



*Durham Dales, Easington and Sedgefield
Clinical Commissioning Group*

23 April 2018

Engagement Report

Research into Feedback from Patients and Carers on Primary Care Services in Durham Dales, Sedgefield and Easington.

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1. Rationale for engagement

Following a full consultation on Urgent Care services, a decision was made to close Urgent Care centres through the day time and replace them with nine Primary Care Services (PCS) and two Minor Injuries Units (MIUs) throughout the Durham Dales, Easington and Sedgefield (DDES) locality. The opening times for the primary care services varied across DDES based on local requirements. The new services were implemented in April 2017.

Patient feedback, from those who have used the Primary Care Services, stated them as overall excellent. 93% of patients said it was easier to get an urgent, same day appointment and 98% of patients said they would recommend this service to their friends.

Attendances at A&E have reduced however, data showed that these Primary Care Services were not being utilised in the expected way therefore engagement was carried out to understand patient views and experiences.

2. How are the Primary Care Services (PCS) being used

2.1 Impact of the changes in Sedgefield

In the Sedgefield locality, the Primary Care Services are offered from 6-8pm Monday to Friday and 8am -1pm on a Saturday and Sunday.

When the service changed from 1st April 2017, there was a significant impact in capacity in Sedgefield with the opening of three hubs at evening and weekends.

Prior to the PCS, there had been no Urgent Care Centres in that area although there had been extended weekend opening for the two previous years.

Activity data has shown that now there is an average of:

Per weekday 8-6pm	1.2
Per weekday evenings 6pm-8pm	6
Weekend / bank holiday 8am-1pm	75 per weekend

2.2 Impact of the changes in Easington

In the Easington locality, the GPs did not feel that they could cope with the additional demand, once the Urgent Care Centres closed as their services saw an average of 11 patients, per practice, per day, attending services in that area.

As a result, three hubs were opened during weekdays from 8am – 8pm to meet the historic demand seen in this area.

Activity data has shown that now there is an average of:

Average attendances:	
Per weekday 8-6pm	34
Per weekday evenings 6pm-8pm	14
Weekend / bank holiday 8am-1pm	97 per weekend

In the hubs, the number of appointments available are not being used, with many left empty.

Further engagement was identified as required with both patients and practices to understand why these appointments were not being used.

2.3 Impact of the changes in the Durham Dales

Activity in the three Durham Dales hubs has been very unevenly distributed with 70% of face to face contacts taking place in the Bishop Auckland hub.

As with Easington, available appointments are not being used.

- Bishop Auckland hub using 77% of available appointment and
- both Stanhope and Barnard Castle using only 22% of available appointments

The figures for the Stanhope and Barnard Castle hubs include telephone calls as well as face to face appointments.

Activity data has shown that now there is an average of:

Per weekday 8-6pm	0.4
Per weekday evenings 6pm-8pm	6.4
Weekend / bank holiday 8am-1pm	57 per weekend

Further engagement was identified as required with both patients and practices to understand why these appointments were not being used.

A full activity dashboard is provided within the supporting information to gather more intelligence.

3.0 What we did and how we have engaged

The engagement activity took place over a nine week period from the middle of December 2017 to the end of February 2018.

The aim of the engagement work was to gather the views from patients and carers who accessed the primary care services in the Durham Dales, Easington and Sedgefield CCG area and those who went out of the DDES area into Urgent Care Centres or A&E Departments.

There was a requirement to do some further data analysis and patient engagement to understand whether the way the service is current set up is giving patients the best service.

We engaged with patients and stakeholders to find out about their experiences of using the Primary Care Services but also to aim to reach those who have not. If they are not using the PCS, then where are they going? What services are they using?

Stakeholders were also engaged to give them the chance to feed into this process and give them the opportunity to aid in the development of and decisions about new options for service delivery. We need to find out what else patients think we should

be offering whether this is, for example: home visits, telephone calls so they can be seen on the same day if they have an urgent need.

The stakeholders we engaged included many of those who were involved in the Urgent Care consultation. We worked with our Patient Reference Groups (PRGs), Health networks and other partners who could help us to reach as many potential service users as possible. We also worked with harder to reach groups such as Gypsy Romany Traveller groups (please see feedback detailed in appendix one), Investing in Children eXtreme Group and also the young people's health group. (Please see the report detailing their agenda days in appendix two).

All of the engagement activity has been recorded and is shown in the evidence log (appendix three).

The engagement team supported by the CCG commissioning team attended each Primary Care Service (the nine hubs), spoke to patients about their experiences of the services and completed questionnaires.

This team worked with staff within the centres to distribute questionnaires over the next four to six weeks to capture a good range of feedback. All questionnaires were put into a sealed envelope by the patient and stored in a confidential box.

The CCG commissioning team collected these periodically and a member of the corporate admin team entered the responses onto survey monkey to remain impartial.

All of the engagement activity has been recorded and is shown in the evidence log, which can be found at appendix three.

3. Engagement plan

The objectives of the engagement were to:

- identify what works well in the PCS services and where improvements could be made
- understand why patients aren't using the commissioned service
- understand if patients would be willing to travel to access this service in the future
- identify and capture options on providing value for money services
- understand patient behaviour, whether this has changed and if we need to do further work?
- identify what other options for service delivery could be developed
- identify and engage with patients and the public in identified 'hot spot' areas for using walk in services beyond the DDES boundary
- engage on the new options for service delivery once confirmed.
- Identify communication and advertising needs for our population

3.1 Approaches used

Online patient surveys were created and paper copies were also circulated to a number of key stakeholders.

The engagement was carried out in a two pronged approach. There were two online surveys designed

- one around the service model, which was aimed at patients who attended the hubs for a primary care, same day appointment, and
- and one aimed at identifying how patients ended up in the service that they did, particularly to reach patients who went to services out of the DDES area.

The survey link was widely promoted by partners and stakeholders who shared the message in their e-bulletins, newsletters and social media sites.

The engagement also focused on identifying patients who had used this service using already established links such as Healthwatch, Health Networks, Patient Reference Groups and Investing in Children.

Investing in Children held three focus groups for the CCG. The first was at St William's Primary School, Trimdon, the second at Groundwork North East Peterlee youth club for 21 young people aged 13-19 and the third was an agenda day for the Investing in Children eXtreme group.

These focus groups were set up to find out about the young people's understanding of what to do when there is a health care need and what services they would use. They were also asked about how we could improve our services and if they had any ideas of how we could provide them differently.

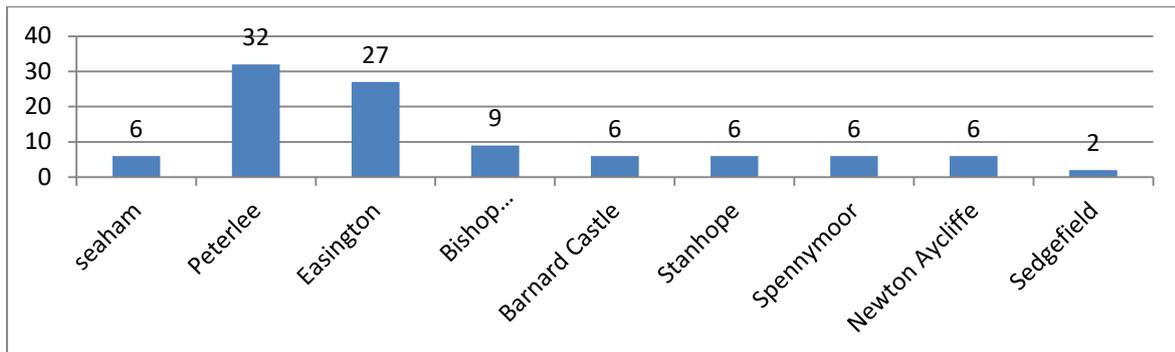
Staff from the engagement and commissioning teams attended each PCS, hospital sites and walk in centre/ primary care centre across the DDES area and also out of area. These can be seen in the evidence log, which can be found at appendix three.

3.2 Summary of key findings from the survey results around the service model

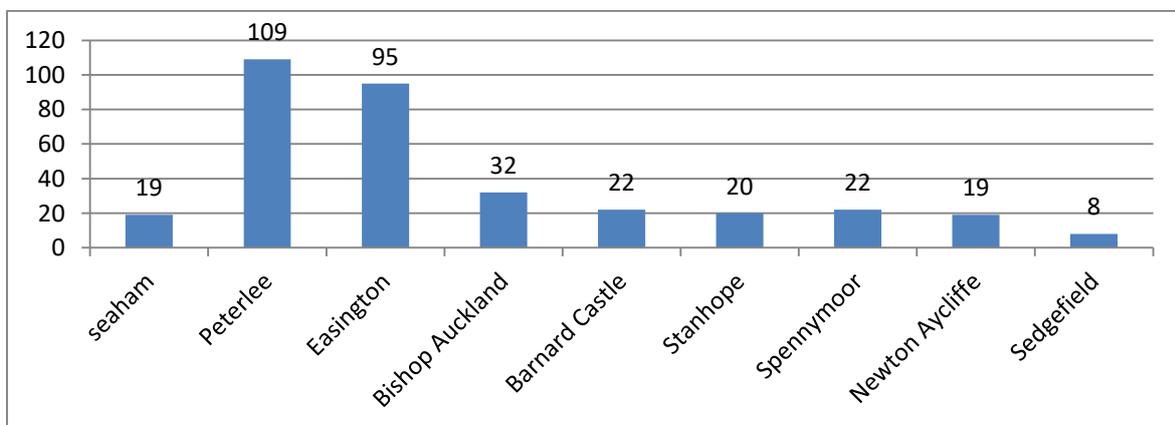
Over 326 patients from across the Durham Dales, Easington and Sedgefield (DDES) CCG were engaged over the period; the responses were recorded through an on line survey.

The sites which received the most patient feedback were Peterlee with 34% patients and Easington with 29 % people who attend during this time, who completed a survey.

3.3 Percentage of patients that were treated at individual sites



Actual number of surveys returned from each hub site



For responses to the next questions, the data is broken down over the three DDES localities.

3.4 Easington

Easington Locality had a total of 223 surveys completed. It was to be expected that there would be a higher number of responses from the Easington sites as the services are open during the day as well as evenings and weekends. The following section details questions asked and patient responses:

Chart 1 & 2 Q: What site did you attend and what time?

