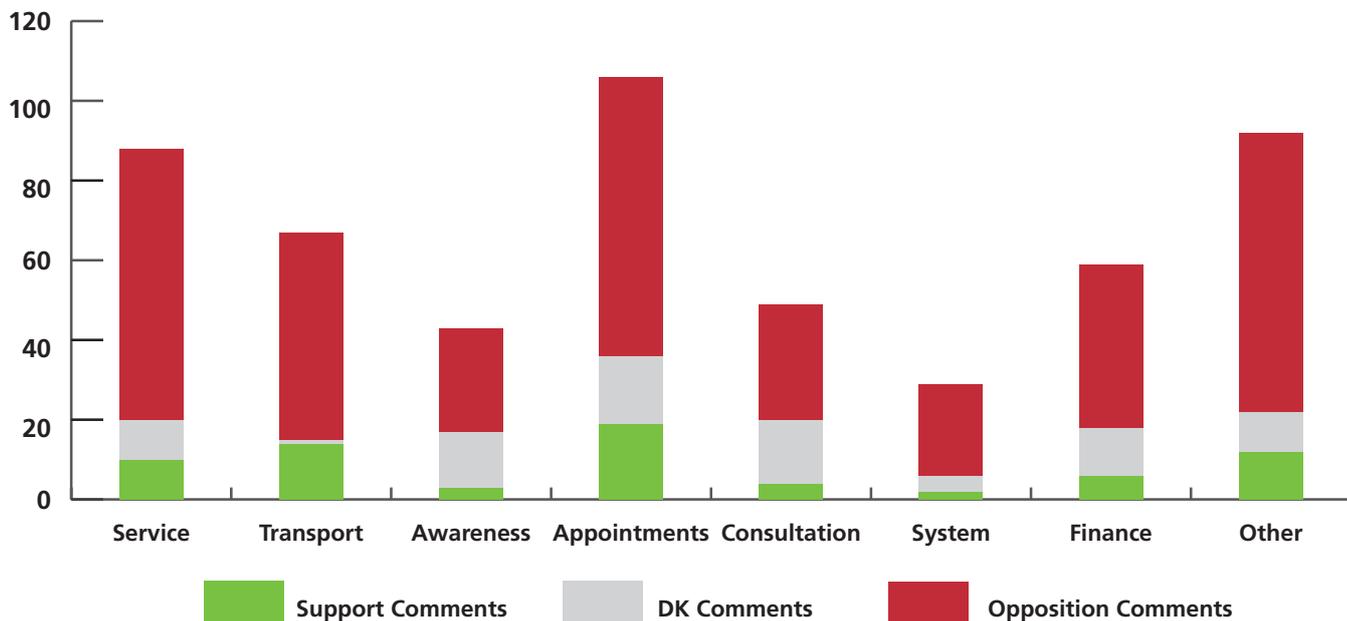
Comments included that the proposal was long overdue by supporters, that the CCG should consider those with mental health issues, that the CCG should bring back the walk-in centres. Other comment asked for home visits, asked about emergencies and that there were too many changes to the NHS.

Durham Dales Survey Comments by Theme (N=1,214)



