Shotley Bridge Community Hospital Services

Public engagement phase 2

February - March 2021

Contents

Introduction

This report has been produced as a result of the further public engagement and dialogue which took place in February and March 2021. This dialogue provided an opportunity for the Clinical Commissioning Group (CCG) to feedback on our updated proposals as a result of the first phase on engagement in Spring 2019. The NHS in County Durham also reviewed the original model for the community hospital in North West Durham in light of the challenges that COVID-9 presented, and these reflections were discussed as part of the engagement exercise.

This project has been impacted by a number of significant developments since the last public engagement, with events such as the global pandemic affecting our ability to progress at the pace we had wanted. The inclusion of the project as part of the national Health Infrastructure Programme (HIP) announcement in October 2020 provided welcome confirmation regarding the £30 million funding available. In addition, there are specific requirements which the project needs to meet as part of the national programme. This includes the need for any future site to be carbon neutral and for the local health service to ensure where possible, standard, repeatable design is used to ensure best value for money.

Due to COVID-19 restrictions we were unable to meet with local communities as we have done in the past. Traditionally we have utilised community venues such as sports centres and community halls to engage members of the public and this did present the CCG with some logistical challenges.

As a result of national COVID-19 restrictions, the majority of the engagement relied upon online events, an electronic survey, telephone and email contacts as well as postal surveys for people to contribute their views.

The information about these opportunities to contribute were shared through a range of stakeholders across County Durham. This specifically included partners such as Healthwatch County Durham, the four Area Action Partnerships in the immediate surrounding areas, Durham Community Action, Shotley Bridge Hospital Support Group and the Shotley Bridge Village Trust as well as many other local community organisations in the area and local Councillors and MPs too.

Information was also shared directly through the Clinical Commissioning Group's social media presence on Facebook to help share visual information such as the recorded presentation and the one page summary of the updated clinical model for people to see themselves.

A series of eight public engagement sessions were held. These were based around the four key elements of the updated clinical model and each topic specific session was held twice, they were:

- Chemotherapy and Medical Investigations Unit services
- Inpatient rehabilitation bed services
- Outpatient services
- Urgent care and Diagnostic services

Although these sessions were themed members of the public were invited to ask any general questions or comments on the whole proposed clinical model as well as considerations on the work to date to find an appropriate estate solution. Supporting these engagement sessions were the relevant clinicians and service managers from County Durham and Darlington NHS Foundation Trust (CDDFT) to those service areas. There were also staff from the CCG in attendance which included the Head of Integrated Strategic Commissioning – a joint role between the CCG and Durham County Council.

Listening and learning since previous engagement

This engagement follows extensive public conversations that took place in 2019. At that point, the conversation focussed on the experiences of care provided at Shotley Bridge Community Hospital, as well as some specific scenarios regarding a range of services (including Urgent Care, Theatre, Endoscopy and rehabilitation / Inpatient beds). This also encompassed wider views and considerations people had as part of future planning for any potential estate developments.

Following this first phase of engagement, the team were able to take forward a number of specific clarifications on the proposed clinical model. This included the clear desire for inpatient rehabilitation beds to be part of a future design. There was also a clear strength of feeling about the high-quality care provided throughout the current range of clinics and outpatient services and that this should be maintained and strengthened as part of any future development.

As part of the wider learning over recent months, there has been an increased recognition of the crucial role that community sites such as Shotley Bridge have as part of delivering services for our patients. During the pandemic, this site has been able to accommodate increasing numbers of Chemotherapy patients to reduce the need for these immunosuppressed individuals to attend more acute sites such as the University Hospital of North Durham. In addition to this the use of the local urgent care services has been important, with people using the 'talk before you walk' methodology to call 111 and access services which best their needs. Again, supporting the more acute sites to ensure a reduction in unnecessary visits. The inpatient ward at Shotley Bridge has also played a part in ensuring patients are seen in the most conducive environment. Ensuring that there are no delays in patients "stepping down" into community-based care where appropriate as part of their rehabilitation pathway. More recently the site has also been used to deliver the local Primary Care Network (Derwentside GP practices) COVID-19 vaccination programme.

Both locally and nationally, services are using technology to assess, treat and review patients. Primarily due to COVID-19 restrictions, the delivery of outpatient-based appointments through virtual means such as telephone and online has significantly advanced. This has enabled greater flexibility (for patients and clinicians) in the way these services operate, whilst recognising that this isn't a suitable mechanism for all. It is envisaged that in the future, a mixture of face to face and virtual appointments will be offered to best meet the needs of the patient. There is also a significant amount of work underway

to ensure that a single electronic record is available so that information can be shared across hospital sites in County Durham. This includes plans to digitalise diagnostic equipment.

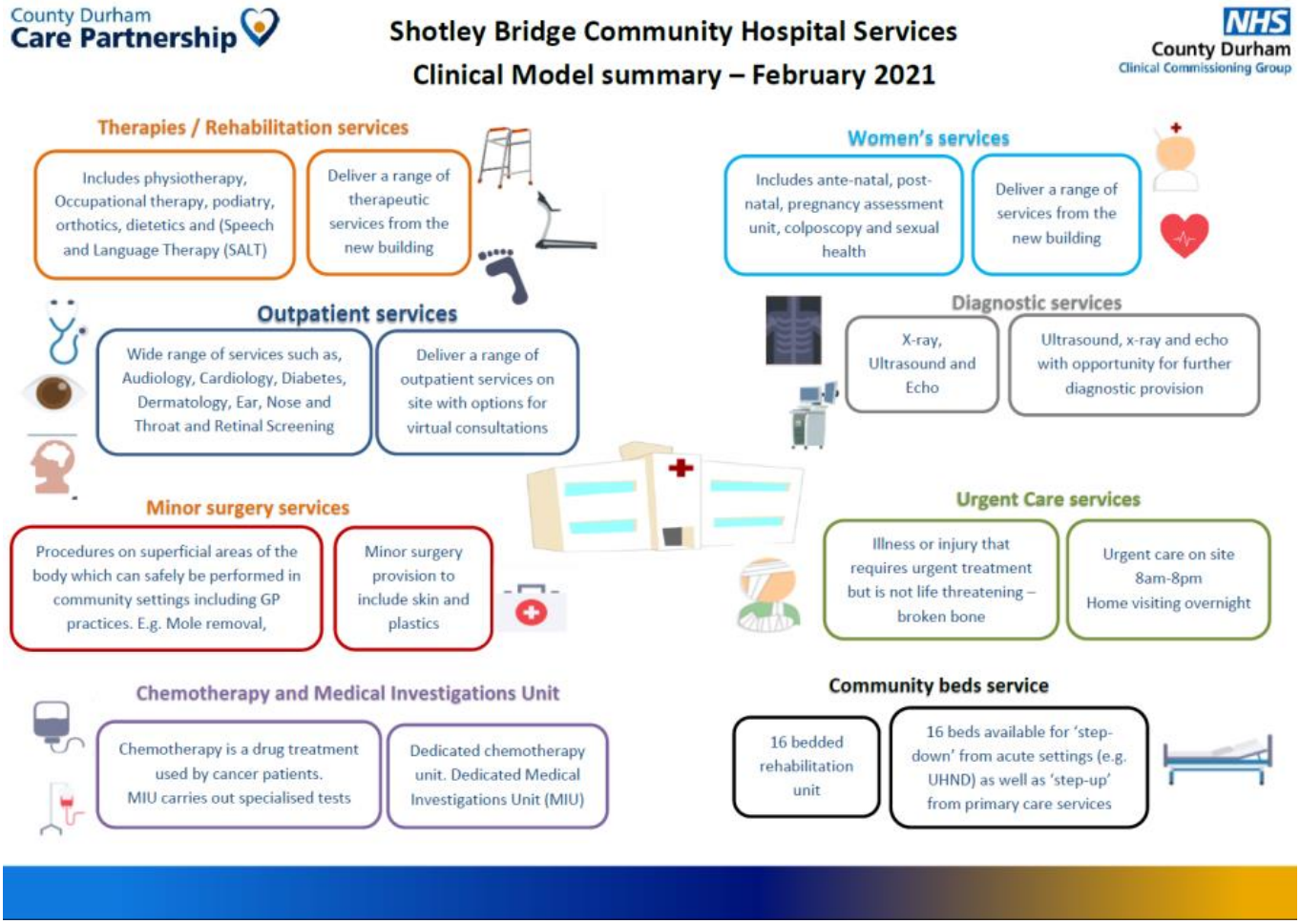
All the above and more, has helped inform the updated clinical model that was shared as part of the 2021 engagement conversations.

