



## Executive summary

South Tees Clinical Commissioning Group (CCG) commissioned Explain via the North East Commissioning Support Unit (NECS) to analyse data they had gathered from a questionnaire carried out with residents of South Tees as part of a public consultation. This questionnaire gained opinions on proposed changes to community services to offer better care for the vulnerable and elderly in South Tees.

- The majority of respondents agreed with the key proposals for better care for the vulnerable and elderly in South Tees
- 84% agreed with the proposed centralisation of the stroke rehabilitation centre
- 87% thought the CCG should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people
- 68% agreed with the proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover
- 89% agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care
- 96% agreed with the vision to improve prevention and deliver more care in the community, closer to where people live
- Those who were more likely to need these services for the vulnerable and elderly in the short term were more likely to agree with the proposals, i.e. older respondents, respondents who were carers and those who had a disability

## Content page

Executive summary.....	2
1.0 Introduction.....	4
Background.....	5
Methodology.....	5
Notes on analysis.....	5
2.0 Respondent profile.....	6
Demographics.....	7
3.0 Results.....	8
Proposed changes.....	9
4.0 Conclusions.....	22
Conclusions.....	23
Final observations.....	24
5.0 Appendices.....	25
Appendix 1 – Questionnaire.....	26
Appendix 2 – Literals.....	29

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## 1.0 Introduction

This section of the report outlines the project background and methodology.



## Background

South Tees Clinical Commissioning Group (CCG) ran a public consultation to capture opinion in their geographical area in regards to proposed changes for improving health services for the vulnerable and elderly in South Tees.

The proposed changes were:

- Centralise all stroke rehabilitation and supporting services
- Invest in a community stroke team to help patients return to their home more quickly following a stroke
- Provide community beds in two locations
- Provide a more comprehensive minor injury service at a single location with enhanced medical and diagnostic cover
- Increase community nursing and support services by reducing the amount spent on maintaining ageing buildings.
- Deliver more care in the community closer to where people live

## Methodology

This public consultation included a questionnaire distributed with a consultation booklet and also hosted online. In total 586 responses to the survey were received and Explain was commissioned by the North East Commissioning Support Unit (NECS) on behalf of the CCG to analyse the data gathered and produce this report.

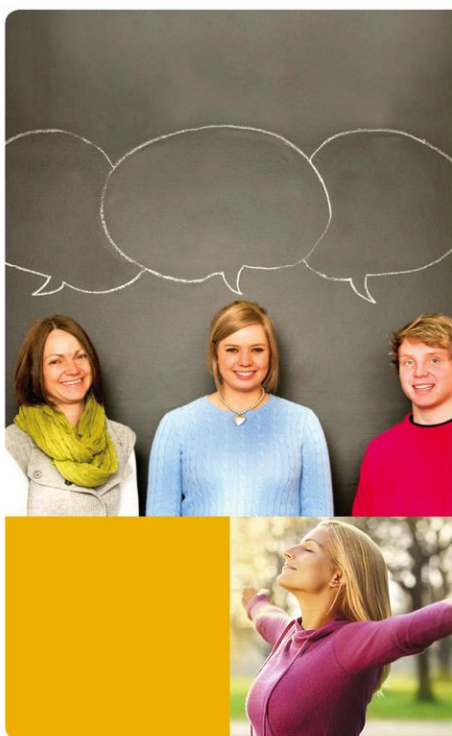
## Notes on analysis

‘No replies’ and ‘don’t knows’ have not been included in the analysis; therefore the sample sizes fluctuate from question to question, as some respondents didn’t feel that they could answer every question. Base sizes have been included on all charts within the legend. A full breakdown of all free text comments can be found in Appendix 2.

