

Online Survey and Engagement Event Results

Shotley Bridge Community Hospital Services
Public Engagement Document, 27th March - 22nd May 2019



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1. Introduction

This report is an independent analysis of the public engagement in relation to service proposals for Shotley Bridge Community Hospital (SBCH) commissioned by NHS North Durham Clinical Commissioning Group (CCG).

Shotley Bridge Community Hospital - which is owned by NHS Property Services - forms a central part of the health and care services provided to patients in North West Durham. There are, however, rising costs associated with sustaining the current building due to its age.

NHS North Durham Clinical Commissioning Group has committed to ensuring that there remains a facility for providing services in this area for the patients that live locally.

The CCG is working with a range of partners to consider how it can ensure services are sustainable for patients in North West Durham, including those currently provided on Shotley Bridge Community Hospital site. This is at a time of evolving plans for service delivery, clinical standards to meet and maintain and pressures on staffing.

The CCG engaged across the North West Durham population area and beyond as part of an 8 week period of engagement. Through this the public were asked to help inform the CCG of patients' priorities that need to be considered alongside the clinical guidelines and financial information.



Dr Ian Davidson
GP Leader and Lanchester GP



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The public engagement exercise included:

- an online questionnaire answered by 1,295 respondents,
- 8 public events attended by 259 people were held (see appendix 1)
- 20 outreach sessions at local community centres, leisure centres and carers groups
- 3 young people specific sessions with Investing in Children were held
- 3 staff sessions at Shotley Bridge Community Hospital
- Publicly available information on the CCG website, including video animations, plus a dedicated telephone number and email.

All of the information collected has been reviewed and compiled as part of this report for the clinical leaders and senior staff at NHS North Durham Clinical Commissioning Group and County Durham and Darlington NHS Foundation Trust to consider.

Moving forward, a business case will then have to be developed considering all of the available information, which will need to include the clinical guidance, financial details alongside the patient and public feedback.

The Clinical Commissioning Group will then be looking to come back out to formally consult with the public on options as part of developing a plan for the future.

This report will form part of the information presented to the CCG Governing Body to consider and will be considered fully in the preparations made for a future public consultation.

For the latest information, please visit **northdurhamccg.nhs.uk/involve-me/currentprojects/shotley-bridge-community-hospital-services/**

2. Scenarios covered in the public engagement

Shotley Bridge Community Hospital currently provides the following services:

- Outpatients (and community clinics such as physiotherapy rehabilitation and ante-natal)
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy (currently suspended, not provided in last 12 months)

The aim of this public engagement was to help the CCG understand the views local people have on the services currently delivered from SBCH and on the scenarios on how services could be delivered in the future.

The CCG had taken into account the challenging health needs and demographics of the local population whilst also considering the national and local direction of travel is for services trying to deliver more care at home. In addition to this, there was an expectation that due to advances in medicine and technology in the future, there will be a lesser reliance on hospital based services.

For the vast majority of patients (using our Outpatients, Urgent Care and Chemotherapy services) the scenarios would mean a like-for-like service provision; ensuring that these services are delivered from a local, modern and fit for purpose healthcare facility.



The following table summarises the proposed scenarios put forward for the public engagement exercise.

SBCH Services	Scenarios
Outpatients	No service change
Chemotherapy	No service change
Diagnostics	No service change
Urgent Care - 8am to midnight (93% of Urgent Care contacts)*	No service change
Urgent Care - Midnight to 8am (7% of Urgent Care contacts)*	<p>Scenario 1 - Continue in the modern, fit for purpose facility</p> <p>Scenario 2 - Home visits only</p>
Beds	<p>Scenario 1 - Continue to provide 8 beds in the facility plus intermediate care beds in the community.</p> <p>Scenario 2 - Provide a ward of 16 beds in the facility without any additional intermediate care beds in the community.</p> <p>Scenario 3 - Use the intermediate care beds in the community solely to provide all of the required bed capacity.</p>
Theatre	Provide from main sites in the future.
Endoscopy**	Provide from main sites in the future.

* Activity October 2017/ September 2018 ** Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.

3. Summary

Online respondents (1,295 respondents recorded)

Respondents were overwhelmingly positive about their previous SBCH experiences; the ease of access; the short waiting times and the care from staff. Respondents were also positive about the free and ample parking and the community atmosphere. A very small number of respondents had any negative comments and these were around the appearance of the building and historic loss of services.

In terms of the proposals, there is a fear of losing services with any changes thus there is much support for keeping the services the same. The vast majority supported keeping the current 24 hour urgent care cover (Scenario 1) in a new facility and keeping the current 8 or more rehabilitation beds (Scenarios 1 and 2).

Just over half of the respondents opposed both the provision of theatre services and endoscopy services from regional acute sites. Respondents were most concerned with the proposals' potential impact on patients with travel and transport to acute sites (others suspending their opinion until the new facility location is confirmed).

There were concerns around the local loss of services and comments on keeping the status quo (keeping SBCH and its current services and using the 'ring fenced' money to refurbish the building).

There were questions and suggestions around where a new facility should be located and a small number suggested the engagement process was masking a fait accompli.

For a breakdown of respondent demographics, please see Online Equality Data in Appendix 2.

Event attendees (259 people in 8 events)

Attendees were similarly positive about their previous SBCH experiences; the care from staff; the community atmosphere; the ease of access; the short waiting times and the free and ample parking.

In terms of the proposals, a minority of attendees who directly expressed a position did so in equal numbers for urgent care Scenarios 1 and 2 in the new facility, the majority instead raising comments about transport and the impact on urgent care from the use, quality and awareness of NHS111 referrals.

In relation to the rehabilitation beds, a majority of those who directly expressed a position supported Scenario 2 with 16 rehabilitation beds in the new facility.

The suggestion that theatre and endoscopy provision in the future could be done from regional acute sites brought out a variety of views from participants. Comments included

attitudes to and pressures on the regional acute sites, alternative solutions (suggesting support for the status quo) and questioning the data behind the scenarios.

Attendees were also most concerned with the proposals' potential impact on patients with travel and transport to acute sites; the local loss of services and comments on keeping the status quo.

There were smaller concerns around mental health service provision, finance and acute site staffing and capacity.

Scribe notes for the 8 events can be found in Appendix 3.

Investing In Children Report

49 young people were involved in 3 separate events and were asked for their thoughts on the scenarios, their experiences of using SBCH and any other comments. Young People agreed the new facility would make more sense in the long term.

The majority supported keeping the current 24 hour urgent care cover (Scenario 1) in a new facility as the unpredictable nature of urgent care requirements.

There was full support for scenario 1 for rehabilitation beds to be shared between the hospital and community settings as elderly patients could stay local rather than in a hospital. Respondents felt that patients would not receive the same care if all the beds were situated in a hospital where staff resource can be an issue. However, strong concerns were expressed about the care quality, the hygiene and the stress related to care homes.