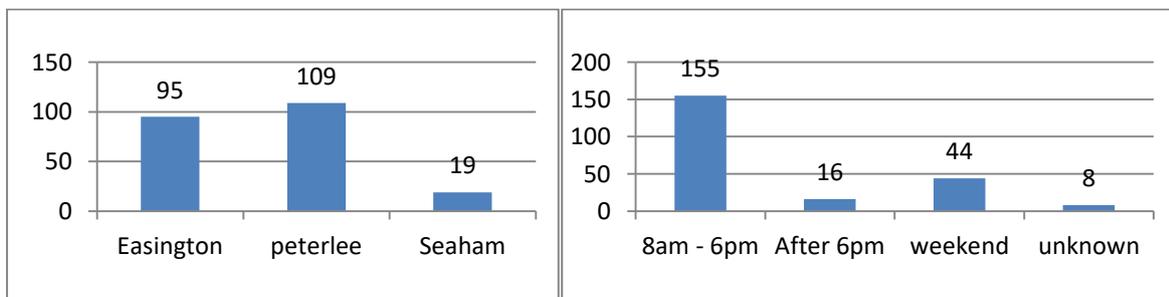
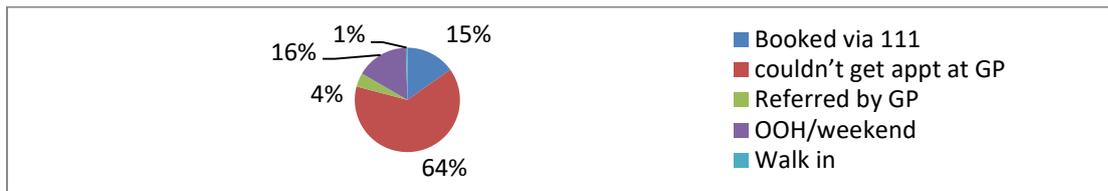


Chart 3 Q: Why did you come here today, instead of your GP?



Booked via 111	32
couldn't get appt at GP	135
Referred by GP	9
OOH/weekend	34
Walk in	1
No comment	12

Chart 4 Q: Did you book through 111 and what were your comments on the service you received?

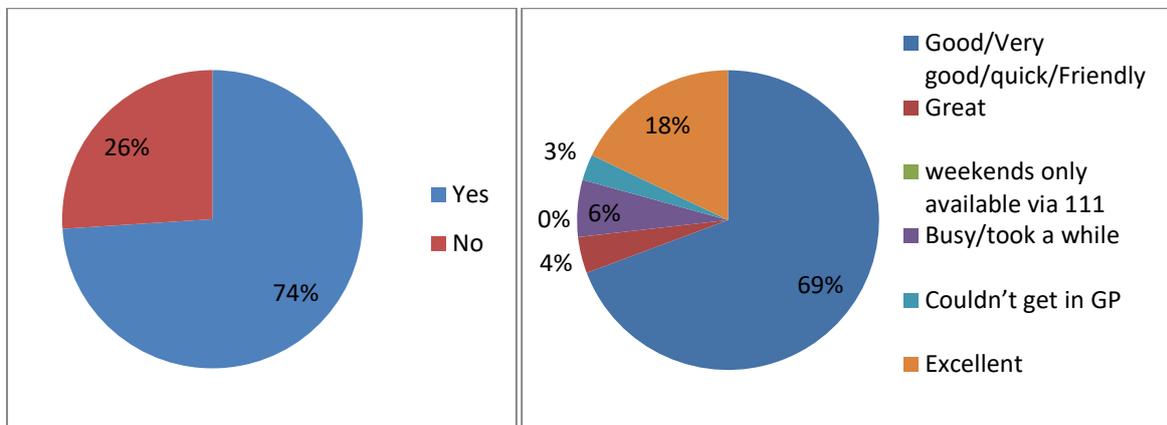


Chart 5 Q: If we looked to change the number of sites, what would your view be?

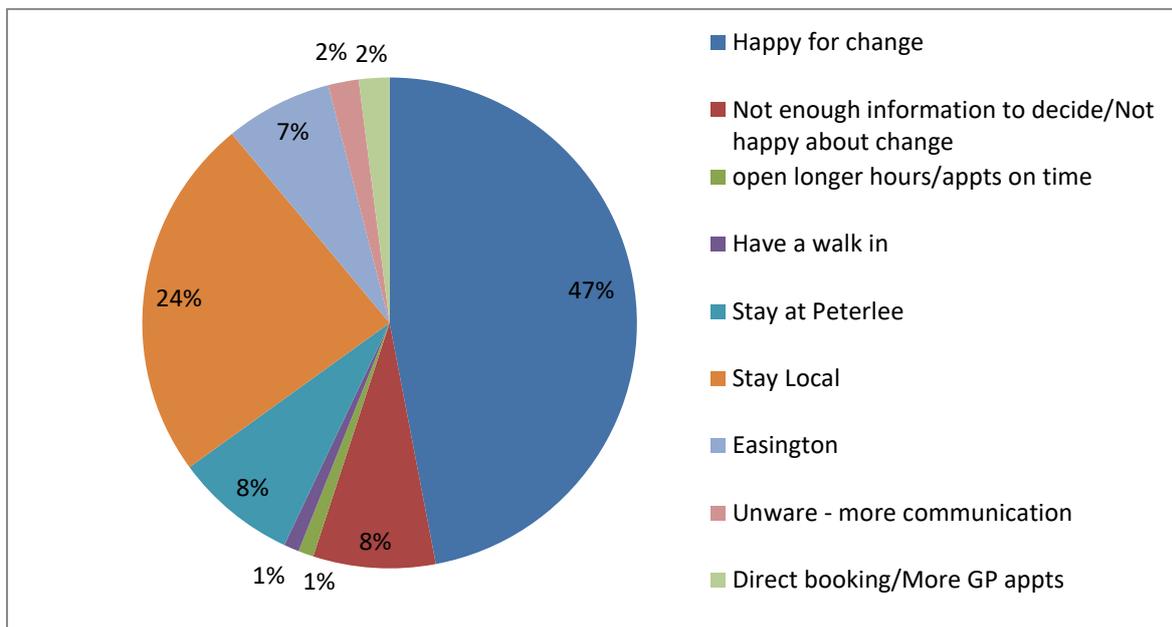
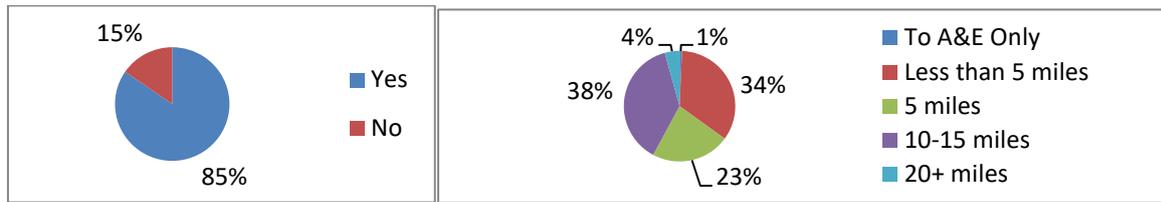
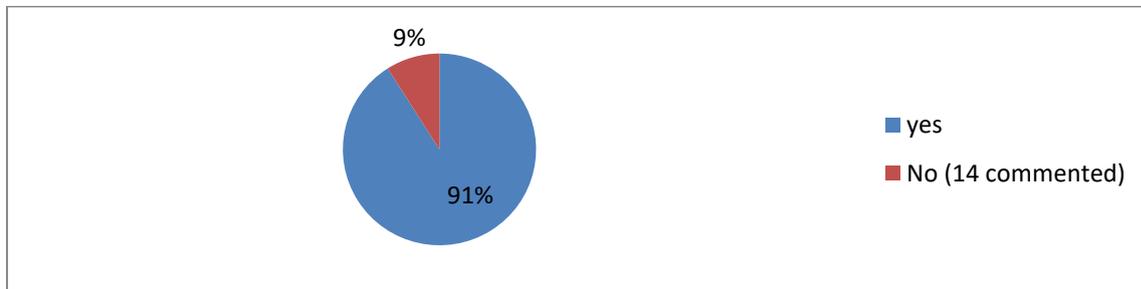


Chart 6 Q: Would you be prepared to travel? If so, what do you think is reasonable distance?



Easington Locality Distances between hubs		
Peterlee	Seaham	7.8 miles
Peterlee	Easington	2.9 miles
Easington	Seaham	5.7 miles

Chart 7 Q: Do you think the current opening times of the hubs are convenient?



Comments regarding chart 7:

within 10 mile radius	2
24 hours	4
Longer hours	8

Chart 8 Q: Do you think there is a better way to deliver care?