Refinement of Proposed Clinical Model

Having taken time to acknowledge the feedback from the 2019 engagement, the updated clinical model has evolved. This was subsequently refined further based on the experiences and learning from the pandemic as previously mentioned.

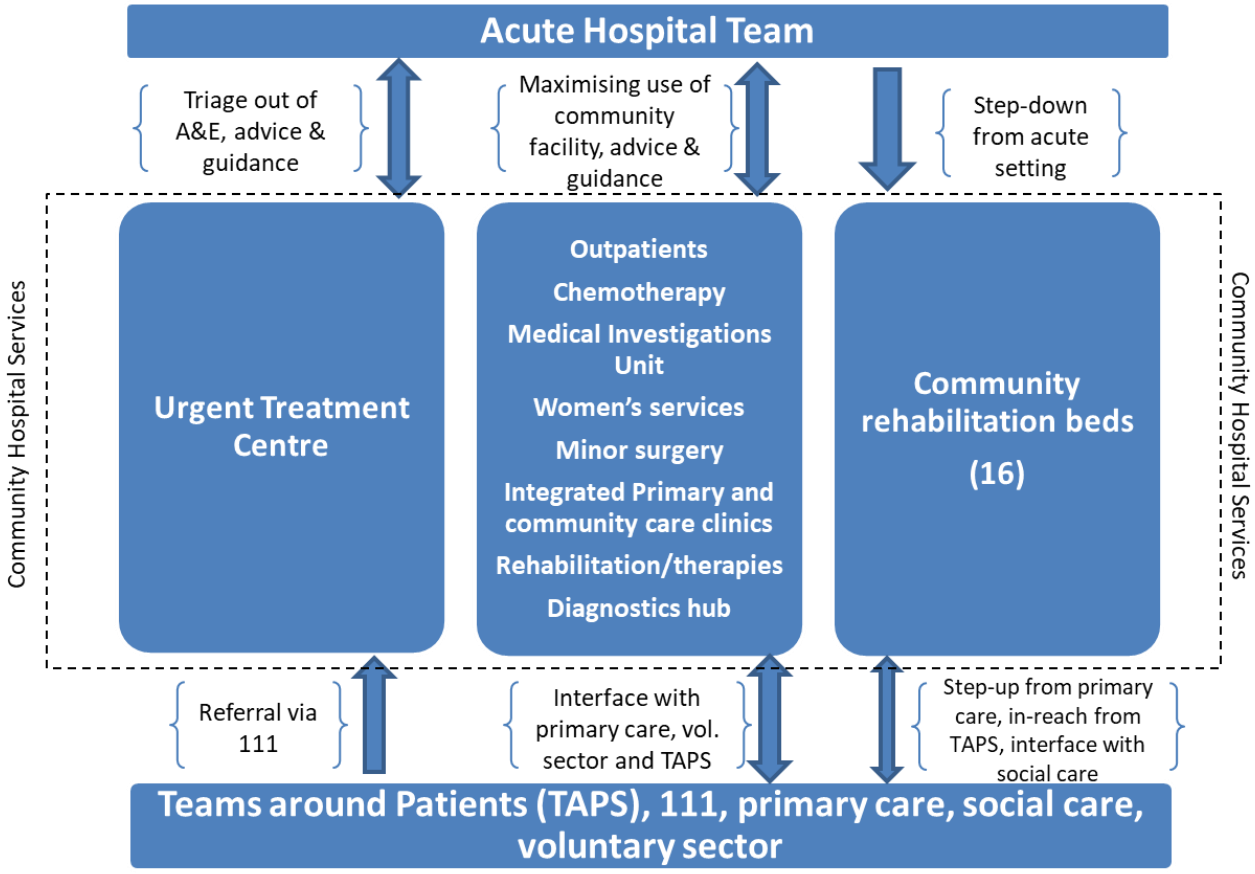
Service area	Scenario in 2019	What you told us	Scenario in 2021
Outpatient services (including Women's' services and therapies)	Retain range of clinics and outpatient appointments	Positive experiences regarding care, treatment and waiting times. Concern that patient choice of venues not always available	Commitment to continuing extensive range of clinics and outpatient services provided.
Urgent Care and Diagnostics	To be included in future provision. Explore midnight – 8am home visiting service.	Seen as valuable local service. Highlighted questions about the delivery of home visiting service.	Continue to be 24 hour service. Proposal for overnight visiting service to reduce need for patients to travel to the site during this time. Evidence of the benefits of this way of working in CD.
Inpatient Rehabilitation beds	Explored range of possibilities regarding hospital and community based provision.	Strong desire for beds to be included in hospital plans. Perceived value in NHS / hospital beds over community (care home) settings	Proposed inclusion of 16 inpatient beds. Available as both 'step-up' and 'step-down' beds. Brings SBCH provision in line with other CD community hospitals.
Chemotherapy	Continue to provide Chemotherapy services.	Highly regarded and well respected service. Needs to be included as part of future plans.	Retained and expanded space for this service. Medical Investigations Unit now included.
Endoscopy and Theatre	To be provided across other CD sites due to the back-up services available for patient safety.	Desire to explore potential procedures which could be done safely in community setting.	Not included in updated clinical model. Minor surgery included providing 'superficial' procedures (e.g. mole removal)

A summary of the updated clinical model and the basis for the 2021 conversations is shown below.



Looking more broadly, the diagram on the next page illustrates how the updated clinical model for the Community Hospital in North West Durham connects to the wider health and social care system in the area.

This includes the interdependencies to acute hospital sites (e.g. University Hospital North Durham) and related community services provision. Similarly there will be connections with GP practices (Primary Care), social care and the voluntary sector.


Acute Hospital Team
Triage out of A&E, advice & guidance
Maximising use of community facility, advice & guidance
Step-down from acute setting
Community Hospital Services
Urgent Treatment Centre
Outpatients
Chemotherapy
Medical Investigations Unit
Women's services
Minor surgery
Integrated Primary and community care clinics
Rehabilitation/therapies
Diagnostics hub
Community rehabilitation beds
(16)
Community Hospital Services
Referral via 111
Interface with primary care, vol. sector and TAPS
Step-up from primary care, in-reach from TAPS, interface with social care
Teams around Patients (TAPS), 111, primary care, social care, voluntary sector

Engagement feedback (2021)

Partnership meetings

Information regarding the engagement was specifically shared with key partners such as the four relevant Area Action Partnership meetings. The comments and questions raised at these meetings focussed on the estate's elements of the project.