Those who had direct recent experiences of SBCH were positive - citing speed, access and care as the main reasons.

For other comments, the young people asked for age-related changes – free tv for the elderly, child-friendly resources (toys, colouring books and paper, Free WiFi) – and asked whether, as adults, they would have to pay for future health services rather than accessing services through the NHS. See full report Appendix 4.

Shotley Bridge Hospital Support Group Report

This group has an established and supportive relationship with SBCH and the CCG.

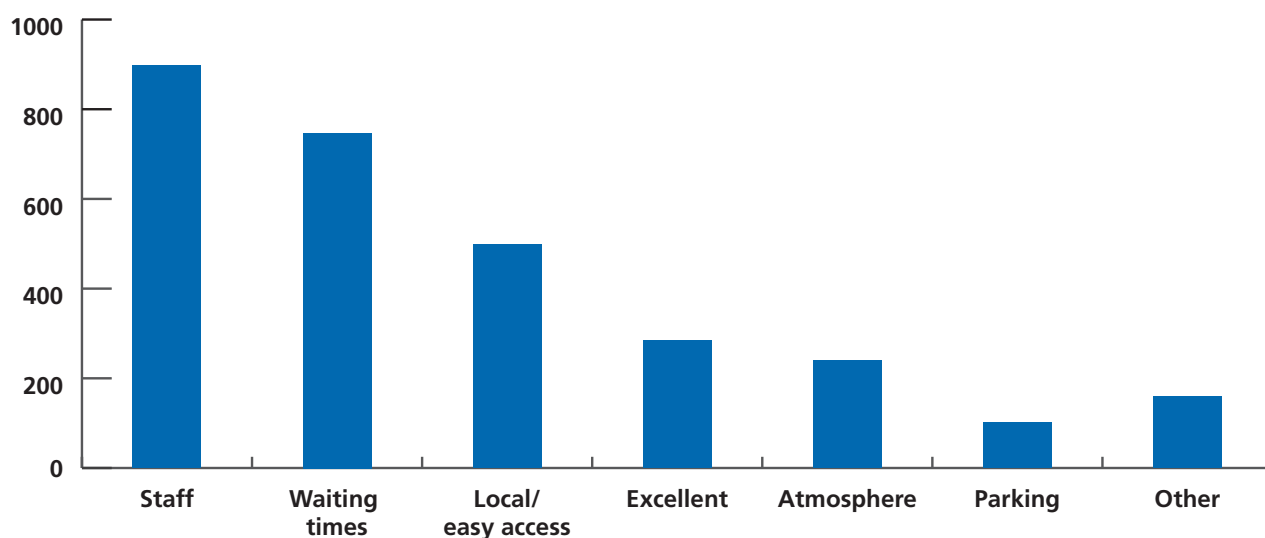
The group were concerned about loss of outpatient service, supported urgent care home visits midnight to 8am if NHS111 could be improved, opted for the 16 rehabilitation bed scenario (citing poor quality local private provision), and opposed both theatre services and endoscopy delivered from acute regional sites.

The group offered conditional support for the new facility – urging the CCG to meet its vision – to improve on and extend the existing services, maintain the community hospital name and culture, locate to Consett, adapt for the growing population and exploit voluntary and private opportunities. See full report Appendix 5.

4 Engagement Feedback

Q1. What was good about the care and treatment you received from staff at SBCH?

Online Survey Results



2,930 comments from 1,180 respondents

A very positive reaction was recorded from online respondents, with two themes (Waiting Times and Staff) dominating the responses to this question.

The quality of care from the **Staff** accounted for 31% of comments. Respondents praised staff for treating patients and visitors with care, kindness, friendliness and professionalism - often taking a personal approach to care that comforted patients who were anxious or vulnerable. Staff were also praised for their strong emphasis on communication with patients and visitors, which contributed significantly to many of the reported positive experiences.

Waiting Times accounted for 25% of all comments. Respondents stated that SBCH's waiting times (both outpatients with an appointment and out of hours urgent care patients without an appointment) were relatively short and some suggesting considerably shorter than those of other larger hospitals. 'Quick' and 'efficient' were commonly used to describe the appointment experience.

The **Ease of Access** accounted for 17% of comments. Respondents were mainly local and greatly appreciated the close proximity of SBCH and its public transport links. The short journey times were valued by patients, carers and their visitors and this convenience also contributed to positive experiences.

10% of respondent comments did not go into specifics but simply rated their **Satisfaction** with the care received – simply responding with 'excellent', 'very good' and 'first-class'.

The **Atmosphere** accounted for 8% of comments. Respondents praised SBCH for nurturing a 'community' hospital experience - one that was noted for calm, respect, dignity, politeness, individual attention and the sense that staff had time to care. Many of these respondents compared SBCH more favourably to other larger hospitals they had visited.

The **Parking** offer accounted for 3% of comments. Respondents enjoyed the fact that it was free and that it often had spaces throughout the day so using the car park was another convenient addition to the visiting experience. A small number suggested more disabled parking spaces close to the entrance would enhance the parking offer further.

It's local, friendly, not like a big hospital.

We were seen within 40 mins after registration and the service was excellent and thorough. The staff were knowledgeable and experienced. A far superior service to UHND (University Hospital North Durham).

Communication of all staff was excellent, very little waiting time from first arrival. The care shown by staff was second to none, they showed respect and empathy at all times and the treatment was how it should be.

Good local facility. Short waiting time. Care and treatment first class. On bus route. Going to Durham, Darlington or Bishop Auckland is a nightmare on public transport.

Fast, efficient, staff great, excellent care, compact and easy to navigate, clean, easy and free to park. It is essential that these standards are replicated.