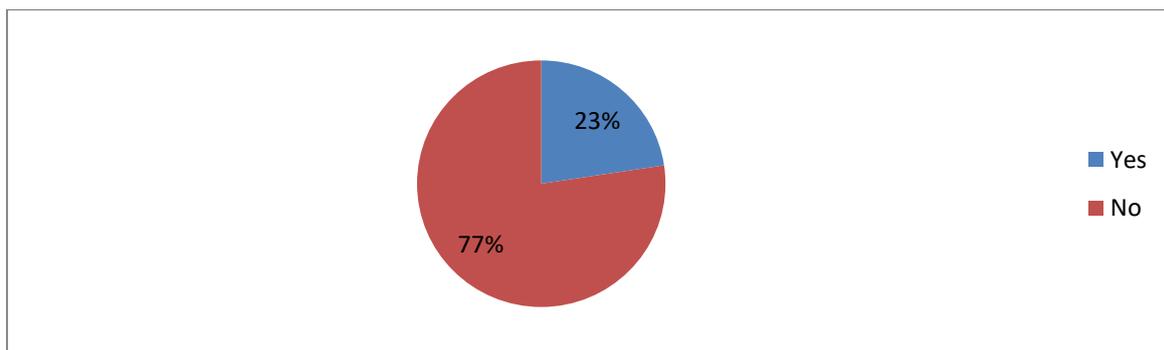
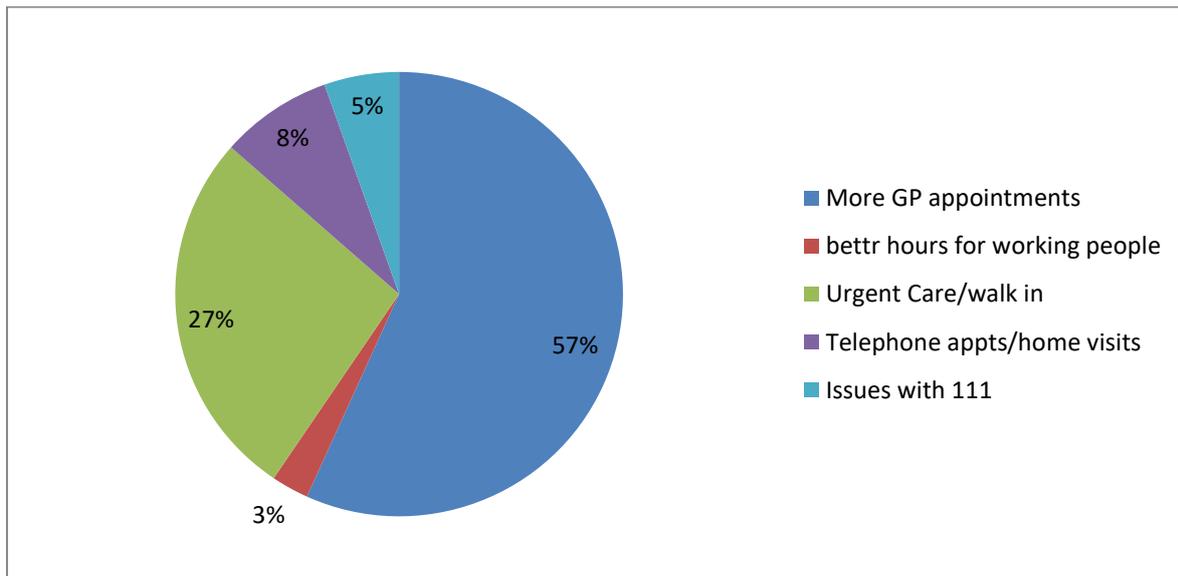


Chart 9 Q: Comments about/to improve the service



Easington Summary

From the information gathered via the surveys, Peterlee is the busiest site with the majority of people attending between 8am and 6pm. The main reasons why patients attended was because they couldn't get an appointment with their GP and it was out of hours.

The majority of patients got an appointment via NHS 111 and had a positive experience of the service.

When asked about their opinion on the sites, 47% of those that commented said be happy with change.

The majority of people would be prepared to travel around 5-15 miles to a PCS service and said that the current opening times are convenient and the majority did not comment on whether they thought that the could be improved

3.5 Sedgefield

Sedgefield Locality had a total of 49 surveys completed.

Please see below, questions asked and patient responses:

Chart 10 & 11 Q: Which site did you attend and what time?

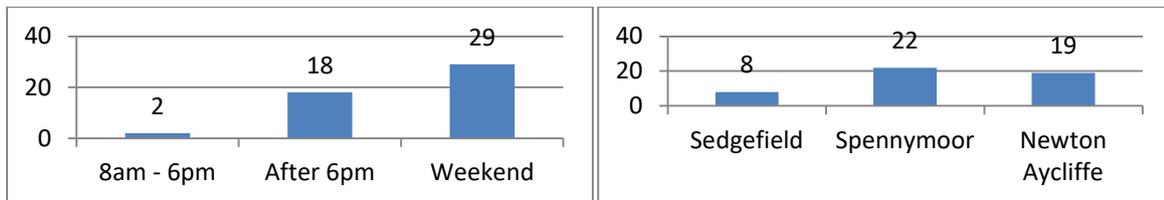
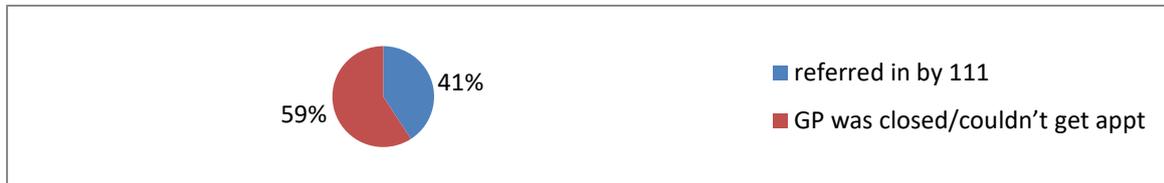


Chart 12 Q: Why did you come here today, instead of your GP?



referred in by 111	20
GP was closed/couldn't get an appointment	29

Chart 13 Q: Did you book through 111?

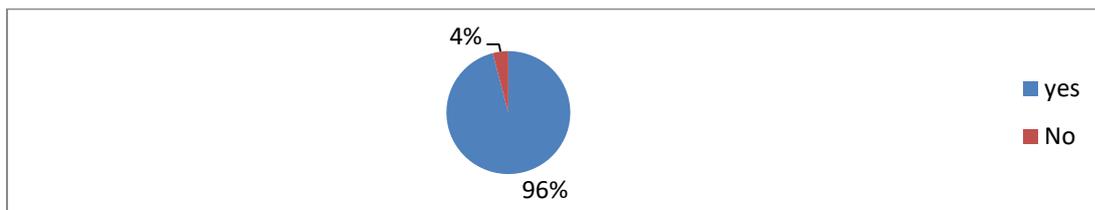


Chart 14 Q: What did you think about the service you received?

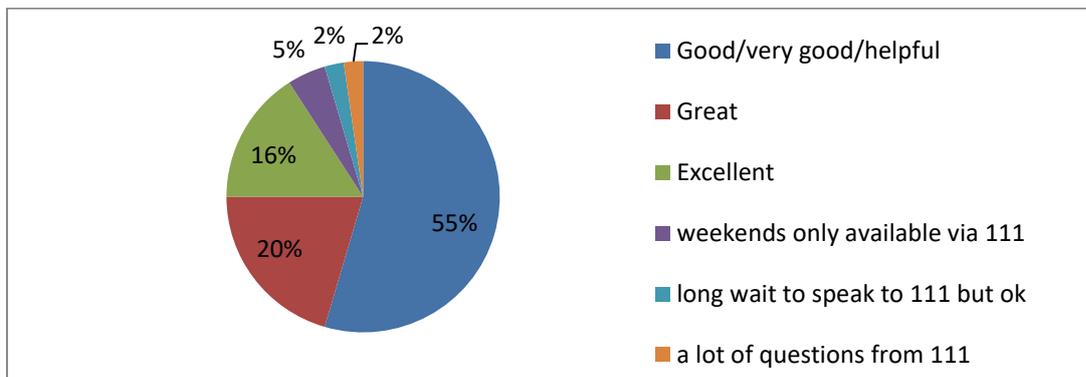


Chart 15 Q: If we looked to change the number of sites, what would your view be?

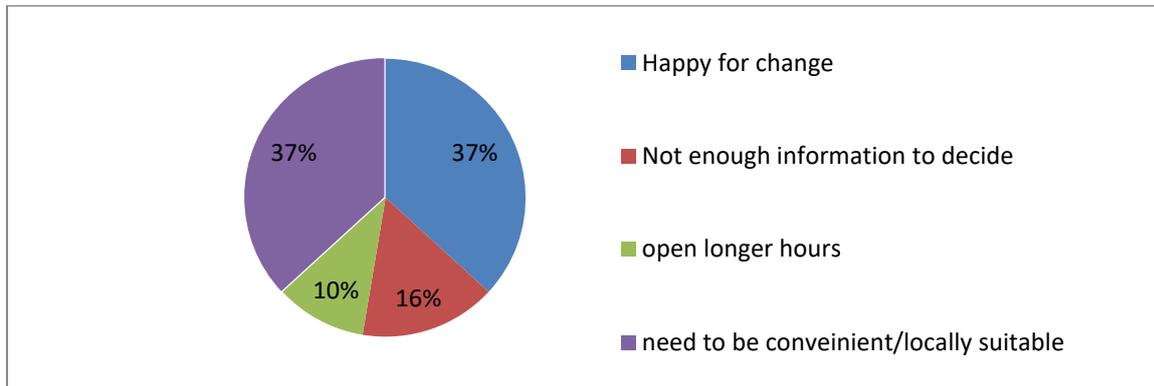
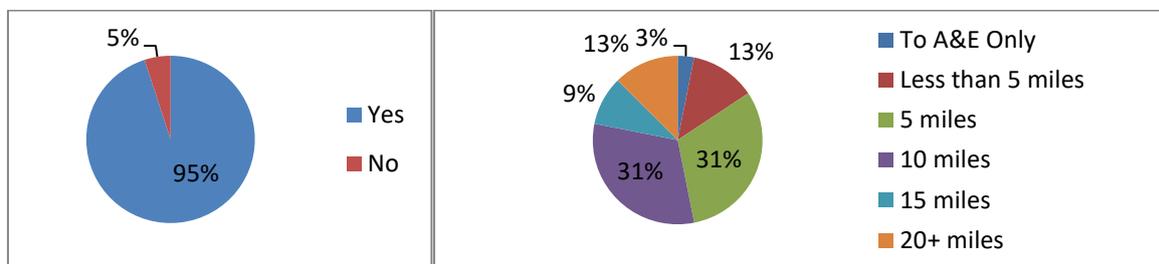
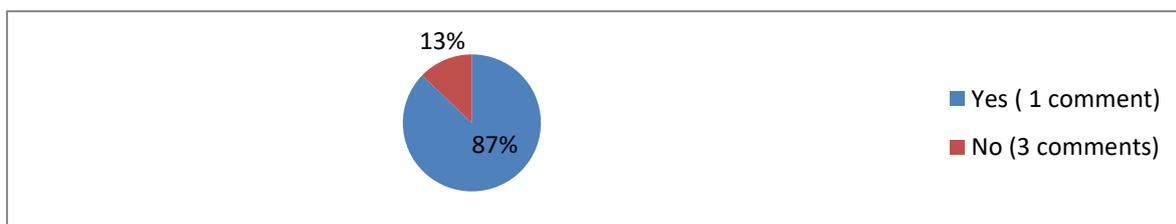


Chart 16 Q: Would you be prepared to travel? If so, what do you think is reasonable distance?