This included specific comments and clarifications regarding issues such as the ability to deliver an environmentally friendly building, accessibility of the proposed new development site and clarification regarding what would happen to the existing site if it was no longer required.

Online survey feedback

Given the need to adhere to national social distancing requirements during this period of engagement, participants were able to share their views through an online set of questions. Paper copies of the same set of questions were made available upon request. The survey was open for people to respond between 25 February – 26 March 2021. During this time, 143 completed responses were received.

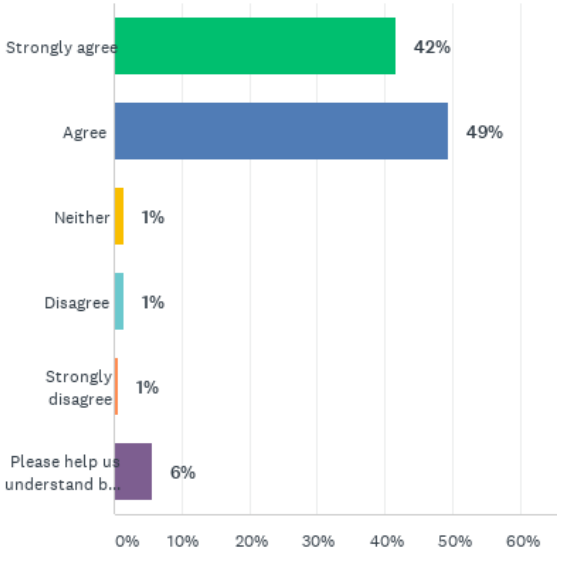
As part of the information made available at the start of the online set of questions, a link to the recorded presentation was included. There was also a full image of the 'one page summary' (shown at the bottom of page four of this document) to help ensure that participants were able to provide informed responses as part of the process. In addition, people were given the opportunity to attend online events to hear more to help inform their feedback.

The first section of the online questions specifically related to the various elements of future service provision that are included in the updated clinical model. This provided respondents with a direct opportunity to provide specific comments in relation to their views on each area of future service.

Chemotherapy and Medical Investigations Unit

The first question in the online survey asked respondents to identify how they feel the updated clinical model and the specific proposals regarding Chemotherapy and Medical Investigation services would meet local needs.

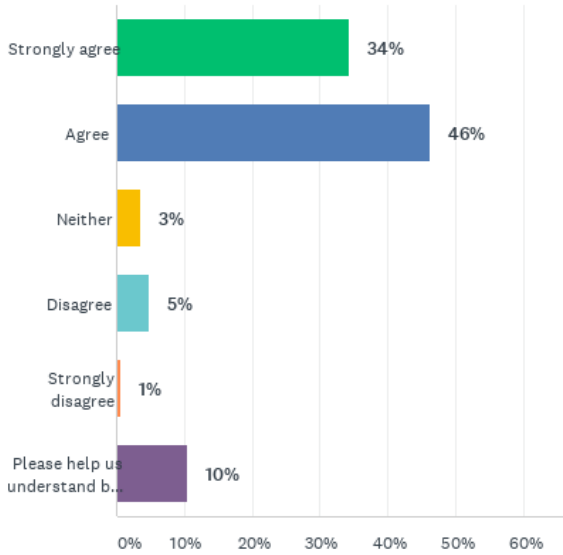
The responses obtained demonstrate the strong support for the proposal, with 91% (n = 129) of the responses stating that they 'Strongly agree' or 'Agree' the proposals would meet the needs of local people. Only 1% of respondents (n = 2) disagreed that it would.



There were eight other responses that provided further explanation regarding their perspectives on the matter. These comments highlighted issues such as the desire to ensure 'future proofing to provide advanced testing such as CT scanner' (n = 1). There was a related comment about wanting to be assured that the proposed model / hospital site would be able to cope with future demands. There were two specific comments recognising the added benefit of adequate and effective cancer related services provided locally. There was also one comment suggesting they felt that Endoscopy services should be included too.

Outpatient services

The second online survey question asked people if they felt the proposal for Outpatient services would meet the needs of local people.



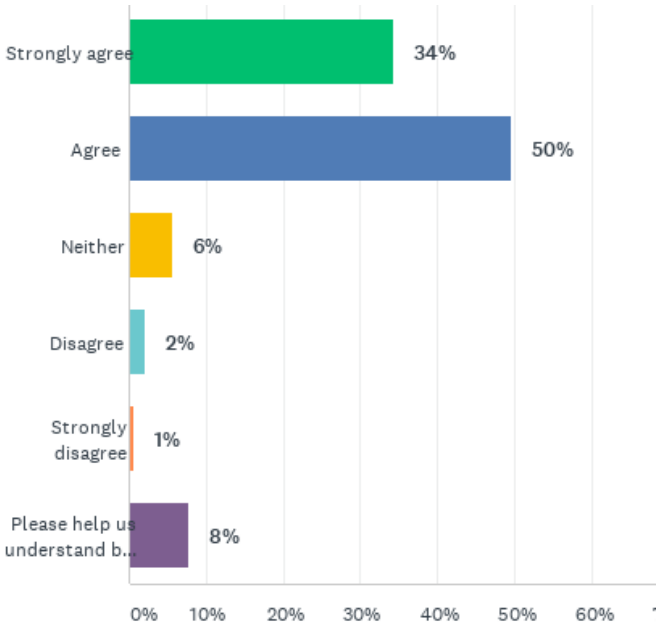
Again, there was a strong level of support for the proposal, with 80% (n = 115) of the respondents identifying that 'Strongly agreed' or 'agreed' that it would meet local needs. For this area of service included in the proposal, 5% (n= 7) 'Disagreed' that it would meet local need.

In relation to Outpatient services, there were 10% of responses (n = 15), who provided some additional comments in relation to their perspective on the proposal regarding this provision. The main themes of these comments related to;

- Understanding the full range of clinics and services available as well as not seeing any reduction in what is currently provided (n = 4)
- Query regarding whether pre-op assessments would be included (n = 2) and
- Accessibility (n = 2), with one particular comment highlighting how they felt '*virtual appointments is a really important thing'*, along with an additional comment wanting to understand how frequently certain clinics would be provided from this local site.

Therapy services

Question three, asked what respondents views were in relation to how well Therapy service proposals would meet the needs of local people?



In a similar trend to the previous two questions, there was overall, support for the proposals in relation to this service. The responses showed 84% (n = 120) of respondents either 'Strongly agreed' or 'Agreed' that the proposal would meet local needs. For this element of the updated clinical model, 50% of them stated 'Agree' in relation to whether it would be able to meet the local needs.