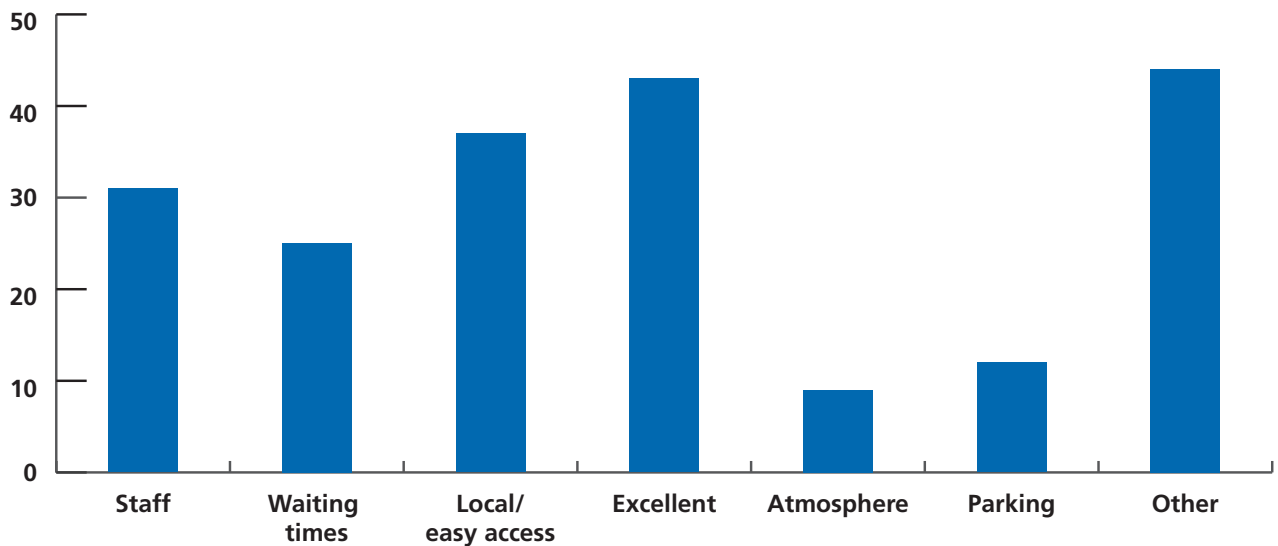
We had very little time to wait before appointment and the care from staff was of a high standard. Staff were very welcoming of the sort you usually find from a smaller hospital. This is sometimes lost in a very big hospital where there is so much going on. The fact you are not travelling miles away is a comfort to people like my brother who is disabled and has little mobility.

I like going to Shotley hospital for outpatient and minor injury treatments because it is local to me. I was born in this hospital, and the level of care feels much more personalised to me, as opposed to the likes of bigger hospitals.

I waited only a few minutes and was treated courteously by both a nurse and a consultant.

Lovely staff who made me feel very comfortable. I had a small operation and it was excellent to be able to have it only 10 minutes from my home!

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events largely echoed the positive care and treatment of the online respondents, with **Satisfaction** (with the care received) the main theme

In fact, the **quality of care** and professionalism and consistency of care by **staff** as well as a **positive atmosphere** in the hospital accounted collectively for around 40% of all comments.

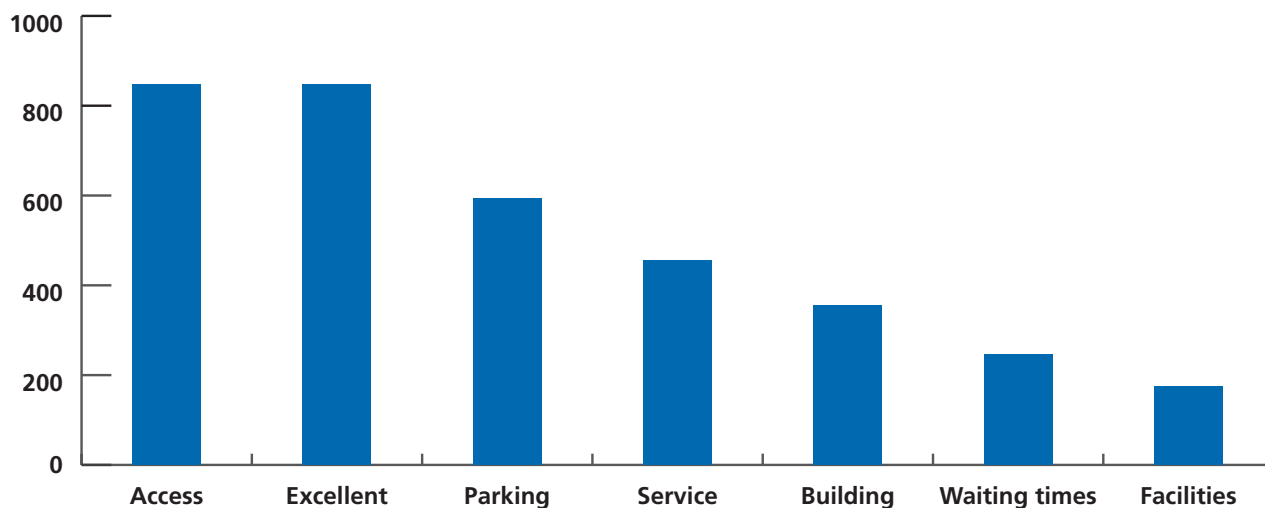
The **ease of access** and locality accounted for 18% of comments and positive experiences about **waiting times** followed with 12%.

Ease of **parking** made up 6% of comments and a relatively high 22% (compared with just 5% of online respondents) made **other** comments (about specific services or not relating to care and treatment).



Q2. How good was your overall experience of using the SBCH site / facility?

Online Survey Results



3,523 comments from 1,159 respondents

When focusing on the SBCH site as a facility, the themes of the respondents were as follows: The **Ease of Access** accounted for 24% of comments. Respondents were local and appreciated the convenience of a short car trip, a bus journey and in some cases a journey on foot.

24% of respondent comments did not go into specifics but simply rated **Satisfaction** with the care received –responding with ‘excellent’, ‘very good’ and ‘first-class’.

The **Parking** offer accounted for 17% of comments. ‘Free parking’ with ‘plenty of spaces’ and ‘close to the main entrance’ were the most common responses.

13% of respondent comments praised the specific **Service** in which they received their treatment.

10% of comments were around the **Building**, its accessibility, its cleanliness and its ease of use for wheelchair users. Some respondents referred to the building’s ‘tired’ appearance.

Waiting Times accounted for 7% of comments. ‘Quick’ and ‘efficient’ were commonly used to described the appointment experience.

The building’s **Facilities** accounted for 5% of comments. Respondents recorded a combination of satisfaction and dissatisfaction with the number of existing facilities. A small number expressed the need to return the café which was a valuable asset to the local community and staff.

10/10

Excellent access with wheelchair and parking brilliant.

Accessible by car or bus. Level access to out of hours and main entrance.

Brilliant service. Always plenty of parking spaces and a good range of services close to home. Having to travel further afield for other services I appreciate the convenience and reassurance of the services at Shotley bridge for the community.

Could get parked easily. Hospital very clean and welcoming. Front desk staff helpful and friendly.

Easy access, no problem parking. Good public transport, which many people in our area rely on.

Excellent experience! Large car park which was free. Easy to navigate around the building - departments are well signposted. Clean, friendly and welcoming environment. Lovely little shop and very clean, well maintained toilets. Very disappointing that the cafe has closed. In terms of location the hospital is ideally located - I live in Consett.

Free parking very rare but welcome. Local facility saves long travel to nearest alternative hospital.