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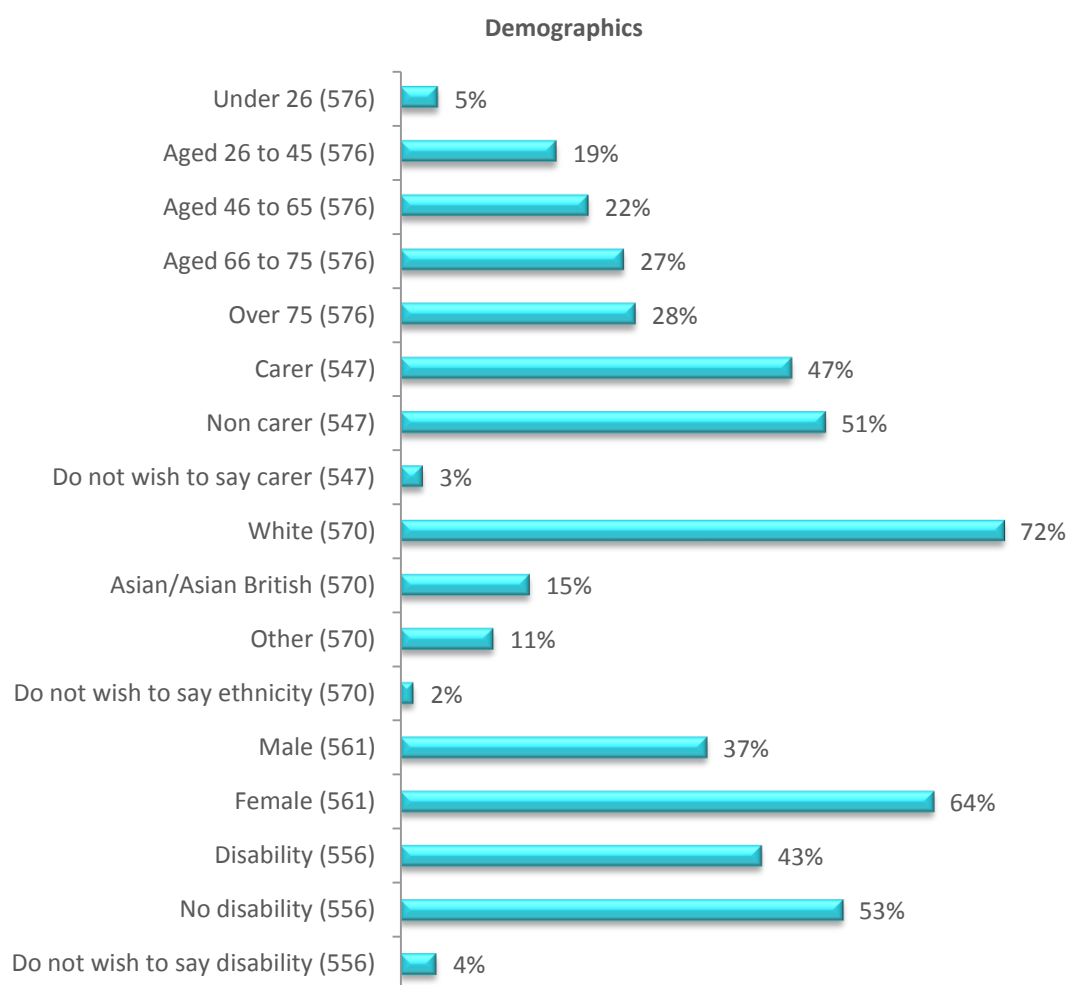
## 2.0 Respondent profile

Details of the sample achieved are detailed in this section.



## Demographics

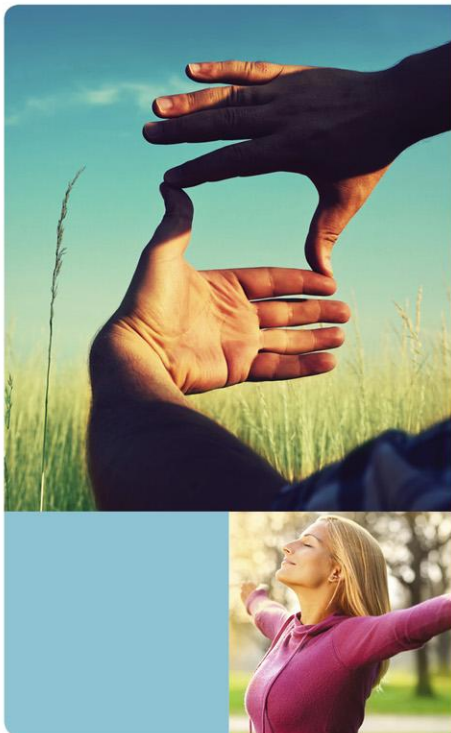
Over half of all respondents (55%) were aged 66 and over, with only 5% under the age of 26. The majority (72%) of respondents were White. More female respondents participated compared to males (64% and 37% respectively). 53% of respondents agreed they had a disability and 47% agreed they were a carer.