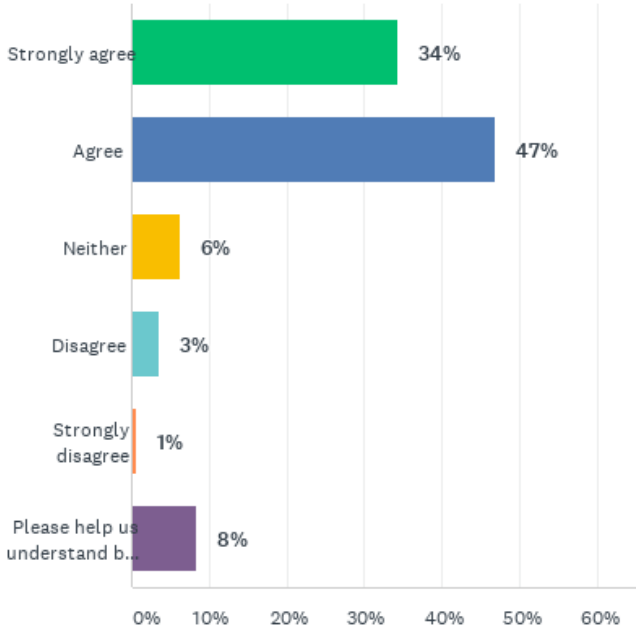
In relation to this aspect of future service provision, 2% (n = 3), felt that this would not meet local need.

For this service area, 8% (n = 11) of respondents provided additional comments in relation to their perspective on what was being proposed. These responses cover a wide range of subjects which included:

- The desire to see mental health services adequately provided as part of future services available locally (n= 2)
- Accessibility in terms of the waiting lists for therapies was mentioned twice, as well as the physical accessibility of services in relation to their locality? and the public transport that might be available.
- There was also a particular comment (from an individual who lives in the DH9 postcode area) which referenced Stanley Primary Care centre and that respondents desire to see it utilised fully and to spend money on increased services rather than on developing another building.
- As with previous questions there were also two responses that queried if there will be capacity to cope with any future increases in demand.

Women's services

The fourth question asked about respondent's views on the ability of proposed Women's services to meet the needs of local people?



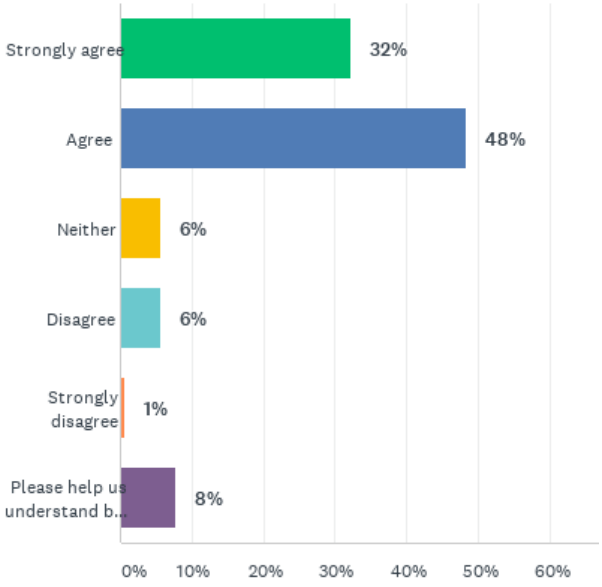
These responses showed a consistently high level of support for the proposals regarding this area of future provision, with 81% (n = 116) either 'Strongly agree' or 'Agree' that it would meet future needs. For the Women's services element of the clinical model, 3% (n = 5) of respondents 'disagree' that local needs will be met as a result.

For this area of services, 8% (n = 12) respondents included further comments in relation to their views on this part of the clinical model. Three of these comments were actually reinforcing their support for the proposals. One comment was wishing clarification on whether "*Gynae and obs are included*" and another enquiring about the full staffing team and mixture of nursing staff to doctors involved.

There were two comments which highlighted their views that they felt it would be better "*it considered women's services from puberty to old age as a specialist resource"*, plus another wishing to see 'breast screening part of the future provision'.

There was also a comment that enquired about the use of Stanley Primary Care centre and their ultrasound and x-ray departments.

Diagnostic services



Question five was asking about the ability of the proposed clinical model to meet local needs in relation to Diagnostic services.

For this particular element of the updated clinical model 80% (n = 115) of those who completed the survey felt that they 'Strongly agree' and 'Agree' that the local need would be met.

A further 6% (n = 8) stated that they 'Disagree' that the proposal would be able to meet local needs and 1% (n = 1) stating they 'Strongly disagree' that it would.

For this service area, 8% (n = 11) provided additional comments in relation to their perspectives.

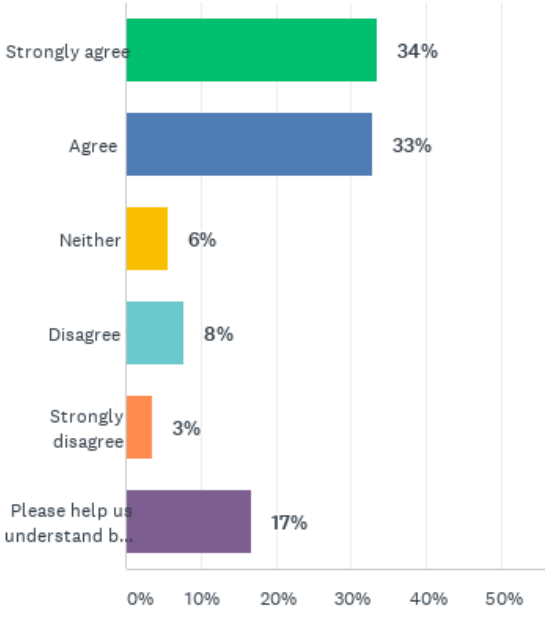
The overriding theme behind these comments (n = 6) is the desire to see this element of provision expanded. With four of the responses specifically stating their preference for the inclusion of a CT scanner and one to the inclusion of Endoscopy.

Urgent Care services

Question six was asking about respondents views regarding the proposals for Urgent Care services. These responses show 67% (n = 95) of those who responded either 'Strongly agree' or 'Agree' with the clinical model for this part of the future provision.

For this question 11% (n = 16) respondents stated that they either 'Disagree' or 'Strongly disagree' that the proposal will meet local needs.

Included in the 24% (n = 17) of respondents additional comments were themes of:



Included in the responses were nine responses stating they felt the service needed to be '24 hours' – some of these comments indicated the perception that the proposal was to reduce the operational hours of the service to purely 8am-8pm, which has never been the case.

- There was one concern about the time that might be needed for staff to travel out to a patient where they are (as part of home visiting).
- One comment stating they were unsure about *"overnight visiting"* as the best way to deliver the service.

- One comment highlighted the fact that they were concerned an individual may attend with what they thought was minor but was in fact major and would then need to be transferred to another hospital – stating they felt that *"I feel they should be able to deal with major incidents if needed".*

The responses included in this section do also suggest that there is the need for local services to continue to provide clear information about the role of Urgent Treatment Centres and the ways to access them.

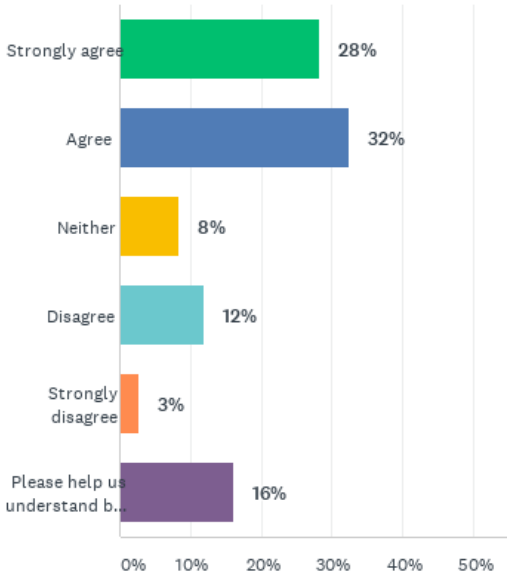
Inpatient rehabilitation beds

Question seven, the last regarding the specifics of the updated clinical model asked respondents view on how well the proposal for Community neds will be able to meet local need.