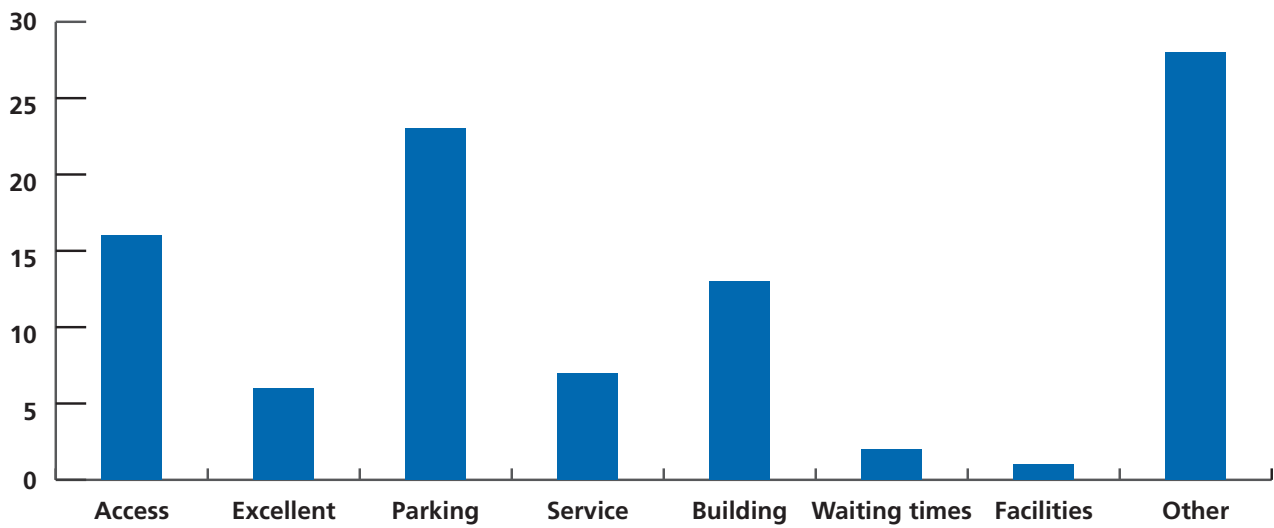
Parking down the hill was difficult to manage when I was seeing a physio about my knee - did not qualify for a blue badge.

Parking was great. Building a little old and neglected looking. Reception not always open.

Wonderful. It is hoped that any future facility is built before the existing one demolished for housing. The entrance roadways have been seriously neglected and could lead to accidents.

Very good. I would recommend it to anyone. Parking is good and free so don't have to worry about car park charges. Some of the buildings and equipment are noticeably dated but all still work. The location is perfect for anyone in the Consett area as it saves a 15 mile plus journey to get care.

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events largely echoed the positive experiences of the online respondents, with **Parking** at 24% the main theme.

Positive comments on **ease of access** (17%) and the **building** (14%) covering topics such as accessibility and ease of use.

Positive experiences on **quality** of care (6%), waiting times (2%) and facilities (1%) followed.

Other comments (a relatively high 29% compared to none for the online respondents) were around specific services, NHS 111 and topics not related to the overall experience.

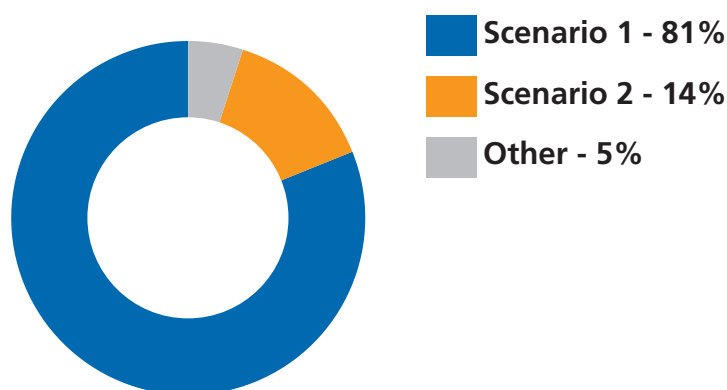


Q3. Urgent Care Services

Currently two scenarios being considered:

1. Keep the same; provided 24 hours a day by nurse practitioner cover with GP leadership in place.
2. Provided 8am to midnight by nurse practitioner cover with GP leadership with only home visits during the hours of midnight to 8am.

Online Survey Results



971 comments from 951 respondents

Urgent care appeared to be the service that most respondents were familiar with or had experience using.

An overwhelming majority of respondents (81%) supported the status quo and thus scenario 1 with its 24 hour cover.

Scenario 1 supporters viewed that a shortage of GPs would limit the effectiveness of home visits and that, in scenario 2, waiting for overnight home visits would be increased, due to the additional distance and travelling time, at the patients' risk.

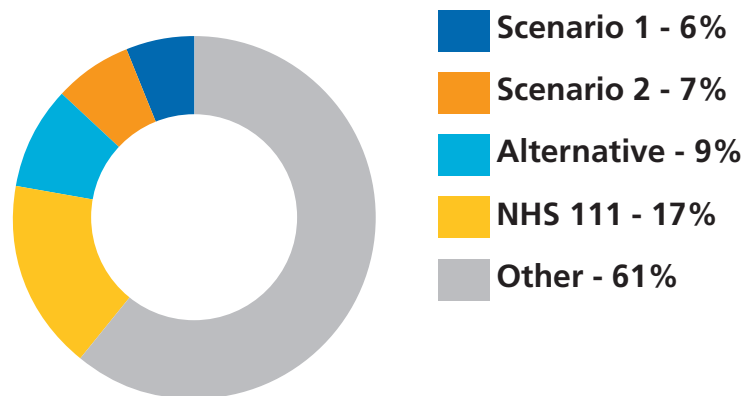
Others urged the CCG to promote the 24 hour urgent care service more and to advise NHS111 to use SBCH for urgent care instead of redirecting patients needlessly to the already busier UHND A+E.

Scenario 1 - Urgent care knows no times, established 24hr cover at Shotley Bridge is required as a minimum. May have to put in place community guidelines for classifying urgent care to avoid overstretch.

Scenario 2 - I believe either scenario would be acceptable so if it helps to save other vital services I would vote for the one that would cost the least to operate. I presume this would be option 2.

Other - Either are reasonable. It would depend on an audit of patients accessing the services and which option is most cost effective.

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events, whilst less likely to specify a preferred scenario (just 6% for scenario 1 and 7% for scenario 2), did echo the main concerns as online respondents – lack of awareness of the 24 hour service, overnight GP coverage over such a large geography and losing the overnight access to urgent care. Attendees sought assurances on waiting times for home visits and further data on their likely use before many would consider scenario 2. There was wide support to retain a local urgent care service in the new facility.

The majority of comments on a specific subject were about **NHS111** (17%) and included its use, quality and awareness suggesting a confusion about its role and its existence.