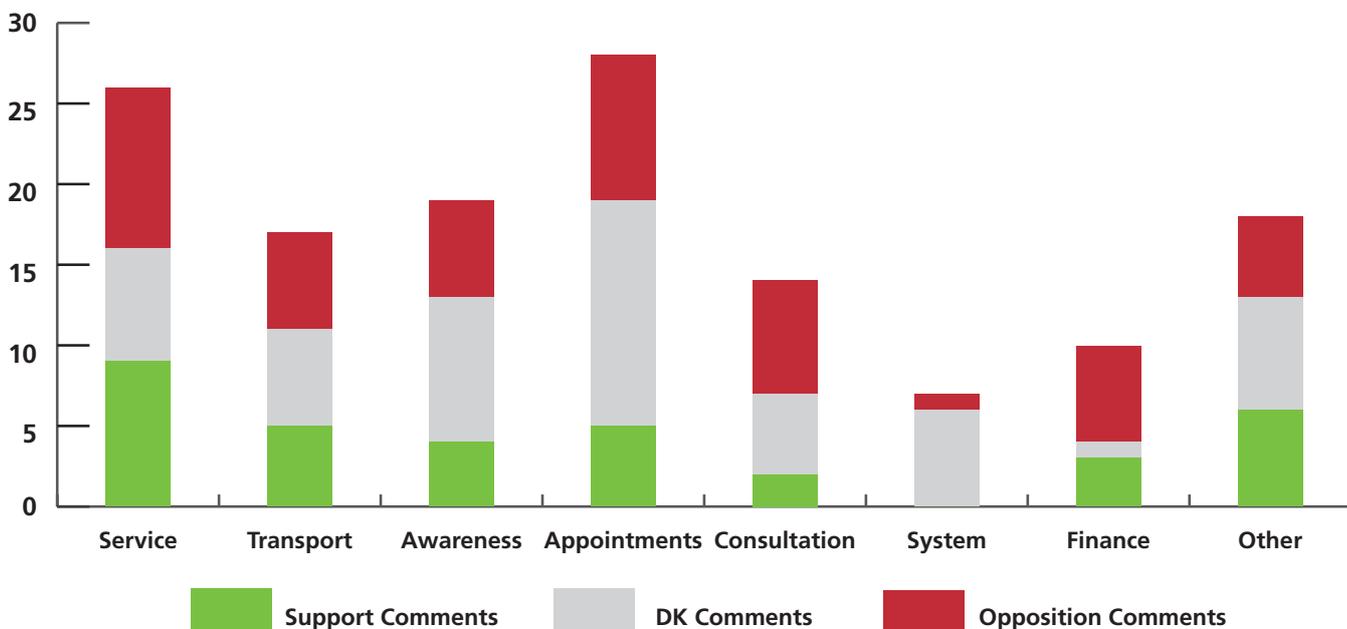
The strongest themes in Durham Dales were **transport**, loss of **service** and lack of **awareness**.

Easington Survey Comments by Theme (N=501)



The strongest themes in Easington were access to **appointments**, loss of **service** and **transport**.

Sedgfield Survey Comments by Theme (N=139)



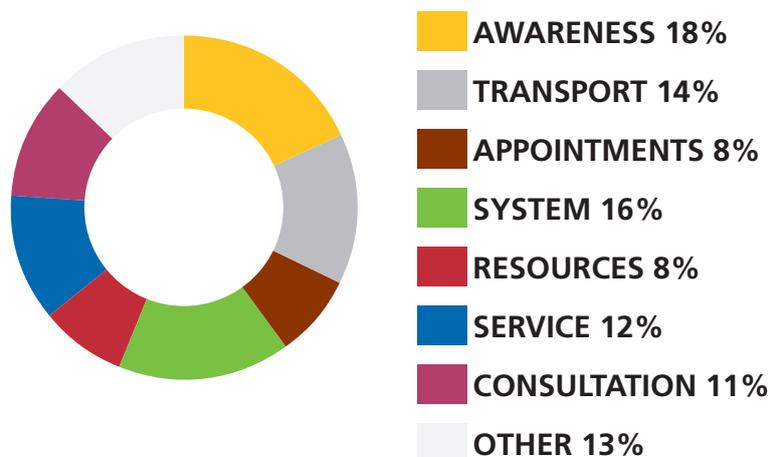
The strongest themes in Sedgfield were access to **appointments**, loss of **service** and lack of **awareness**.

7.c. Main Findings – Public Meetings

The notes taken at public meetings were analysed thematically. There were 640 comments recorded at the public events. The table below shows the share of comments by percentage.