This service area saw the lowest level from respondents (60%, n = 86) stating they either 'Strongly agree' or 'Agree' with the proposal.

In total, 15% (n = 21) stated that they felt either 'Strongly disagree' or 'Disagree' that the proposal would meet local needs.

This service area saw 16% (n = 23) of respondents provide further comments regarding their views in relation to the provision of beds as part of the service model;



- 12 of these (16 comments) were related to the number of beds being proposed as part of the clinical model. This included four specific comments suggesting there should be 24 beds included to help meet the local demands for this type of service.
- Other comments that were received expressed questions about further clarification regarding the type of beds and their roles within the local ways of providing care between NHS and the independent sector.

The following four questions were all open ended allowing respondents to provide their own full perspectives in relation to any advantages or disadvantages of the proposals.

Qu 8 - Please tell us about any positive impact, that you think any of our proposals could have on you and/or your family? (where possible, please give an example)

There were 115 answers for this specific question. The largest majority (n = 80, 70%) of these were related to the desire for services to be available locally and for this to subsequently reduce the need for people to travel too far or to other hospital sites such as University Hospital North Durham or Newcastle City Hospitals.

Specific examples of the experiences people had in relation to Chemotherapy and cancer services more broadly were mentioned. These reinforced the positive experiences of care that were recorded as part of the previous engagement in 2019 too. A smaller number of direct experiences regarding Urgent Treatment centre services provided similar positive experience in relation to their experience and the value that local parents have for the accessibility of this type of service.

Qu 9 - Please tell us about any negative impact, that you think any of our proposals could have on you and/or your family? (where possible, please give an example)

For this specific question there were 101 responses provided. Included in those responses there were 50% (n = 50) stating that from their perspective they felt there weren't any negative impacts as a result of the proposals included. The instances where this was the case referred to request to deliver more services from this local site going forward.

There were two comments stating they felt that the inclusion of a CT scanner would be beneficial. One of these specifically sharing the impact that cancer has had to three in five members of their family.

There were also two specific references to the question about mental health provision needing to be part of what is available locally for this population too.

Three of the respondents also shared their views that the inclusion of 16 beds was not sufficient in their opinion for the levels of demand that they felt would be experienced.

There was also one comment suggesting that a Day unit for minor surgery be included.

Included in the responses to this question, there were also six comments regarding Urgent Treatment Centre services. It does appear that there may be some confusion regarding the proposal being presented as three of these reference themes concerning the 'loss of 24 hour' provision for this service (the service would be 24/7 but overnight would be brought in line with other centres in the area). While one of the comments does suggest their concern regarding the ability of the mobile unit to sufficiently cover over-night. There is also a specific comment suggesting that it should be considered at midnight – 8am would be a better duration for the home visiting element of the service.

Qu 10 - If you think any of our proposals could have a negative impact on you and/or your family, how should we try to limit this?

There were 84 responses received for this question. Of these responses 50% (n = 42) were individuals stating that they did not feel they had any negative impacts on their family as a result of these proposals.

Included within these responses, there were 9 comments regarding Urgent Treatment Centre services. As previously highlighted, there was feeling from the comments made that the Urgent Treatment Centre service needs to be maintained as a '24 hour' service. It is difficult to clarify if the comments do not see the proposed home visiting element of the

service to be a lesser alternative or not and whether they feel this is the same as the service being ‘closed’ during that overnight period.

There were four comments in relation to community rehabilitation inpatient unit and their inclusion in the future. Although, from the specific comments provided it is not clear exactly what the impact respondents identify with other than a comment for ‘*more beds*’.

Included were five comments regarding the desire to see ‘*all present services maintained*’, with an additional comment wanting to see the ‘*return … of the lost ‘Outpatients’ and other services’*.

As part of the answers given to this question, three comments expressed a desire for a new purpose built facility, while one stated they preferred to refurbish the existing Shotley Bridge Community Hospital site. Also in relation to any future site, three comments expressed the desire for there to be free parking included regardless of the location.

Qu 11 - Please let us know if there is anything else you would like to say regarding the service proposals in the clinical model?

There were 68 responses to this question. This included 15 responses indicating they did not have anything further to comment. With a further 11 responses (16%) stating support for what was proposed and that they felt that ‘*the clinical model provided by the NHS seems fit for purpose’*.

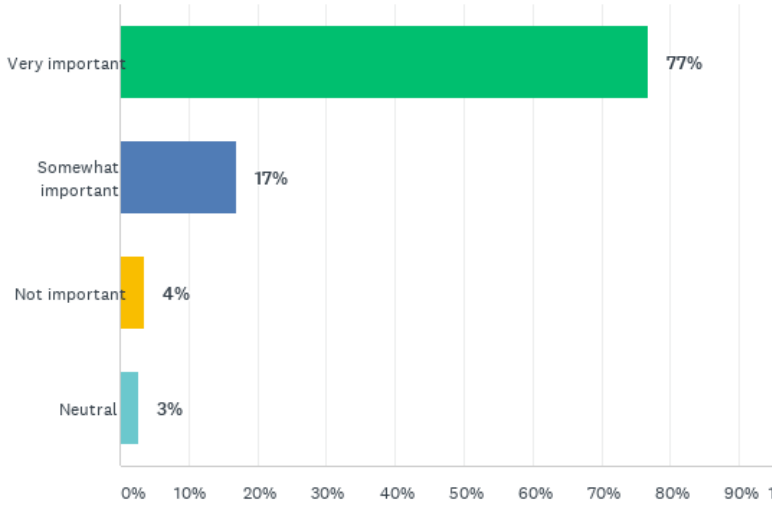
Included were 10 specific comments regarding the site and associated considerations. Included in four of these, parking is specifically referenced in their answer, six express their support for a new build, with one stating they preferred to refurbish the existing site.

In relation to specific service elements of the comments, these covered:

- Three comments requesting an increase in the type and range of services provided, although no specifics were included in these answers in relation to the type of services they felt should be included.
- Separately there were individual comments in relation to the inclusion of ophthalmic services, pain management and mental health services.
- Two comments expressed a desire for an increase in diagnostic related services with one specific comment regarding the inclusion of a CT scanner.
- Two comments mention their desire to make sure that there is no disruption to services during and future building works that take place.

Estates questions:

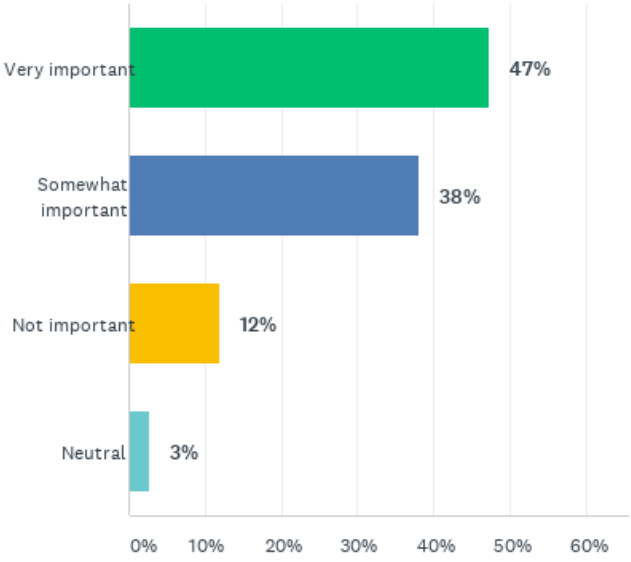
The next section in the online questions specifically related to considerations regarding the future estate required to deliver these services from.