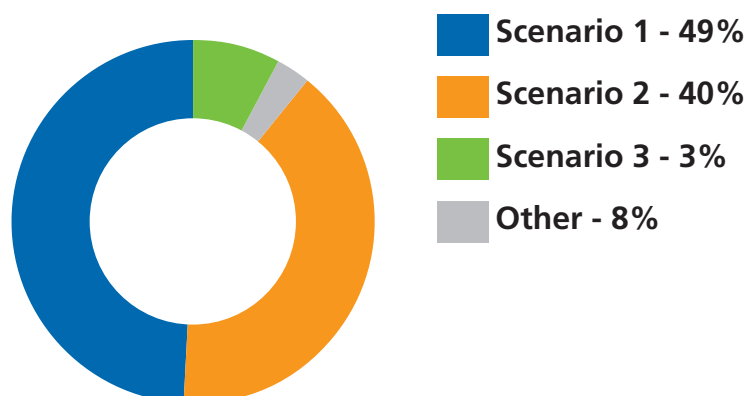
There were also comments about **alternative scenarios** (9%) and **other** responses (61%) covered population growth, awareness, transport, the data behind the scenarios and other comments not related to urgent care services.

Q4. Rehabilitation Beds

Currently three scenarios being considered

1. **Keep the same; Continue to provide 8 beds with care led by a GP in a hospital, with extra beds available in the community.**
2. **Provided all 16 beds from a new hospital facility with no beds in the community.**
3. **Provide all beds through those available in community settings with none in the hospital facility.**

Online Survey Results



1,024 comments from 942 respondents

A small minority of respondents appeared to experience using this service but a large majority of respondents took a view on the scenarios.

An overwhelming majority of respondents supported either keeping the same of scenario 1 (49%) or more beds in the new facility of scenario 2 (40%). There was little support for private beds provided in a community setting (3%).

Scenario 1 supporters were keen to keep the status quo. Scenario 1 and 2 supporters valued the hospital setting with access to clinical support and believed it would provide better rehabilitation outcomes. There was mistrust and poor experiences expressed by respondents in relation to scenario 3 - rehabilitation in community settings.

There was a consistent theme from supporters of all scenarios and that was the beds should be retained locally for the benefit of patients and visitors.

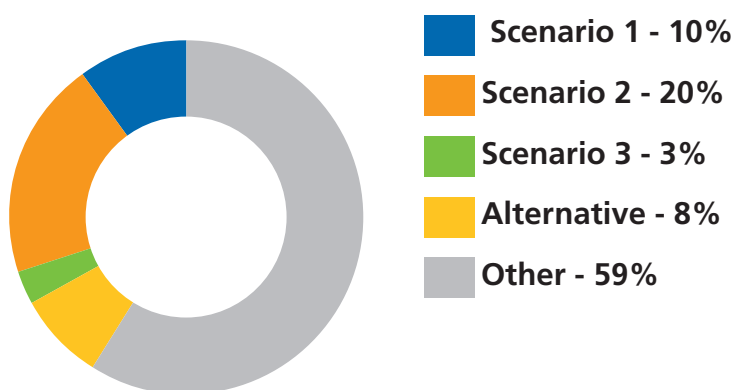
Scenario 1 - *Keep the same. Having a family experience of the service it is vital to vulnerable patients and family to have access to a familiar facility within their local community.*

Scenario 2 - *16 beds in new hospital is the way forward.*

Scenario 3 - *Community focused care better for patients and families.*

Other - *Was not aware that this facility existed currently.*

Engagement Event results



Scribe notes from events (total attendees = 259)

The attendees at the engagement events, whilst less likely to specify a preferred scenario (just 10% for scenario 1 and 20% for scenario 2), did echo the main concerns as online respondents – wider conversations recorded comments around the calculation for such scenarios, cross boundary access issues, the impact of local care home closures and the bed allocation for other community hospitals.

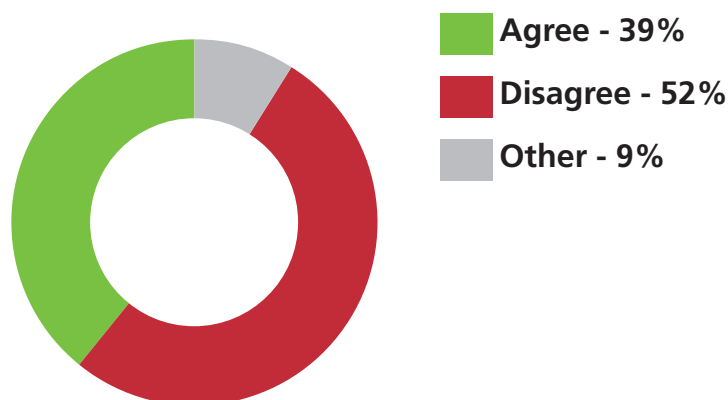
The majority of on topic comments were in support of **scenario 2** - a new facility with 16 beds (20%) and the centralisation of nursing staff with the status quo and 8 beds garnering 10% of comments and all beds in the community having 3%. Some supported their point of view with experiences from other rehabilitation sites which were not close for family and made worse by the length of stay.

Other comments (59%) were around keeping services in the NHS, keeping SBCH open until new site is fully functioning, rejecting private care, quality of care and the data behind the scenarios (including calls to provide further data for any consultation).

Q5. Theatre services

To provide all services across other County Durham and Darlington sites such as Bishop Auckland, University Hospital North Durham and Darlington.

Online Survey Results



876 comments from 797 respondents

A small minority of respondents appeared to experience using this service but a majority of respondents took a view on the scenarios.

Online respondents were largely split into supporters and opponents of the scenario for theatre services to be provided in the regional acute sites.

39% of respondents agreed with the scenario, citing the benefits of centralisation, specialisation and access to superior resources (support staff, diagnostics, equipment and access to A+E if required).

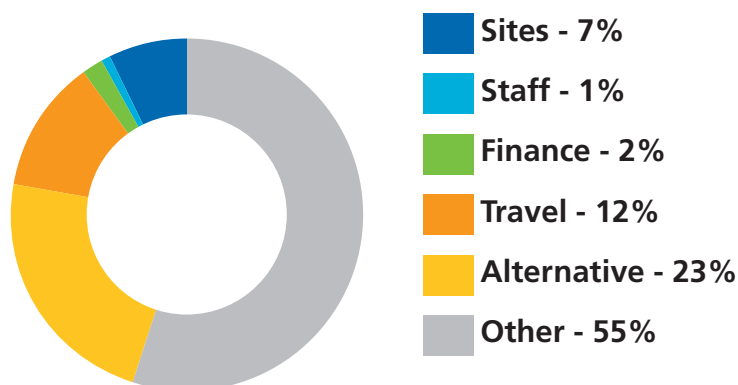
The majority of the 52% of respondents disagreed with the scenario on the grounds of loss of local service, distance to travel to other acute sites, poor experiences of other acute sites and the imperative to meet the needs of a growing and ageing local population.