Sedgefield Locality distance between hubs		
Sedgefield	Spennymoor	9.2 miles
Sedgefield	Newton Aycliffe	7.3 miles
Spennymoor	Newton Aycliffe	7.2 miles

Chart 17 Q: Do you think the current opening times of the hubs are convenient? Any comments?



Comments relating to chart 17:

local for non-drivers	1
longer weekends	2
24/7 opening	1

Chart 18 Q: Do you think there is a better way to deliver care?

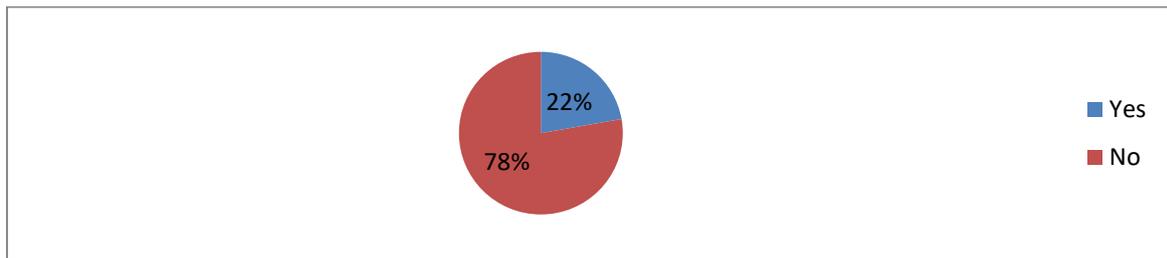
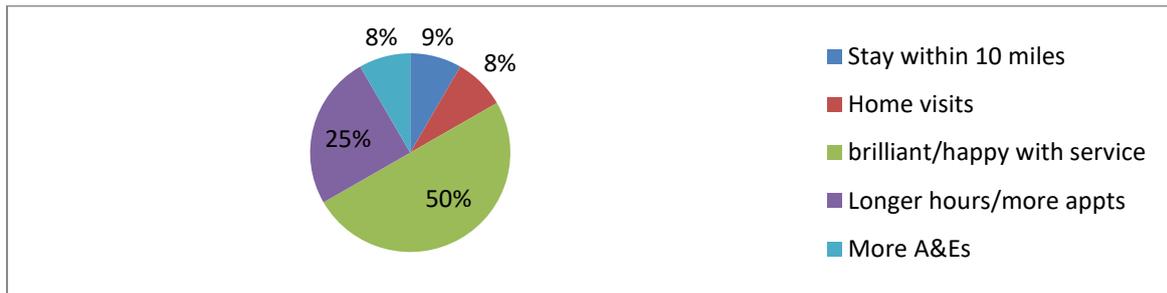


Chart 19 Q: Comments about/to improve the service



Sedgefield Summary

From the information gathered Spennymoor had the highest return of surveys, with the majority of people attending after 6pm and on a weekend. The main reasons why patients attended was because they couldn't get an appointment with their GP / or their GP practice was closed.

The majority of patients got an appointment via NHS 111 and said their experience of the service was good or great.

When asked about their opinion on changing the number of sites, 37% of those that had commented said that they would be happy with change as long it was somewhere convenient.

84% of patients who commented stated they would travel 5+ miles to a PCS service, with 53% of those happy to travel 10+ miles. 87% of patients felt that the current opening times are convenient.

The majority of respondents did not think there was a better way to deliver PCS and did not comment on whether they thought that the service could be improved.

3.6 Durham Dales

Dales Locality had a total of 74 surveys completed. Please see below, questions asked and patient Responses:

Chart 20 Q: What time did you attend and which site did you attend?

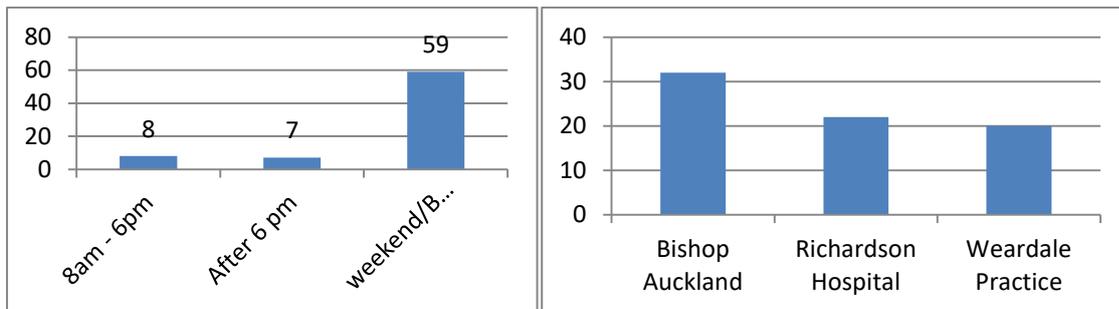
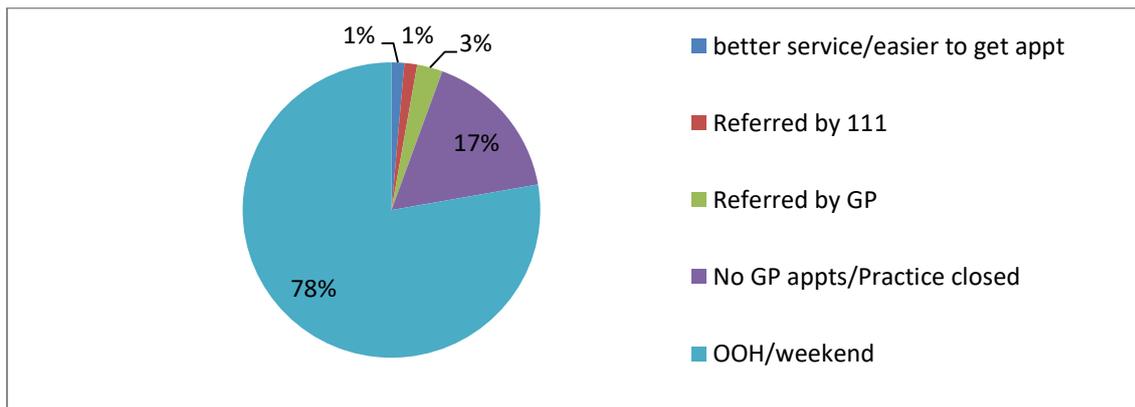


Chart 21 Q: Why did you come here today, instead of your GP?



better service/easier to get appointment	1
Referred by 111	1
Referred by GP	2
No GP appointments/Practice closed	12
OOH/weekend	56
unknown/no comment	2

Chart 22 Q: Did you book through 111?

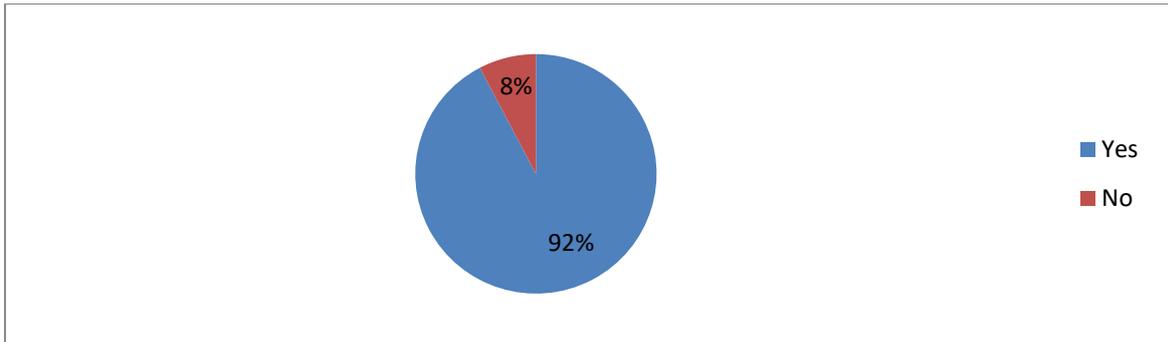


Chart 23 Q: What were your comments on the service you received?