Question 12 asked for respondents' views on how important it is to have other community amenities close by as part of any future development.

There were 142 responses to this question. Of these, 109 (77%) stated that they felt it was 'Very important' for any future site for a community hospital to have other local amenities close by.

Only 4% (n = 5) felt that this was 'Not important'.



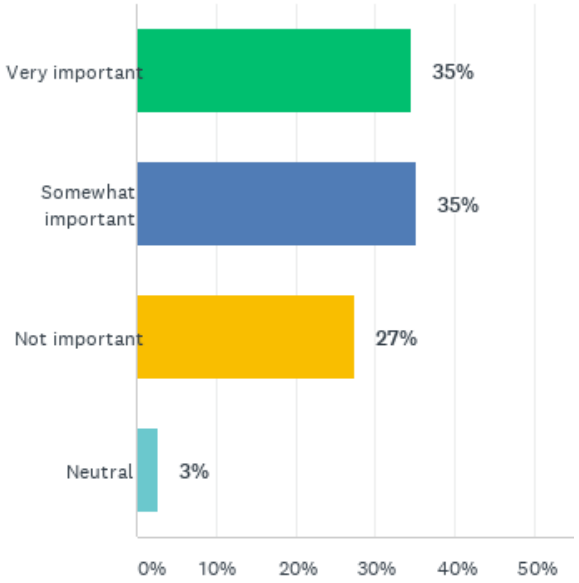
Question 13, asked respondents how important outdoor space around a new hospital was? This question was answered by 142 of the online question respondents.

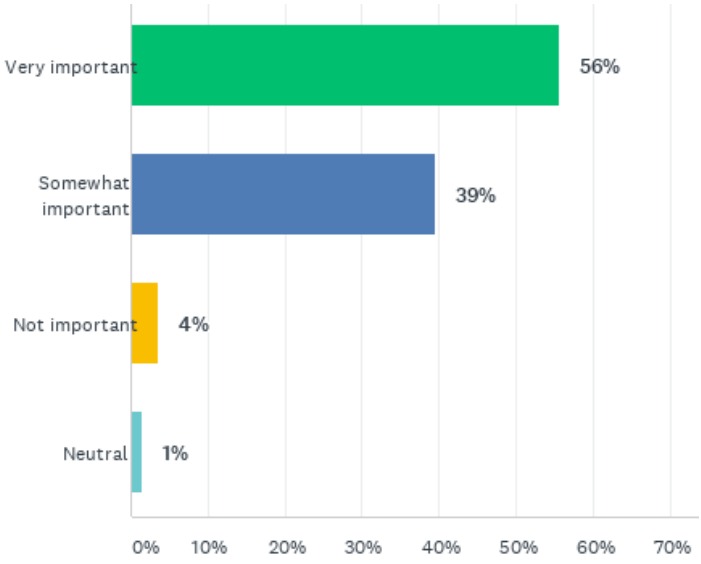
This was identified as 'Very important' by 47% (n = 67) of the survey respondents. This was a topic which also came out favourably as part of the conversations which took place as part of the online discussion.

Another 12% (n = 17) specifically identified that having outdoor space around a hospital site was 'Not important'.

The next question related to understanding how important it was to have a modern state of the art design, as well as the building being functional and efficient in its design. This question was answered by 142 of the survey respondents.

The design of the building being 'modern and state of the art' was only identified as 'Very important' by 35% (n = 49) of the survey respondents.





Question 15 wanted to understand the participants views on the importance of renewable energy and energy efficiency as part of any future healthcare building. This question was answered by 142 of the online survey participants.

The need for including renewable energy as part of a future building design was felt to be 'Very important' by 56% (n = 79) of the respondents.

Only 4% (n = 5) felt that this was 'Not important' as part of the designs that need to be incorporated into the future provision for North West Durham.

Question 16 asked participants for any other community activities they felt should be encouraged to be within the new hospital? This question was answered by 111 of the survey respondents.

There were a wider range of responses to the final question in relation to services and ideas regarding use of the future site/ space. In total there were 111 responses to this question.

The leading response topic was for 'support groups' (n = 38 or 34%) and space for them to be delivered to be incorporated into the future estate design. There were also a large range of specific suggestions in terms of the types of needs / issues that these should focus on which included:

- Mental health (24 mentions)
- Cancer (9 mentions)
- Fitness and well-being – including nutrition (6 mentions)
- Stroke (5 mentions)
- Long term conditions ,including Diabetes (5 mentions)
- Substance misuse (4 mentions)
- Counselling and mindfulness (3 mentions)
- Autism, Dementia and Sexual health were all specifically referenced once as part of these comments too.

There were a further 15 comments which referenced the specific desire for community groups to be able to use space within the building or to be able to hold meetings on the site. Another four responses highlighted the need for some form of café facility to be incorporated into the design, with one person suggesting some form of community garden on the site.

There were also seven responses which indicated peoples feeling that there should purely be a focus on the delivery of healthcare services as they felt *"we need to focus on a hospital before moving on to the nice to haves*".

Virtual event themes

Across the eight online public sessions that we held, 91 attendees took part in those discussions.

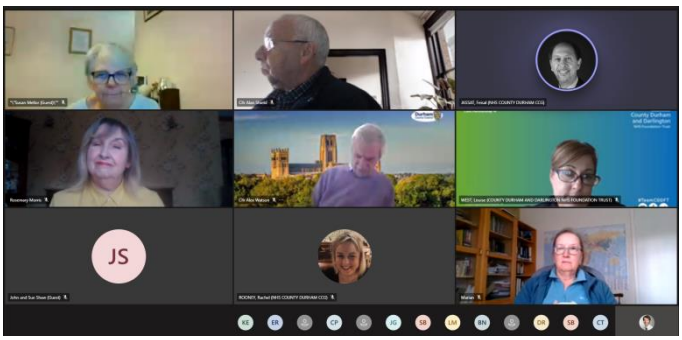
While each of the eight sessions had an identified element of the updated clinical model to focus on, the discussions across these sessions incorporated a wide range of topics which participants were keen to understand and explore. Included below is a summary of the key elements of the discussions raised by participants as part of these sessions.

Outpatient services

The main comment across the two Outpatient services sessions focussed on the desire from participants to retain and where possible increase the range of the clinics and services provided at the local Community Hospital site.

Connected to this, there were also multiple comments regarding the desire to ensure that face to face appointments formed a core element of this future service provision. Participants did recognise the value that technology (through telephone and virtual appointments) has and will continue to be able to provide as part of a mixed model of service delivery in the future.

There was a question about what possibility there could be at considering any extensions to the timings and accessibility of the clinics provided too.



One question asked about where Rheumatology services featured as part of the Outpatient services. With the participant recognising that consultant appointments were delivered from the larger acute sites but routine follow up appointments could be provided from community hospital sites. There was a discussion about the availability of specialist workforce and the constant change required to try and accommodate care closer to home wherever possible whilst recognising limitations of limited staff.

Chemotherapy and Medical Investigations Unit

Comments requesting clarity regarding the continued delivery of what our residents feel is a very valued service came out through the feedback received at the virtual events.

Clarification was sought on the continued role that the valued MacMillan nurses team is able to provide in relation to these particular patients as well. The local health service recognised the crucial work that MacMillan carry out and the need to continue working in partnership for the benefit of patients and their families.