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### 3.0 Results

This section details the results based on the analysis that has been completed.

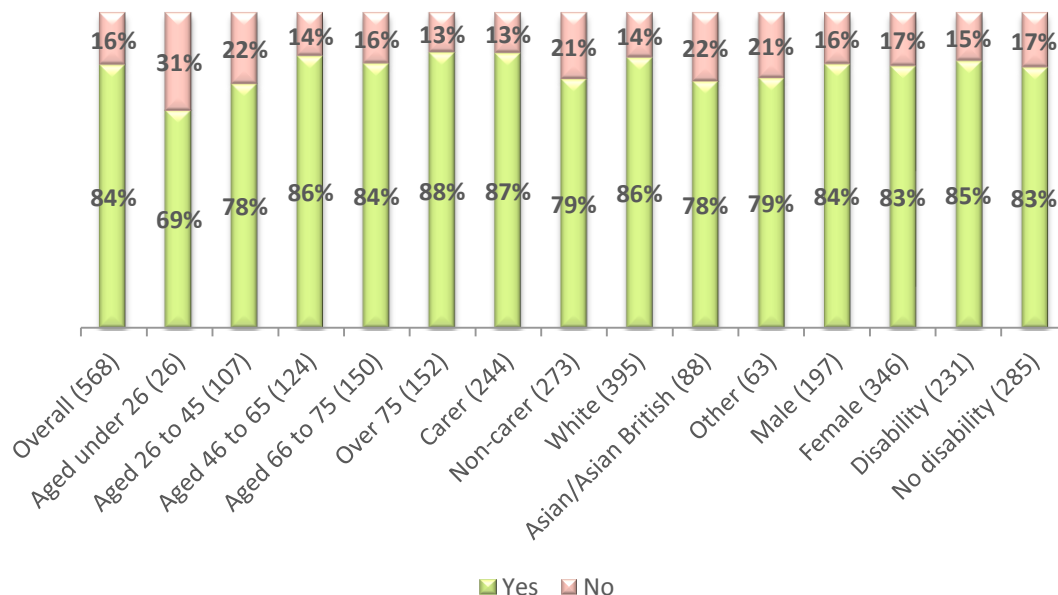




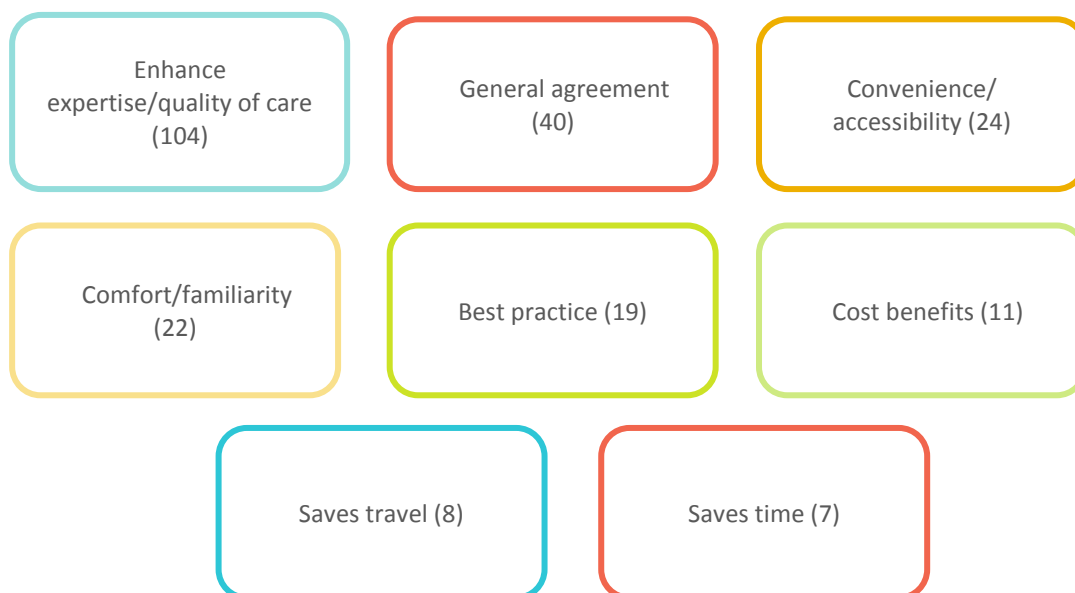
## Proposed changes

Overall, 84% of respondents agreed that stroke rehabilitation services should be centralised in a single specialist unit. In general, a higher proportion of those who were likely to need these services in the short term agreed with the proposed centralisation of the stroke rehabilitation services, such as older respondents compared to younger respondents and carers compared