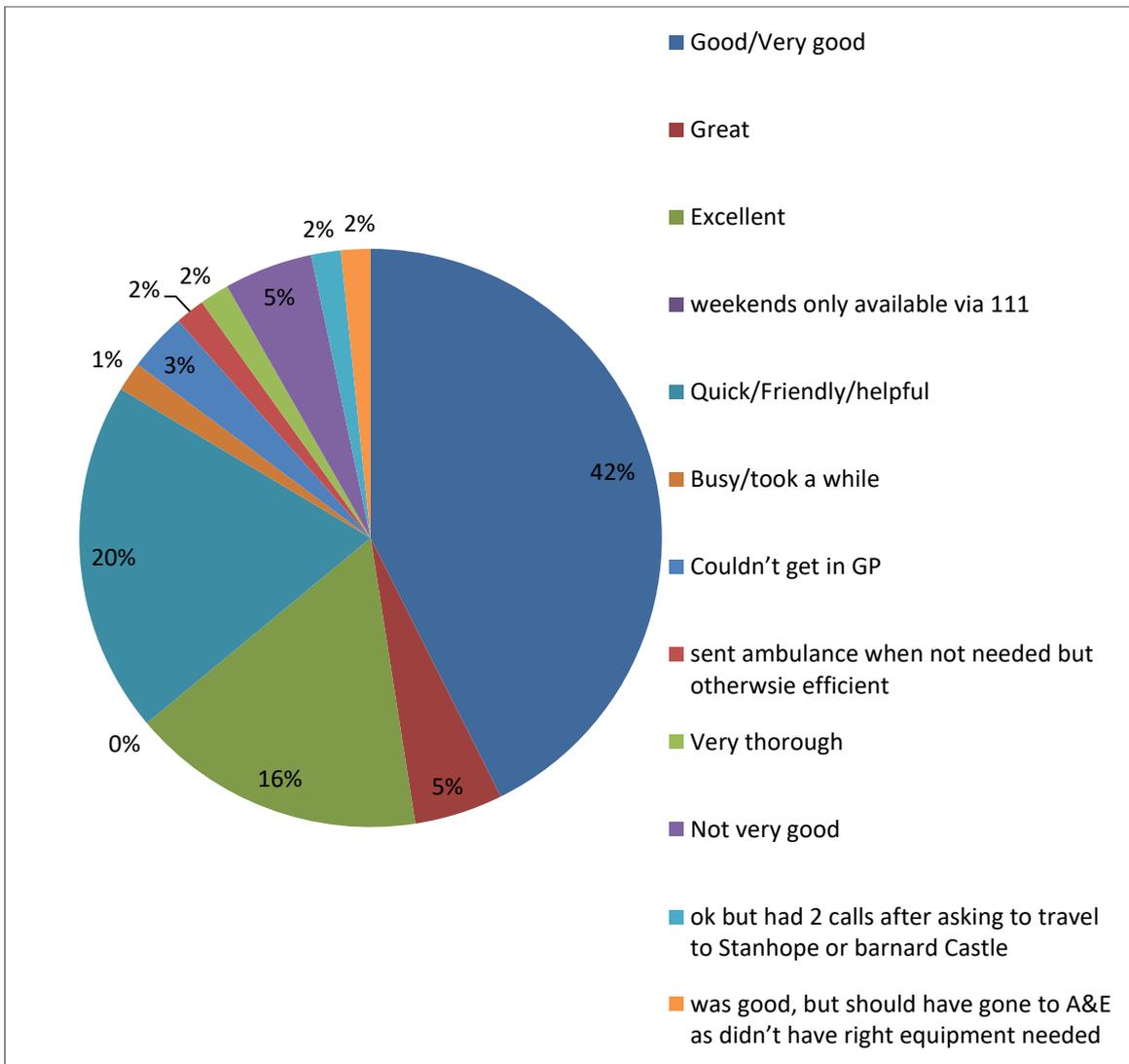


Chart 24 Q: If we looked to change the number of sites, what would your view be?

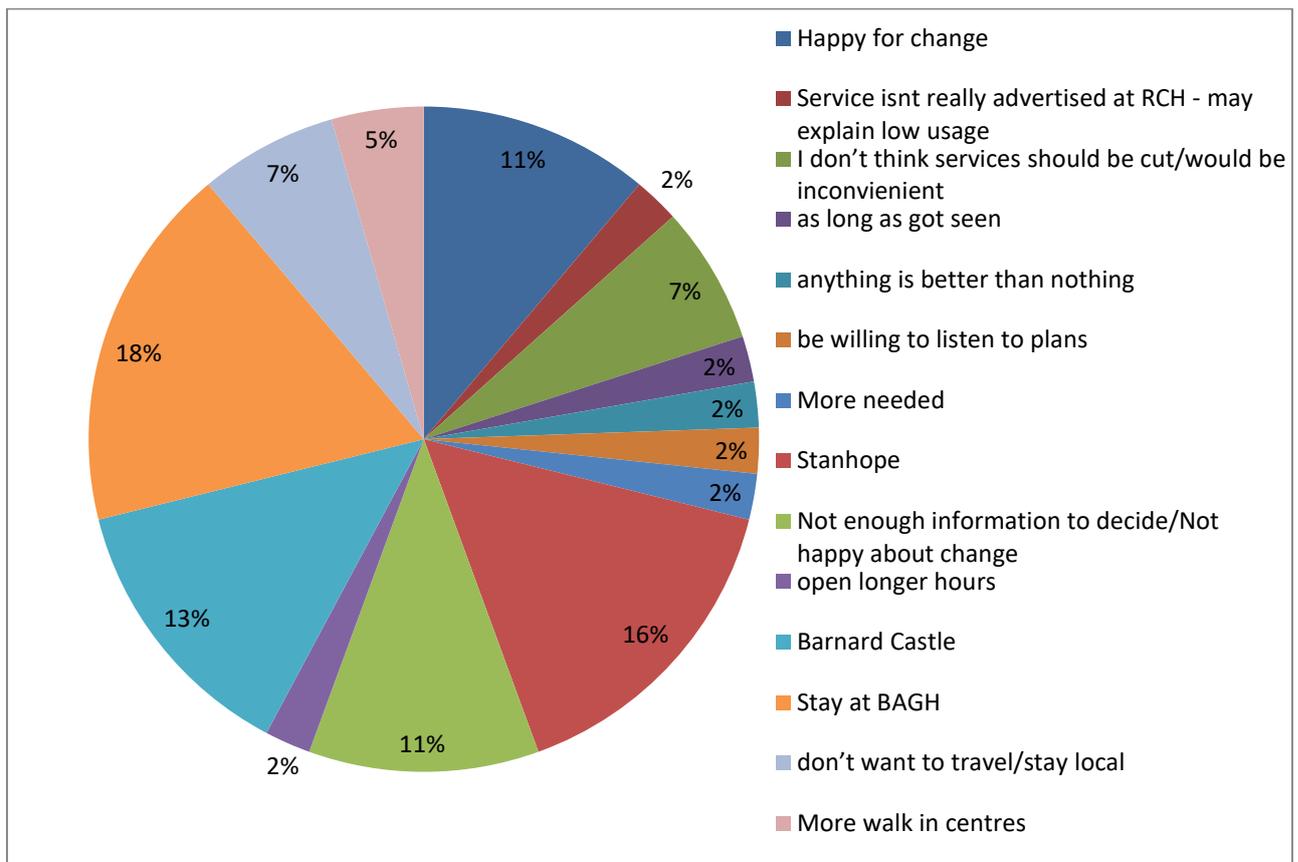
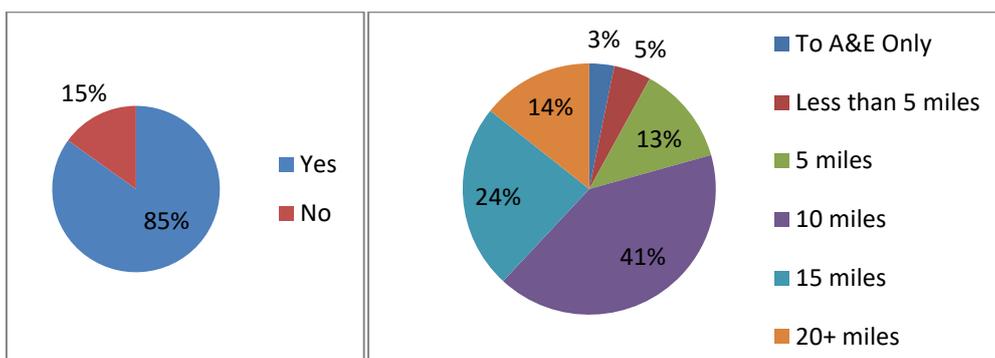
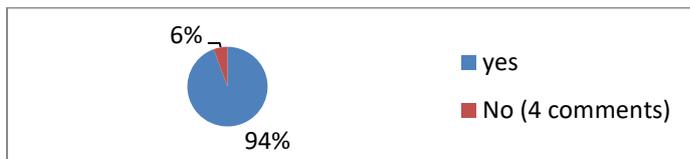


Chart 25 Q: Would you be prepared to travel? If so, what do you think is reasonable distance?



Dales locality distance between hubs		
Bishop Auckland	Barnard Castle	13.4 miles
Bishop Auckland	Stanhope	10.9 miles
Stanhope	Barnard Castle	16.3 miles

Chart 26 Q: Do you think the current opening times of the hubs are convenient? Any comments?



Comments relating to chart 26:

closer to home	1
should be open later/longer	2
24/7 don't know when will need it	1

Chart 27 Q: Do you think there is a better way to deliver care?

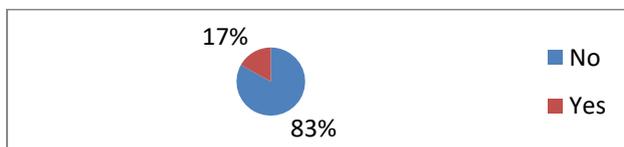
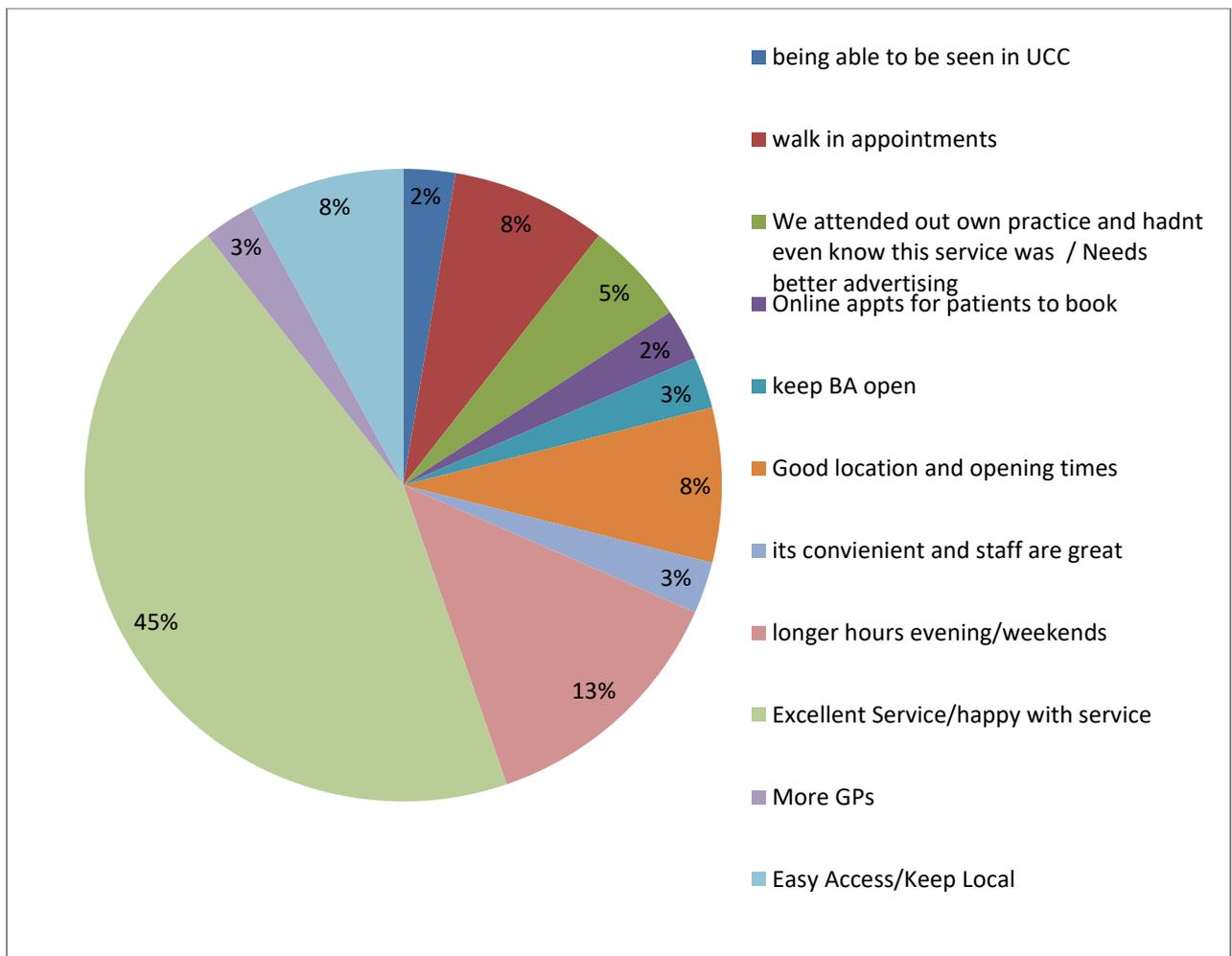


Chart 28 Q: Comments about/to improve the service



Durham Dales Summary

From the information gathered via the surveys Bishop Auckland is the busiest site with the majority of people attending on a weekend.