There was also a request to ensure consistency for these patients and to retain as much of their follow up care provided locally at Community hospital sites as possible. There was a suggestion that due to the vulnerability of some of these patients, it would be advantageous to provide their own dedicated entrance and waiting areas.

Question was raised regarding the ability of staff across different teams/ organisations to be able to share information about these patients effectively to help manage their care. Experiences shared highlighted the need to clarify information provided to GPs about being able to pre-book blood transfusions provided by the Medical Investigations Unit.

A query was raised at one of the sessions regarding the clinically based decision regarding not providing endoscopy as part of the range of services available at this community hospital site. The rationale was reiterated to ensure that people understood the basis for this particular proposal and more broadly about the need to ensure the highest levels of safety and quality are maintained whilst ensuring services are viable and sustainable.

Inpatient rehabilitation unit

The main issue regarding the inpatient bed provision (that was raised at four of the eight public sessions) related to the clarifications and understandings people wanted for the difference between the beds in hospitals (which have medical cover by local GPs) and those intermediate care beds provided by the independent sector (which are nurse-led and receive input from NHS therapy staff too).

As part of this conversation, there was clarification sought on who will provide medical cover (GPs) to the unit in the future.

Related to this there was a question about the possibility of the intermediate care bed provision being brought ‘in-house’ to be provided in addition to the proposed community hospital beds.

There was also a question at two of the sessions regarding assurances on the numbers of beds 16 beds (an increase to the current number of eight) to be provided in a Community Hospital building and the clinical basis behind these decisions.

The other area that these conversations touched on was the desire from participants for the inpatient beds to be sufficient to be able to meet any levels of demand in the future. Recognising that there are local and national efforts to be able to treat as many peoples as possible in their own home and where possible, prevent individuals from being admitted to hospitals.

Urgent Treatment Centre and diagnostics

The main area of discussion for the Urgent Treatment Centre related to understanding how the overnight model would be able to effectively cover the wide geography included, especially in adverse weather conditions. This was raised at three of the sessions held.

This also then touched on the ability of the service to be able to meet any future increases in demand, post-pandemic and having sufficient staffing available to do so.

There was also a question (at two of the sessions) about what times would be best for the county-wide home visiting element of the service to operate, with 12midnight – 8am being suggested. One participant sought clarification regarding whether it was still possible to 'walk-in' to the Urgent Care service and how it is now operating. Messages around 'talk before you walk' were reiterated and it was recognised that the local NHS may need to do further communications work to strengthen this message.

In relation to diagnostic services, a challenge was put forward about the opportunity for the use of a mobile CT scanner (at two of the sessions) as well as the question about whether a CT scanner could be included in the new community hospital building (at four of the sessions).

Funding

At two of the session, clarification was sought regarding the figures involved in the updated budget for the scheme. This provided the opportunity to provide explanation regarding the increase in funding and the use of this extra investment for elements such as the inpatient beds (not in the original proposal), a dedicated medical investigations unit and the infrastructure requirements to make the building carbon neutral and digitally advanced (part of the national funding programme).

As well as this, a number of general comments made emphasised the need from participants to ensure value for money was achieved through the developments and maximising what is available for the future.

Estates

A key area of discussion across all of the eight sessions related to the potential estate solutions. A straw poll was taken by the Chair towards the end of each meeting asking people's preference for either refurbishment of existing site or new build on the Genesis site in Consett. The overwhelming majority (if not every participant) stated that their preferred option was the new build site in Consett. The only caveat on this was the need to maintain free car parking (as is now the case at the current site).

The main point (raised at four events) related to the desire to see flexibility incorporated into the design to ensure any necessary future expansion or variation in function could be allowed. There was also a question about the expected 'lifespan' of whatever new facility is developed for the future.

There were also questions (at two of the sessions) regarding any potential impact on continued delivery of services that the refurbishment option may generate (and the related timescales as a result of this option).

As part of wider considerations about the design elements of this project, questions were asked about the potential for an outdoor garden area for people to use and any options around independent accommodation adjacent to the new estate.

In addition, one participant asked a question regarding what would happen with any income from the sale of the existing Shotley site – should that situation present itself.

Mental health

A theme which was raised at three of the eight sessions related to what consideration there has been for mental health services as part of future arrangements. With knowledge of the presence that our local mental health provider trust has adjacent to Shotley Bridge Community Hospital, participants were keen to understand if mental health services featured as part of this specific development.

Other topics raised

Broader issues that did arise in the various online discussion events covered topics such as;

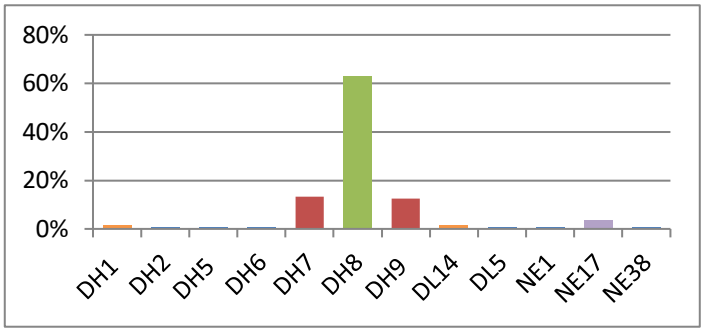
- Need for more preventative services to help stop people becoming ill in the first place
- Addressing inequalities across the County as a whole
- How the local community will be kept informed of updates and developments (understand the continuation of the ‘story’ from 2019 to now)
- Staffing levels to support overall delivery of services across this and other teams in the local area for the years ahead.

Appendix 1 - Online survey monitoring information

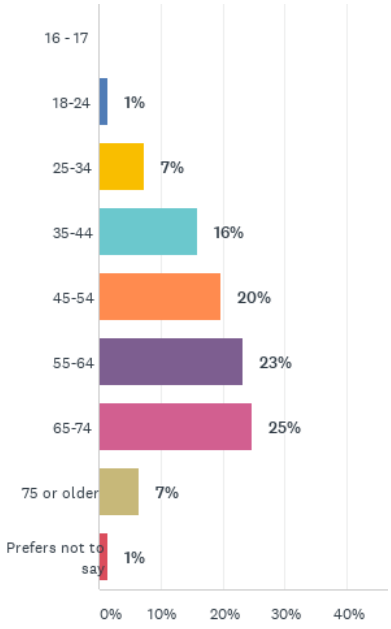
As part of the online set of questions that were used during this engagement, each participant was asked a set of optional supplementary questions.

These questions are summarised in this appendix in relation to helping us understand some more detail about the range of respondents to the online survey questions.

The first of these questions asked participants to identify the first part of their postcode to give us an indication of where they live. This was answered by 135 of the survey respondents.



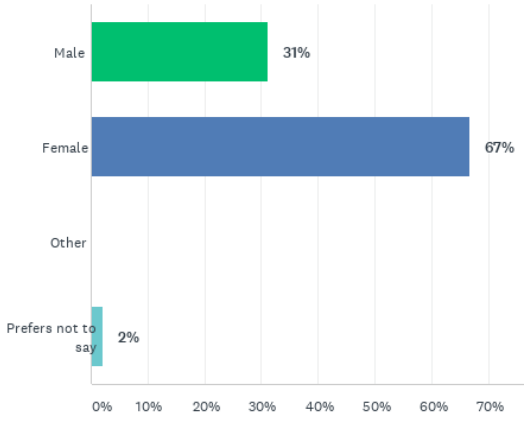
Unsurprisingly, 63% (n = 85) of these were from the DH8 postcode area. There were 13% from both of the post code areas DH7 and DH9.