Agree - *Makes sense that services are provided at the main sites but of course it is nice to have them locally. Understand why we can't always have these types of services at the smaller hospitals.*

Disagree - *The focus is on staffing and not patient care. Patients with limited money limited transport links will suffer if they are forced to travel beyond Consett. This will lead to missed appointments and poor recovery which will cost the NHS more. If staffing is an issue then investment in recruitment and retention is needed.*

Other - *So this decision has been made as there is no question about this service?*

Engagement Event results



Scribe notes from events (total attendees = 259)

In a significant difference to their online counterparts, event attendees did not clearly specify whether they agreed or disagreed with the theatre services scenario.

It is clear however through their comments that event attendees were similarly split between agree and disagree positions.

Those who seemed to express conditional support needed reassurances around funding, capacity, waiting times, transport links and follow up appointments and stressed that minor surgery should be considered closer to home.

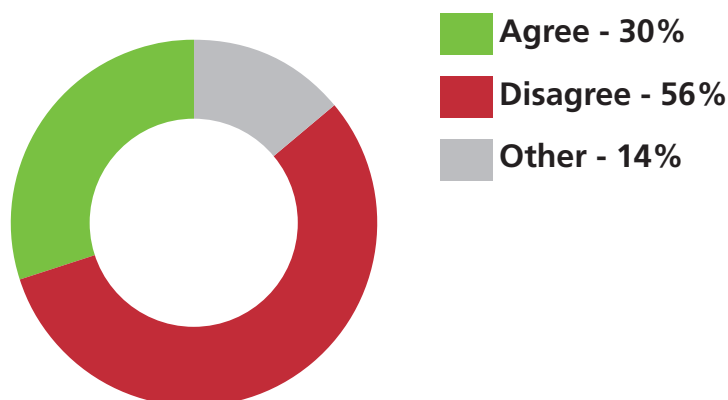
Those who seemed to express opposition about the scenario insisted theatre service remain in SBCH (23% of all comments) and cited travelling distances and public transport as the biggest barrier to the scenario (12%), adding the associated threat of missed appointments, the increase in stress and the cost of travel implications. Some insisted patients should have a choice and that the growing local population required local theatre services. Accusations of cost-cutting before patients accounted for 2% of comments.

Other comments (55%) were around the relationship with the location of rehabilitation beds, the associated service that would have to move if theatre services did and various experiences of other acute sites (7%) – waiting times, understaffing and less time for staff to care. There were few comments on the scenarios with the majority being other (off topic) covering information, awareness and capacity at other sites.

Q6. Endoscopy services

To provide all services across other County Durham and Darlington sites such as Bishop Auckland, University Hospital North Durham and Darlington.

Online Survey Results



833 comments from 731 respondents

A small minority of respondents appeared to experience using this service but a majority of respondents took a view on the scenarios.

Over half the online respondents (56%) disagreed with this scenario, insisting on the status quo and that the service should be kept in SBCH to meet local need, to keep pressure off acute sites and to reduce the stress of the procedure for local people.

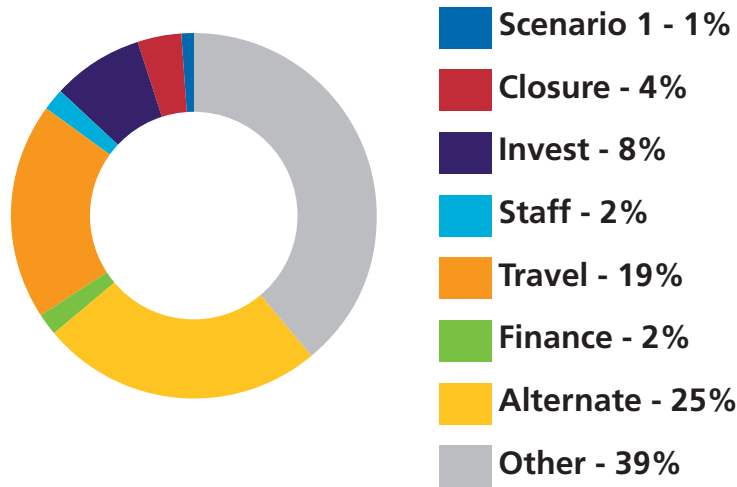
Just under a third (30%) of online respondents agreed with the scenario, preferring the endoscopy to be provided in acute sites with proximity to emergency care if required, providing more confidence in the clinical outcomes and acknowledging there has been no recent endoscopy activity in SBCH.

Agree - I believe the CCG is right in not proposing new endoscopy services within North West Durham, it would be too costly and risky to try and provide such services within such a setting, this is better suited to larger sites across the region.

Disagree - It's ridiculous to have elderly patients travelling as far as Bishop Auckland for these services. Consett is growing and needs hospital services to reflect this.

Other - No question to answer here just a statement. Southmoor hospital at Stanley had wards for respite to help the overflow from Durham hospital but as a small hospital it was closed due to lack of resources and bulldozed allowing builders to build houses on.

Engagement Event results



Scribe notes from events (total attendees = 259)

In a significant difference to their online counterparts, event attendees did not clearly specify whether they agreed or disagreed with the endoscopy service scenario.

It is clear however through their comments that more event attendees seemed to disagree with the scenario.

Of the total number of comments around 25% were people offering **alternative** solutions, mainly retaining (or re-introducing) endoscopy at SBCH followed by **travel** (including problems with parking at other sites) 19%. Those concerned felt that endoscopy services were more likely to be required by elderly patients and that travel to further acute sites would have a greater negative impact on this group.

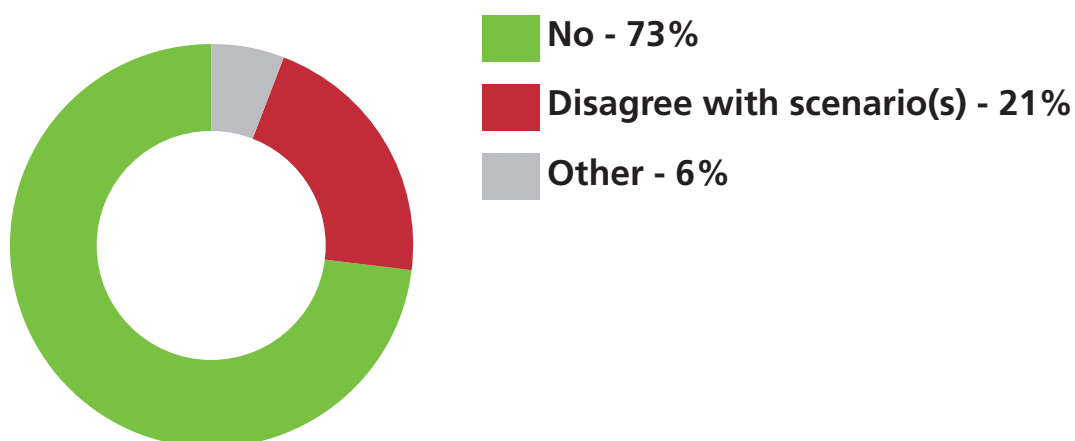
Comments on **investment in SBCH** were 8% (around funding to keep services) planned **closure** 4% (and the sense of managed decline of SBCH) and **staff** and **finances** both garnered 2% of the total.