The main reasons people attended was they felt they got a better service/it was easier to get an appointment or they couldn't get a GP appointment or the practice was closed.

The majority of patients got an appointment via NHS 111 and had a positive experience of the service. When asked about their opinion on the sites very few people chose to answer and therefore it is difficult to be able to gain a strong view from the remaining few responses.

Most people would be prepared to travel around 10-15 miles to a PCS service but found that the current opening times are convenient and didn't think the service could be improved.

Demographic information for all 3 localities, was collected from this cohort of patients which can be found at appendix four.

4. Key findings from engagement with patients who have gone to services out of the DDES area including Houghton Primary Care Centre and Hartlepool Urgent Care Centre

Over 65 patients were engaged over the period; the responses were recorded through an on line survey.

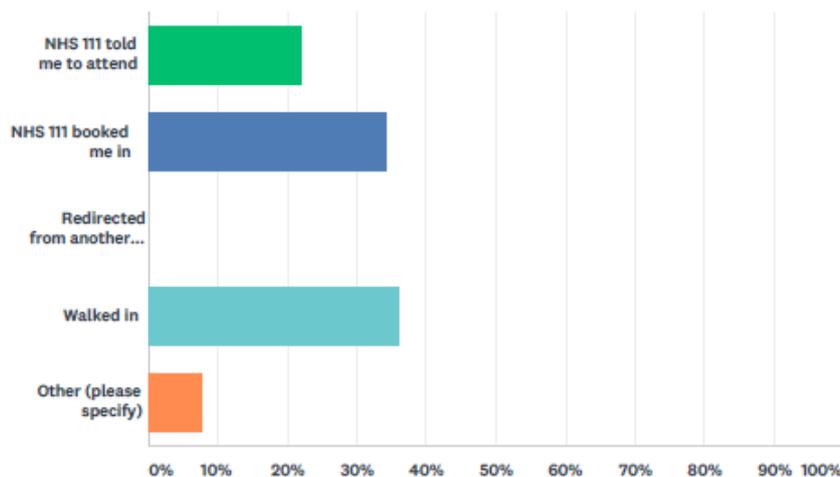
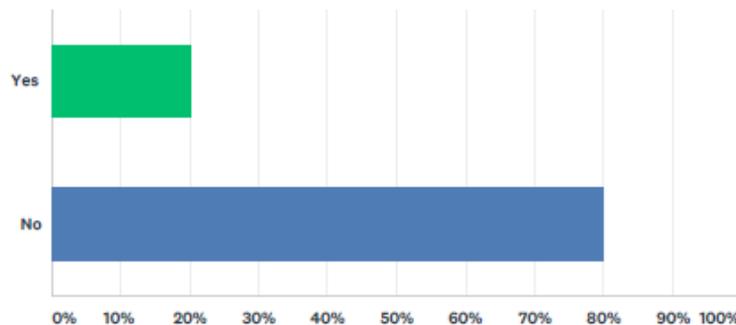
When asked if the patient tried to make an appointment with their GP before they attended the walk in / urgent care centre out of the DDES area, 80% said they hadn't whereas 20% said they had.

Did you try to make an appointment with your GP practice before you attended today?

Of the 20% who had tried to make an appointment with their GP practice but ended up at the walk in / urgent care centre they stated this was:

- due to it being the weekend
- it was out of hours
- their surgery wasn't open
- they could not get an appointment.

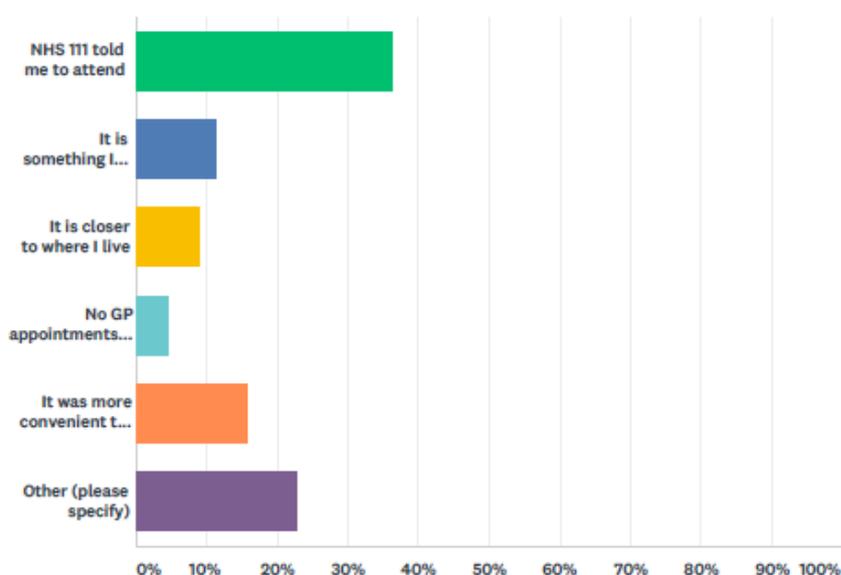
When asked how did the patient end up at the walk in / urgent care centre, 36% said they had walked in, 34% said NHS 111 booked them in and 22% said that NHS 111 had told them to go there.



When asked if the patient was offered an appointment at the walk in centre / primary care centre, how long they had to wait, five responded saying that it would be a:

- Number of hours
- About a week
- They would struggle as they couldn't get through

When patients were asked why patients made the decision to walk into the walk in / urgent care centre, 36% said they NHS 111 told them to attend, 16 % said it was more convenient to them, 11% said it was something that they have always done, nine % said it was close to where they live. Twenty three % of patients answered 'other'.



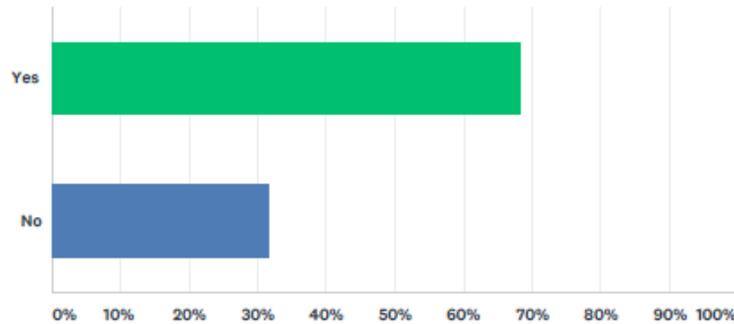
Those who answered 'other' stated that:

- it was after hours or the weekend
- their GP surgery was closed
- they rang and were told to walk in
- visiting parents and live somewhere else and they had a minor injury and felt more appropriate to come to the walk in centre rather than to see a GP.

Patients were waiting to see a clinician for on average 45 minutes to an hour.

When asked if they were aware that if they are unwell and need to be seen urgently on the same day they will be offered an appointment either at your own GP practice or a nearby practice 8am to 8pm Monday to Friday and 8am to 1pm on a weekend, 68% of patients said they were.

Are you aware of primary care services?



32% of patients were not aware of the Primary Care Service.

5. Preliminary engagement recommendations

- Increased communication and awareness of the services available for same day and out of hours
- Further consideration as to how patient behaviour can be influenced to be made
- Following engagement with local GP Practices, CCG commissioning team to develop some potential options for potential service delivery
- This report to be presented to OSC for support and guidance around service changes and next steps
- The report will be presented to DDES executive with some recommendations on potential service change
- Engage with the public on any changes identified

Appendix one

Visit to Gypsy Roma Traveller sites – January 25th 2018

Ash Green Way – mother with young children

Called NHS 111 and patient couldn't get an appointment when called and told someone would call them back. Waited hours and it was for a young child so went to Darlington and walked in.

She believed that she would normally called NHS 111 but have no faith in them as say they will call back and they don't it is really stressful experience. Usually just go to the minor injuries but get sent out to call NHS 111.

I can never get an appointment at my GP surgery – Station View.

If there were more options it would be more appointments, they advise you to call from 8am but can't get through.

St Philips Site – mother with young children

Had not seen the leaflet and wasn't aware of the primary care service. She has called NHS 111 and sometimes it is good, sometimes the advice is call back but last time they called back two days later.

If my son (under 18 months) has a tummy bug or needed urgent care, I would just go straight to Darlington walk in.

No one knows what things are called any more.

I go to Auckland Surgery and they are very good. I called at 11am as I had a very sore throat and I got an appointment for 1100am for the same day – very good service.

East Howle – older lady – site warden

See didn't receive any leaflets. She goes to Bishopgate surgery and they are very good, can always get an appointment.

She knew what to do with different healthcare needs and said if it was urgent and the doctors was closed she would call NHS 111.

She wasn't aware in the change in services.

If there was options to discuss then she would think in the Durham Dales a mobile rotating service or more home visits especially for the elderly and those who are remote and don't have transport.