We also asked our participants about their age. The graph opposite summarises the 138 responses that we received to this question.

This clearly identifies that there was a relatively even spread of participants across the ages from 45 – 74. With the greatest single proportion of the respondents (25%, n = 34) identifying as between the ages of 65 – 74.

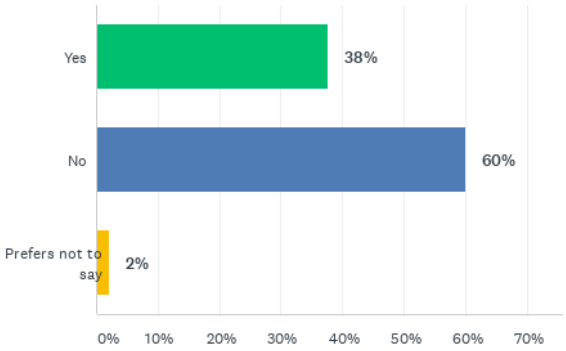
Outside of these age ranges there were 7% (n = 10) for each the age ranges between 25 – 34 and 75 and older.



The breakdown of the gender identification from the participants to the online survey are shown opposite. We received 138 responses to this question.

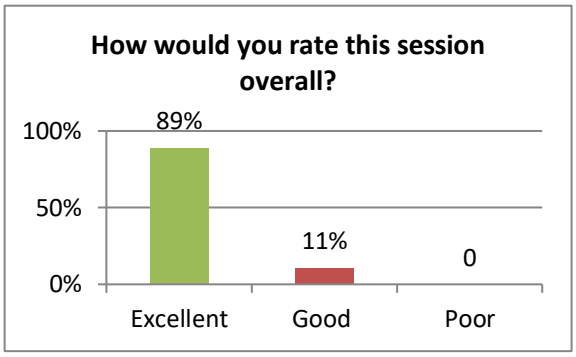
The graph included shows that there is a greater proportion of the survey respondents who identify as female (67%, n = 92), compared to those who identify as male (31%, n = 43).

We also captured as part of this, whether anyone has a disability or long-term illness or condition. This informed us that 38% of the 138 responses we received did identify as having a disability or long term condition of some sort.

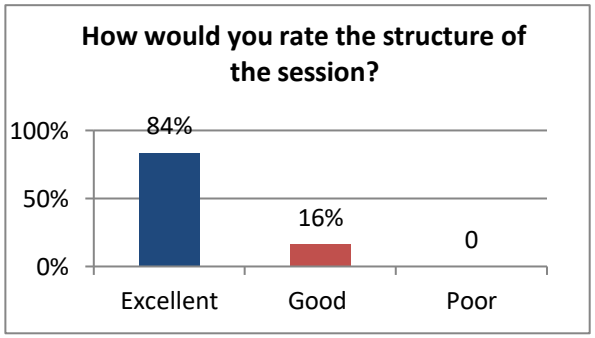


Appendix 2 - Evaluation of the virtual events

Following each of the eight public sessions held online, each of the participants was able to anonymously provide their feedback. As this was the first opportunity for the CCG to undertake and learn from this type of engagement approach, the feedback received will be used to help us in delivering any future activities this way where necessary.



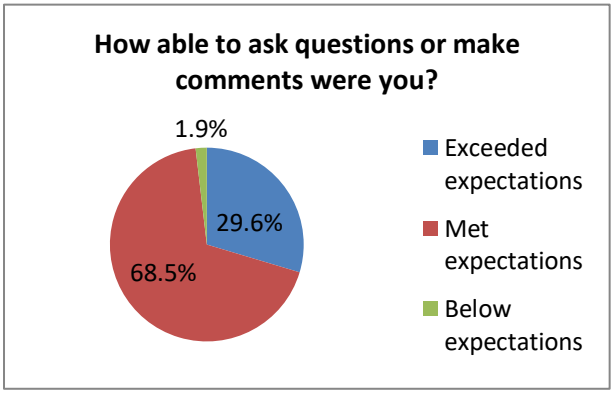
In understanding the overall perception from participants regarding their experience of the sessions, 89% felt they were 'excellent'. The remaining 11% thought they were 'good'. Shown opposite.



There was a similar level of positive experience in relation to the structure of these online discussion events. The responses indicating that 84% felt they were 'excellent' and the remaining 16% felt they were 'good'. Shown opposite.

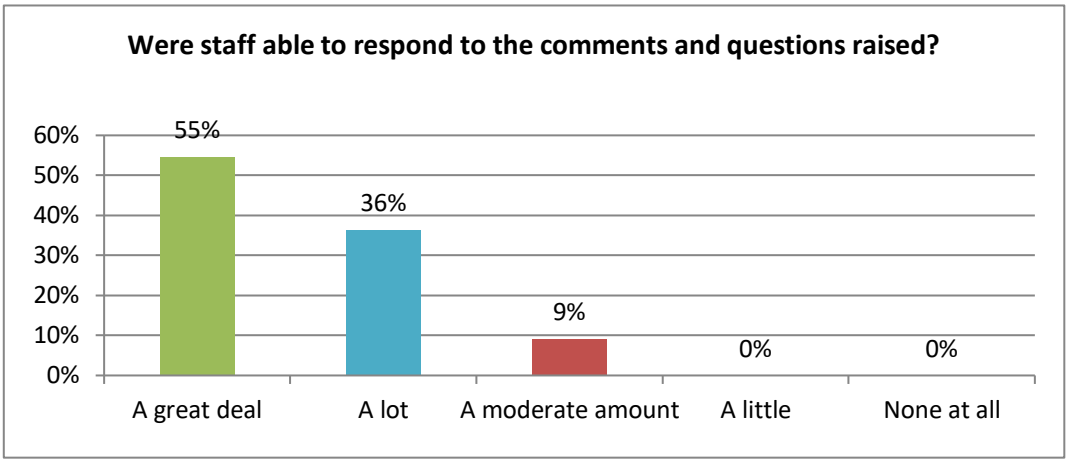
The responses from participants also highlighted that 91% of them felt the sessions met their expectations.

Given this was a new format for holding these types of conversations, we were keen to understand how able participants felt in being able to actively contribute to the conversations taking place. As shown opposite, 98% of the participants felt that this ability to actively participate in the conversations either 'Exceeded' or 'Met' their expectations.



A key element to any of these types of sessions, whether in person on virtually, is for there to be clear information available from the staff working directly with the plans and services involved. To understand how well we were able to respond to the points raised, participants were asked about how well staff were able to respond to the questions posed.

The information in the graph below clearly indicates that overall the majority of questions and comments were able to be responded to well by staff involved. In total, 91% of the participants felt that staff were able to respond 'a great deal' or 'a lot' as part of the sessions held.



We also wanted to understand what else participants felt could have been done to improve the effectiveness of the virtual events. The main areas identified related to;

- more information provided in advance of the session (2 comments),
- having more participants involved (2 comments),
- a report about and information that comes out of the engagement work (2 comments) and
- personal preferences for Zoom instead of teams which was used (2 comments).

A further 26 responses also indicated that they felt there wasn't anything else that needed to be include in the conversations that they were involved with.

On a similar topic, we also asked participants what they felt wasn't covered as part of the conversations which they felt could have been.