Less than 2% were around the **scenario** itself.

Other comments were 39% of the total and covered subjects such as pressure on other sites, data behind the scenarios and off topic comments.

Q7. Is there anything you don't understand about the scenarios outlined?

Online Survey Results



764 comments from 739 respondents

The vast majority of online respondents (73%) suggested they understood the scenarios presented in the engagement document, online or as discussed in outreach sessions. 21% of respondents took this opportunity to reinforce their opposition to the scenarios.

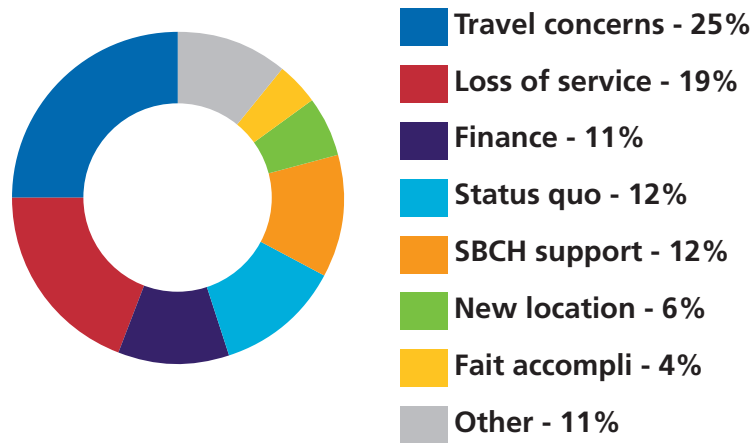
No - *I understand the scenarios. It is inevitable that the site the hospital is on is going to close. It would be in everyone's best interest if the new hospital was started before the old one was knocked down.*

Disagree with Scenario - *Why you would even consider closing this valuable resource or changing provision to the detriment of the community? It comes across as a purely cost cutting exercise not what is best for the patient or the community. Or perhaps people having to have a minimum 4 hour travel time (2 hours there and 2 hours back) to either Darlington or Bishop Auckland from Derwentside means they pay the cost to save the NHS. Or am I wrong?*

Other - *Where are the proposed sites? There is no question or proof that it is cheaper to build a new hospital either. Seems like a done deal but never mind.*

Q8. What other comments or suggestions do you have in relation to these scenarios?

Online Survey Results



711 comments from 631 respondents

The online respondents took this opportunity to reinforce previous comments. One quarter (25%) repeated their travel concerns related to acute sites, 19% were concerned about local loss of services and 12% simply stated to keep all things the same whilst another 12% reinforced their positive experiences with SBCH and urged to keep the services local.

11% of comments related to funding. 6% of respondents expressed interest or stated their preference for the location of a new facility. 4% of respondents believed the decision has already been made and that the engagement process would have no bearing on that decision.

Travel concerns - I think they have been put forward by people who do not have to use public transport or worry about the costs involved traveling these distances. Do they even know where Shotley Bridge is?

Loss of service - All services presently at Shotley Bridge should be kept here & NONE taken away. The area is larger now with new housing estates & hospital is needed here!

Finance - Stop trying to run down the NHS so it appears to need the private health industry to rescue it. Just fund it properly.

Status Quo - Keep Shotley Bridge on site. Bigger is not always better.

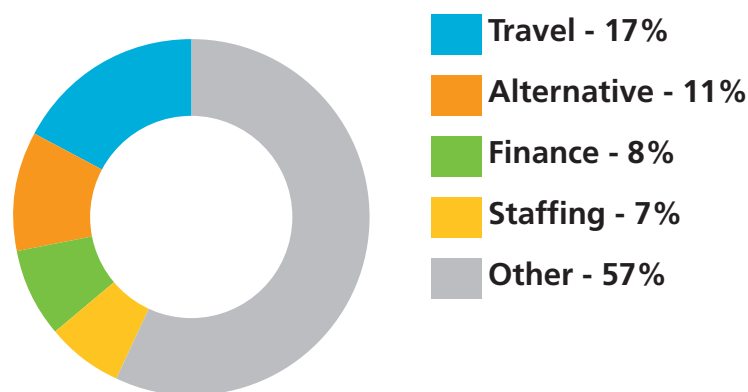
SBCH Support - Keep Shotley Bridge Hospital open!

New location - Somewhere local probably in Consett would be good, with as much of the same services as we have now.

Fait accompli - Sure this has already been decided. It is a shame about all the land that has already been sold off around this site. You wouldn't do that if you were going to stay there.

Other - It is the building that is not sustainable, not the current provision of services. Build a better, more useful hospital in Consett.

Engagement Event results



Scribe notes from events (total attendees = 259)

There were round up discussions at the majority of meetings and other comments accounted for 57% of the total comments from attendees - some of those comments about mental health provision, Stanley Health Centre usage and NHS PFI issues.

Travel and parking (17%) followed with alternative proposals (11%), finance (8%) and staffing and capacity at other sites (7%).



Appendix 1 Public Engagement Events

Eight public events attended by 259 people were held in the region as part of the public engagement phase.