Appendix two

DDES CCG Primary Care Service Review – Investing in Children Agenda Day™ Summary Report February 2018

Report written: Part 1 by Kieran Appleby & Ali Hassan with support from Chris Affleck, Investing in Children, Project Worker

Part 2 by Chloe Brown, Investing in Children, Project Worker

Introduction

On the 25th January, we ran an Agenda Day™ regarding Primary Care services for DDES CCG at Groundwork North East's Peterlee youth club for 21 young people aged 13-19.

We also ran another Agenda Day™ for the Investing in Children eXtreme group on the 8th February with 6 young people aged 11-19.

Investing in Children ran a third session with St Williams Primary School in Trimdon on 19th February with 12 young people aged 8-11, the notes from this will be added to the end of this report.

Groundwork North East and eXtreme Group Agenda Day™ Summary

1) We asked both groups if they have heard of primary care services and they all have heard of it and know what it is as they have previously used it. They said that the primary care services can be improved by having more staff, and that technology was complicated in terms of signing in for an appointment and that waiting times should be shorter.

2) We asked the young people what they would do in different scenarios:

For a common cold, all of the young people agreed that treating themselves would be the best course of action.

For a cough that has lasted over two weeks, 11 of them said they would treat themselves and the other 15 said they would call the doctors while one said they would go to A&E. We then asked what they would do if the doctors surgery wasn't open and they said they'd go to the local pharmacy, A&E, 999 and 111.

The next question we asked is what they'd do if they had an insect bite 11 of them said they'd treat themselves and 12 said that they would go to the doctors and 4 said they would go to A&E.

For minor burns and scalds, they were all in agreement that they would treat themselves.

When we asked about if they had a rash on your stomach 14 said they would see the GP, 6 said they would go the pharmacist and 7 people said they would treat it themselves.

When we asked what they'd do in the case of having infected nails, 18 people said they would go to the GP, 2 said they would treat themselves and 7 said they would go to the hospital.

For a:

- sore throat they agreed that they'd treat themselves
- broken bones they said they'd go to A and E

To stop smoking 20 people agreed to treat themselves and then we asked how they'd do this and they said they'd either use e-cigarettes or use chewing gum that is designed to stop people smoking. Five people said they would go to the GP and one person said they would go to the pharmacist.

When we asked them about a severe allergic reaction 26 people said they would go to A&E/ 999 while 1 person said they would go to the GP.

They said the same when we asked what they'd do about heavy bleeding.

In the case of a heart attack they all said to call 999.

When struggling to breathe, again, they all said to call 999.

For aches and pains they would go the doctors or go to the pharmacy when the doctors is called.

3) The next question we asked was why they chose these answers and they said that it's because this is what they have been told to do in this case. They think that what they chose is the most appropriate choice in terms of getting the help they need. And that is what they know from previous experiences.

4) When we asked what they'd do when the GP was closed, they said they'd call 111, A&E, 999 or go on google to find any help.

5) We asked the young people if they knew about 111 and what they did. All of them said yes and they could explain what the 111 service does.

6) The final question we asked is what options they think should be available to them other than calling a doctor. They said an app would be useful and that they'd be more likely to use the app than to call 111 and also to use online chats than 111. They said that home visits would be good as well as video calling and would be perfect if there was more room available.

**By Kieran Appleby and Ali Hassan
Young People from the Investing in Children Health Group
Supported by Chris Affleck
Project Worker Investing in Children**

Primary Care Services Review St William's Primary School in Trimdon

Twelve children, aged 8 – 11 took part in this session; their answers and discussions are below.

1. All children had used Primary Care Services in the last month.
2. From this list of different illnesses or injuries what would you do?

Common cold:

1 child would treat themselves, 1 talk to pharmacist, 8 go to GP, 1 go to A&E and 1 would call 999.

Cough for over two weeks:

3 children would treat themselves, 4 would talk to pharmacist, 4 go to Doctor and 1 would go to A&E.

Insect Bite:

3 would treat themselves, 1 would talk to pharmacist, 2 would go to GP and 6 would go to minor injuries.

Rash on stomach:

2 would treat themselves, 3 would talk to pharmacist, 6 would go to GP and 1 would go to A&E.

Infected toe nail:

2 would go to the GP, 2 would call 111, 1 would go to minor injuries, 7 would go to A&E.

Sore Throat:

2 would treat themselves, 10 would go to pharmacist.

Broken bones:

2 would go to minor injuries, 10 would go to A&E

Stop smoking:

2 would go to pharmacist, 7 go to GP, 2 go to minor injuries, 1 go to A&E.

Severe allergic reaction:

1 would go to pharmacist, 1 go to GP, 1 call 111, 5 go to A&E, 4 call 999.

Heavy bleeding:

3 would treat themselves, 1 go to pharmacist, 1 go to minor injuries, 5 go to A&E, 2 call 999.

Heart Attack:

12 would call 999.

Struggling to breathe:

1 would go to minor injuries, 1 would call 111, 2 would go to A&E, 8 would call 999.

Aches and pains:

4 would treat yourself, 2 talk to pharmacist, 4 go to GP, 1 go to minor injuries, 1 go to A&E.

3. Why did you choose those answers:

“Because it was the reasonable option.”

“From my knowledge.” “It’s what I’ve done before.”

“It’s where my parents have taken me before.”

“I have watched TV shows, like 24 hours in A&E, casualty and Holby city.”

“I have watched operation ouch and it tells you about the different places and when to use them”

Everyone said they had watched operation ouch and used knowledge from this.

4. What would you do if you needed to see the GP but it was closed?

Everyone said either call 111 or go to pharmacy.

5. Have you heard of 111? Can you explain what it is?

11 people said yes, 7 people said they could explain but when I asked them to only 1 person could fully explain what 111 service is. Others said things like ‘A hospital,’ ‘you go there for an appointment.’

6. What other options do you think should be available?

General healthcare centres (like a GP but bigger and open longer), home visits, telephone appointments. Some children also said there should more trainee Doctors and students to help with smaller things so people don’t need to wait as long.

This session sparked a great debate with the children and they were all adamant their choices were ‘correct’ even though they were wildly different. They would like to do an assembly to their school and role play different situations to see where other children would go and then tell them the most appropriate choices. If DDES CCG could get some of the leaflets that say what the different services should be used for and the children could give every child one in assembly?

Chloe Brown

Project Worker

Investing in Children

Appendix three

Date	Key contact and location	Lead	Stakeholder	Action
14 th November 2017	Sarah Burns, Director of Commissioning, Durham Dales, Easington and Sedgfield (DDES) CCG	Sarah Burns	Internal stakeholder	Met for an initial meeting to discuss the current situation and discuss what engagement is needed for gathering patient views
30 th November 2017	Tina Balbach / Gail Linstead	Tina Balbach / Gail Linstead	Internal meeting	Planning and developing the engagement activity
18 th December 2017	Meeting with DDES CCG, David Robertson and Rural Dales Councillors	Sarah Burns	Councillors	Discussed actions for engagement around the primary care services and under utilisation and how to gather views
9 th January 2018	Tina Balbach / Gail Linstead	Tina Balbach / Gail Linstead	Internal meeting	Developing the engagement activity
25 th January 2018	Bernie Crooks, Specialist Nurse / Health Visitor for Gypsy Romany Traveller Children and Families in County Durham	Tina Balbach	Gypsy Romany Travellers	Visited three sites: Ash Green Way, St Philips and East Howle and met with mothers with babies and young children to gather their views on primary care services. Also met with some older people and discussed their experiences and views on these services.
1 st February 2018	Easington Hub	Clair White	Patients and carers	Speaking to patients who attend the extended primary care service
5 th February 2018	Peterlee Hub	Clair White	Patients and carers	Speaking to patients who attend the extended primary care service
5 th February 2018	Spennymoor Hub	Lyndsey Jones	Patients and carers	Speaking to patients who attend the extended primary care service
6 th February 2018	Seaham Hub	Lyndsey Jones	Patients and carers	Speaking to patients who attend the extended primary care service

7 th February 2018	Sedgefield Hub	Lyndsey Jones	Patients and carers	Speaking to patients who attend the extended primary care service
7 th February 2018	Bishop Auckland Hub	Lyndsey Jones	Patients and carers	Speaking to patients who attend the extended primary care service
12 th February 2017	PCS – Dales hubs	Clair White	Patients and carers	Speaking to patients who attend the extended primary care service
7 th February 2018	Margaret Ross, Practice Manager, Marlborough Surgery	Tina Balbach	Patient Participation Group (PPG) Patient Group	Speaking to members of the PPG about the primary care services.
7 th February 2018	Margaret Ross, Practice Manager, Marlborough Surgery	Tina Balbach	Patients and carers	Speaking to patients about their views and experiences on using primary care services also asking them to complete a short questionnaire
8 th February 2018	Houghton Primary Care Centre, Houghton	Tina Balbach	Patients and carers	Speaking to patients about their views and experiences on using primary care services and asking why they aren't using their local services and going to this walk in service. Also asking them to complete a short questionnaire
12 th February 2018	Bishop Auckland Hubs	Lyndsey Jones	Patients and carers	Speaking to patients who attend the extended primary care service
14 th February 2018	Houghton Primary Care Centre, Houghton	Tina Balbach	Patients and carers	Speaking to patients about their views and experiences on using primary care services and asking why they aren't using their local services and going to this walk in service. Also asking them to complete a short questionnaire