	AWARENESS	TRANSPORT	POINTMENTS	SYSTEM	RESOURCES	SERVICE	CONSULTATION	OTHER
DURHAM DALES								
Wolsingham	6	7	4	6	1	6	6	4
Barnard Castle	23	23	9	24	6	15	13	24
Bishop Auckland	15	11	5	10	2	8	15	3
Total comments	44	41	18	40	9	29	34	31
%	17.9	16.7	7.3	16.3	3.7	11.8	13.8	12.6
EASINGTON								
Easington	5	3	5	8	4	3	6	9
Peterlee	6	4	4	8	3	5	3	10
Seaham	32	25	17	28	26	35	25	18
Total comments	43	32	26	44	33	43	34	37
%	14.7	11.0	8.9	15.1	11.3	14.7	11.6	12.7
SEDGEFIELD								
Spennymoor	7	2	3	5	2	3	3	3
Newton Aycliffe	16	7	3	13	4	2	0	10
Sedgefield	4	8	1	3	0	0	1	2
Total comments	27	17	7	21	6	5	4	15
%	26.5	16.7	6.9	20.6	5.9	4.9	3.9	14.7

All Public Meeting Comments by Theme (N=640)



The major themes at the public events were the lack of **Awareness** of extended access hubs and the consultation itself (18% of all comments), the **System** of pre-booking and the allocation of appointments by the NHS111 service (16%) and **Transport** (14%) particularly for rural residents.

The themes of **Awareness** and **Transport** dominated the **Durham Dales** public meetings. **System** and **Service** were the main themes discussed at Easington's public meetings and Awareness and the System were the main themes in Sedgefield.

Durham Dales Public Meetings Summary

- Not enough communication/advertising
- GP not redirecting to 111 if same day need and no appts available
- Transport and rurality issues
- Consultation not trusted
- Lack of awareness of service, consultation or options once through the NHS111
- System Confusion
- Loss of service fear
- Mistrust of figures used
- Improve - Video calls, more funding, prebookable appointments

Easington Public Meetings Summary

- Confusion in service - people going outside locality
- Poor promotion of consultation
- Limited options when calling NHS111
- How would proposals affect Care Navigation
- New housing will make appointments even harder to access
- No continuity of care
- Voluntary transport not available weekends
- More public funding for Easington required
- Train GP receptionists to assess urgency of call
- GP appointments already overwhelmed
- NHS111 access to records to avoid patient history repetition

Sedgefield Public Meetings Summary

- Low awareness about how to access the extended service
- DNAs a problem
- Better use of technology would help (Skype etc)
- Tell patients NHS111 is an option if there are no GP appointments
- Cost and poor provision of public transport
- Confusion around what the proposal was offering
- What happens to housebound patients
- Automated messages help signpost callers
- Train practice receptionists to let patients be aware of their options

7.d. Main Findings – Other sources

The notes taken at other sources such as meetings, reports and emails were analysed thematically. There were 255 comments recorded at other meetings.

	AWARENESS	TRANSPORT	POINTMENTS	SYSTEM	RESOURCES	SERVICE	CONSULTATION	OTHER
Anonymous addendum to questionnaire	5	2		6		3	1	3
AAP BASH	3						6	3
AAP STANHOPE	2	1		1		1	1	
DDES meetings x 2	7	4			1	8	4	6
Easington Advice Day		4			2	4		1
East Durham Trust Report	6	2				13		1
Farmers Lunch Middleton	1	3				2		2
GROUNDWORKS Report	10	17	1	8		9	4	4
Investing in Children - 21 Nov 18	15	3	3	2		3	7	1
Investing in Children - 3 Dec 18		2	2	3		5	5	3
Investing in Children - 29 Nov 18	2	6		2		2	6	3
Roadshow Morrisons Barnard Castle=		2		6	1	2	4	3
TOTAL	51	46	6	28	4	52	38	30
%	20%	18%	2%	11%	2%	20%	15%	12%

The major themes at other sources were the loss of **service** (20%), the lack of **awareness** - hubs and the consultation (20%) and **transport** (20%).

Other Sources Summary

- Some confusion between Primary and Urgent Care
- Local hospital issues not in consultation scope brought to some meetings
- Some issues throughout with NHS111 - quality and advice given
- Some positive experiences of Primary Care shared in meetings
- Many comments on home visits for rural community and dementia care
- Proposal times affect feasibility of ANP working hours (see appendix 10).

Observations

- Cost cutting not emerging as a key theme
- Critical of awareness of consultation
- Critical of quality of service inc NHS111
- Some criticisms of process and some positive comments of comms used - former are majority
- Sedgefield not represented in feedback

Please visit our website for more information about the DDES CCG:

www.durhamdaleseasingtonsegefieldccg.nhs.uk

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