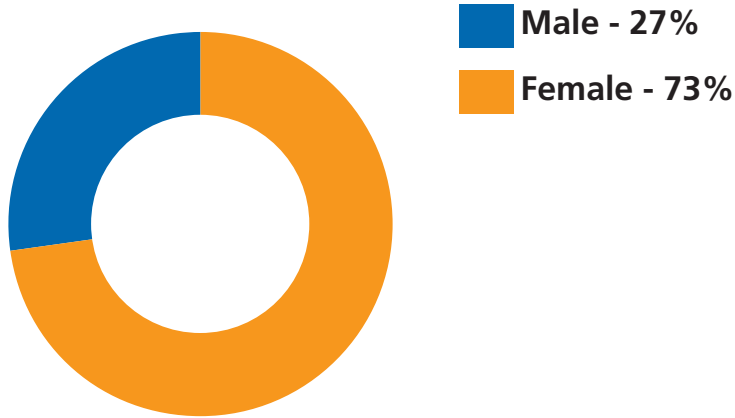
Date	Time	Venue	Attendance
Wednesday 10th April	6 - 8pm	Consett Football Club	56
Thursday 11th April	12 - 2pm	St Cuthbert's Church Hall	42
Thursday 25th April	11.30am - 1.30pm	Blackhall Mill Community Centre	25
Tuesday 30th April	1 - 3pm	Lanchester Community Centre	41
Wednesday 8th May	1 - 3pm	Burnopfield Community Centre	16
Thursday 9th May	6 - 8pm	Bishop Ian Ramsey Primary School, Meadomsley	59
Wednesday 15th May	6 - 8pm	Wolsingham School	7
Thursday 16th May	1 - 3pm	Louisa Centre, Stanley	13
TOTAL			259

The feedback notes from each event were recorded by CCG staff and analysed independently. As notes, views are aggregated and the following graphs are designed to be indicative of the main topics discussed rather than as a share of individual comments recorded.



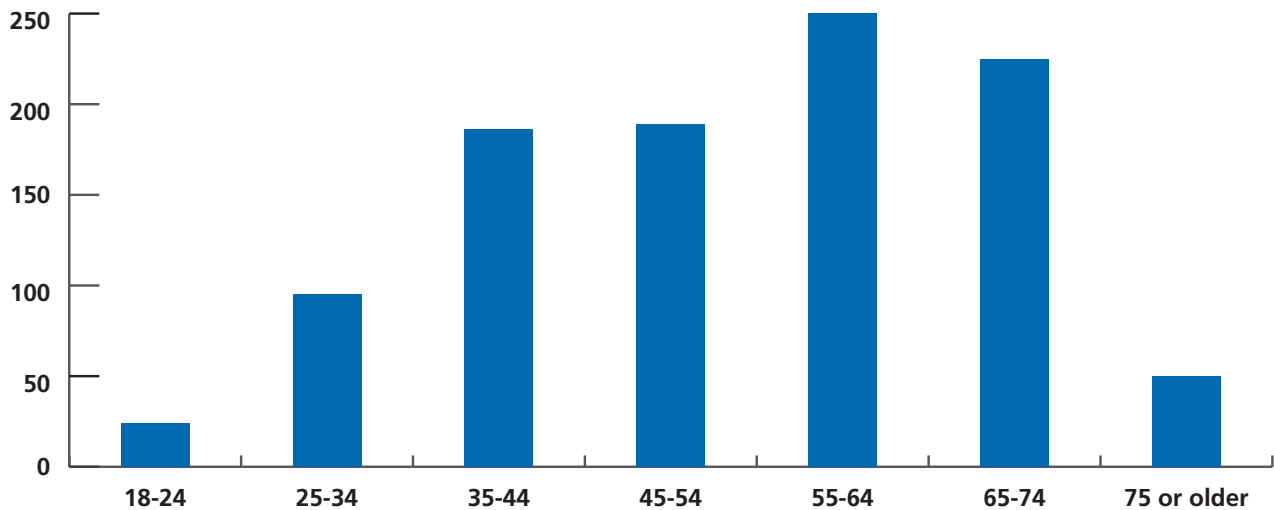
Appendix 2 - Online equality data

A. Are you male or female?



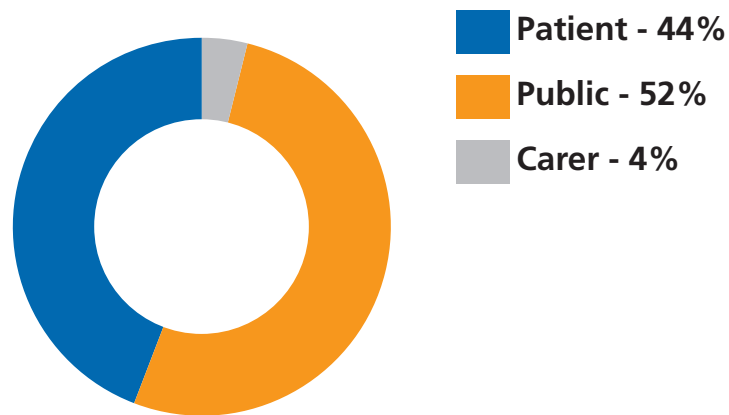
Number of responses = 1,013

B. What is your age?



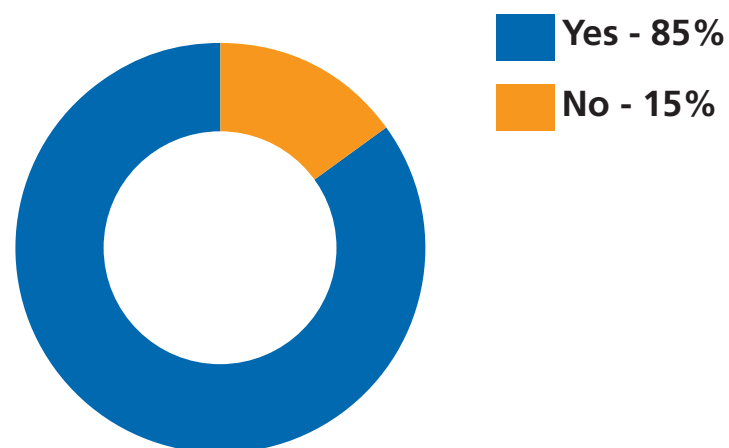
Number of responses = 1,019

C. Are you answering as a...?



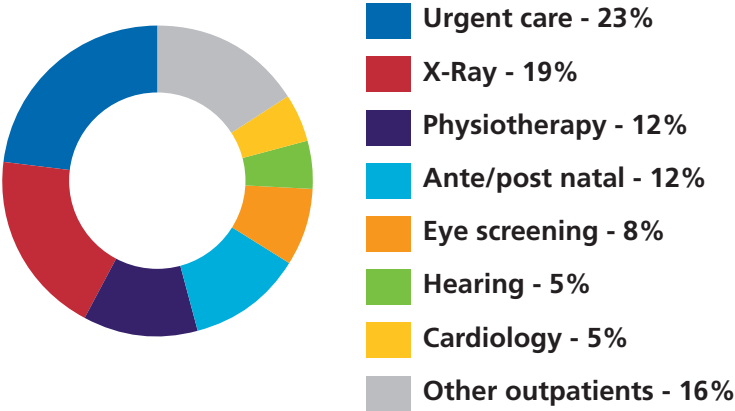
Number of responses = 1,287

D. Have you used any services at SBCH in the last 18 months?



Number of responses = 1,269

E. If YES to D, please can you tell us which service was this for?



Number of responses = 311

How to contact us

Please visit our website

www.northdurhamccg.nhs.uk

for more information about the CCG and how to get involved.

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