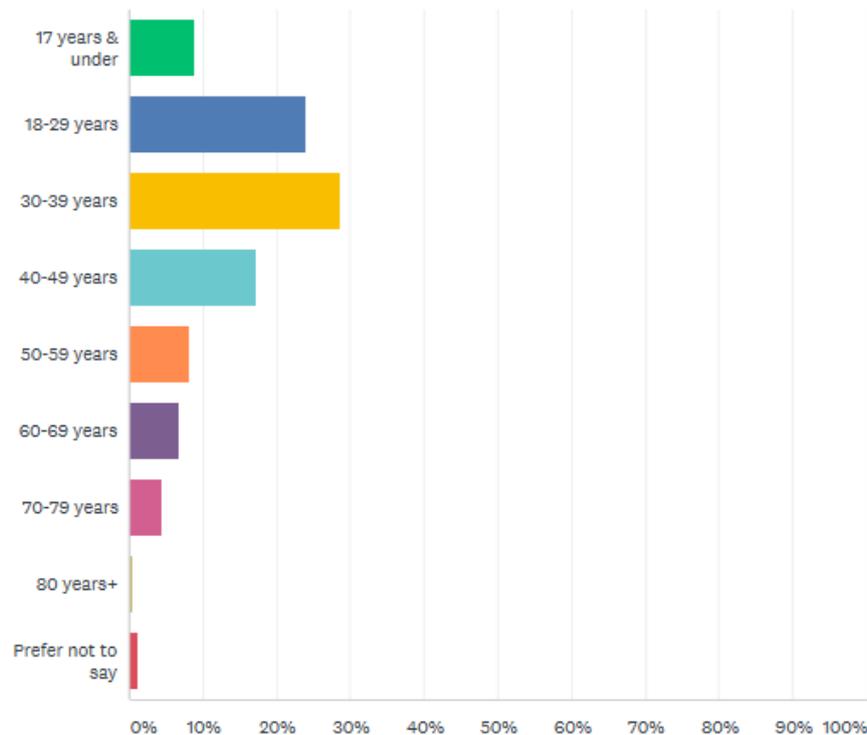
14 th February 2018	University Hospital of North Durham	Clair White / Lyndsey Jones George	Patients and carers	Speaking to patients about their views and experiences on using primary care services and asking why they aren't using their local services and going to Accident and Emergency. Also asking them to complete a short questionnaire
14 th February 2018	Darlington Memorial Hospital	Clair White / Lyndsey Jones George	Patients and carers	Speaking to patients about their views and experiences on using primary care services and asking why they aren't using their local services and going to Accident and Emergency. Also asking them to complete a short questionnaire
16 th February	Hartlepool Urgent Care Centre	Lindsey Fox	Patients and carers	Speaking to patients about their views and experiences on using primary care services and asking why they aren't using their local services and going to this walk in service. Also asking them to complete a short questionnaire
20 th February 2018	Easington Patient Reference Group (PRG)	Gail Linstead	Patient Group	Explained to the group about the engagement work and asked for their support in gathering patient feedback
21 st February 2018	Sedgefield Patient Reference Group (PRG)	Tina Balbach	Patient Group	Explained to the group about the engagement work and asked for their support in gathering patient feedback

Appendix four

Of the patients who responded to the survey that was about the service model, 69% were female and 31% were male.

When asked about whether their gender identity matches their sex as registered at birth, 99% said yes and 0.43% said no and 0.43% said they would prefer not to say.

The majority of respondents were between 30-39 years old.



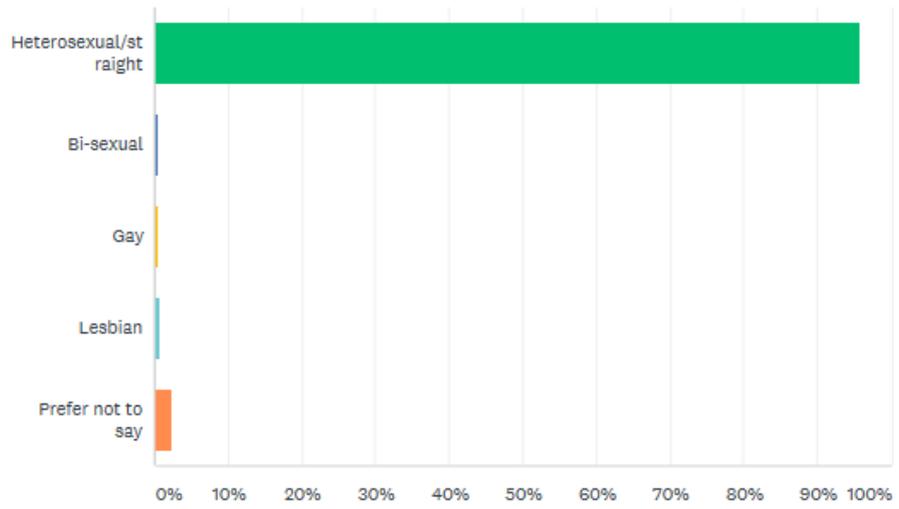
Fifty nine % of patients had children under 16 years of age, nine % had caring responsibilities for a family member, friend of neighbour, whereas 31% had none of these.

When asked about a physical or mental impairment, which has lasted or will last at least 12 months and affects your ability to carry out normal day to day activities, 92% said no and 7% said they did.

Ninety nine % of respondents were white, 0.43% said they were Mixed dual heritage or 0.43% said they would prefer not to say.

Forty six % of respondents had no religion, 52% said they were Christian eg: Catholic, Church of England or Methodist) and 1.35% said they would prefer not to say.

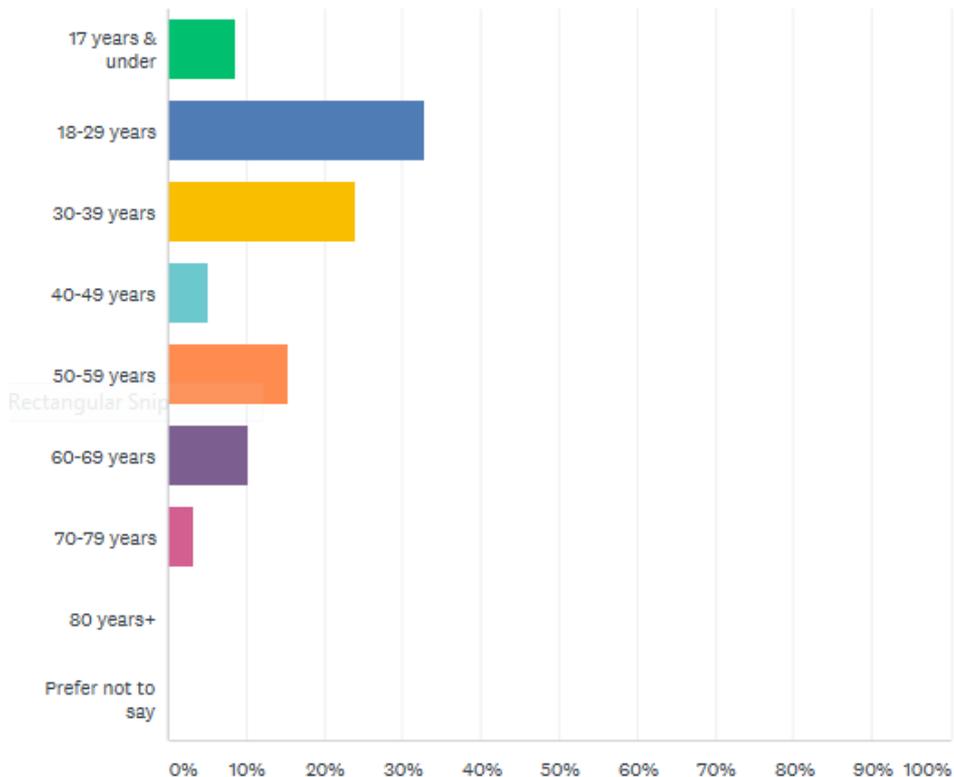
Ninety six % of respondents said they were heterosexual, 0.45% said they were bisexual, 0.45% said they were gay and 0.91% said they were lesbian and 2.27% said that they would prefer not to say.



Appendix five

Of the patients who responded to the survey that was aimed at **patients who had gone to services out of the DDES area**, 63% were female and 37% were male. All respondents stated that their gender identity matches their sex registered at birth.

The majority of respondents were between 18-29 years old.

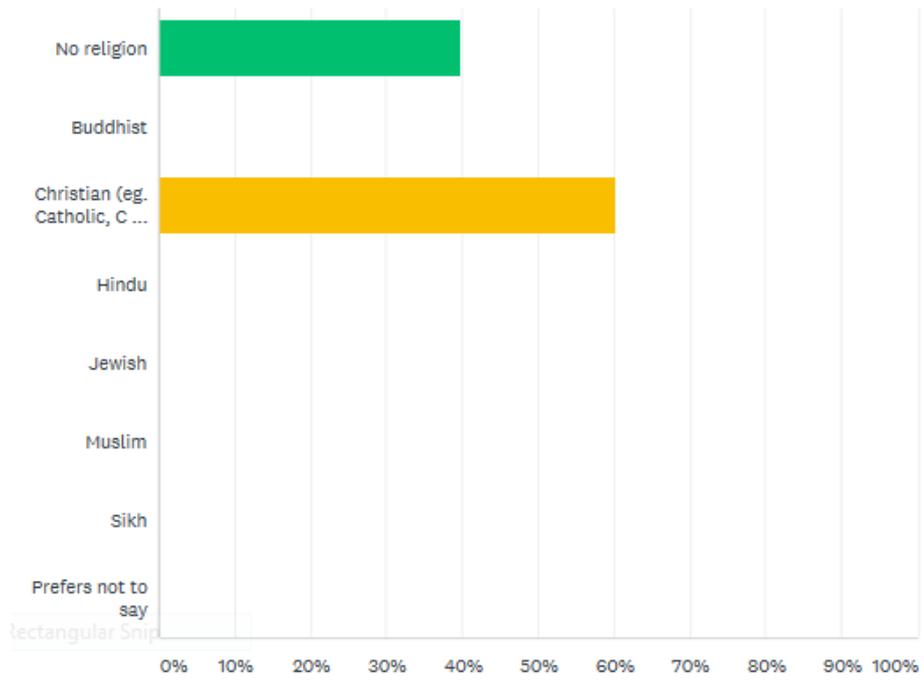


Eighty seven % of patients had a child under 16 years old and 12 % had caring responsibilities for a family member, friend or neighbour.

When asked about a physical or mental impairment, which has lasted or will last at least 12 months and affects your ability to carry out normal day to day activities, 93 % said no and 7 % said they did.

Ninety six % of respondents were white, 1.75 % said they were Asian or Asian British and 1.75 % said they were from another background.

Fourty % of respondents had no religion, 60 % said they were Christian eg: Catholic, Church of England or Methodist)



Ninety five % of respondents said they were heterosexual, 1.75 % said they were lesbian and 3.50 % said that they would prefer not to say.