to non carers. A higher proportion of White respondents agreed with this proposal than non-White respondents.

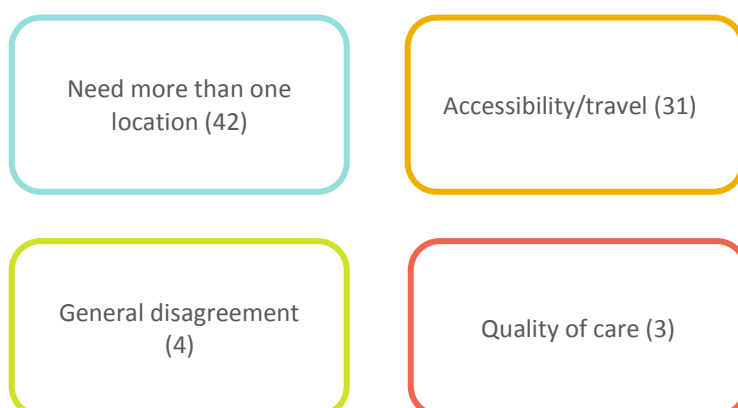
**Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?**



Respondents were then asked reasons for their response regarding the centralisation of the stroke rehabilitation services. Of those who agreed with the proposal, the most common reasons were:



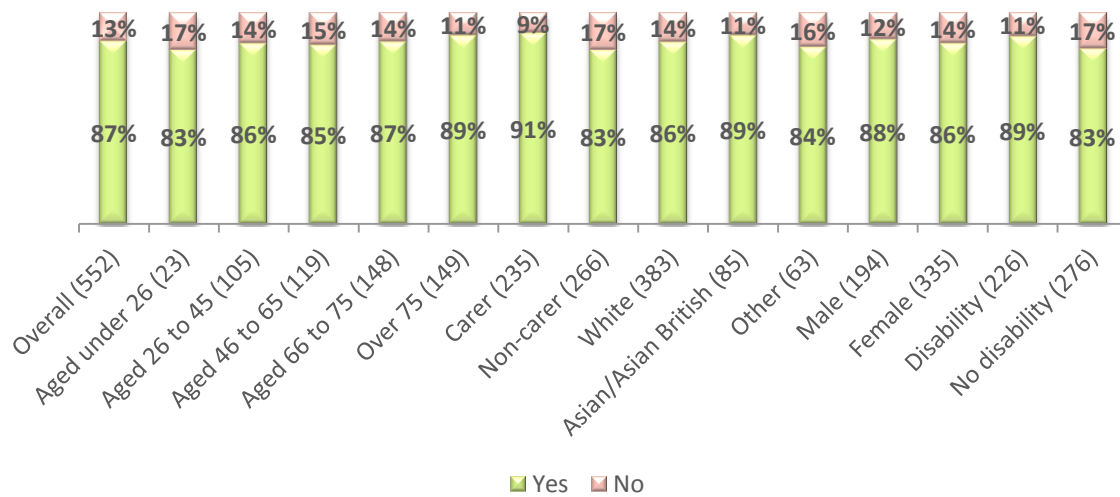
Of those who didn't agree with the centralisation of the stroke rehabilitation services, the reasons given were:



Full literal responses can be found in Appendix 2.

Overall, 87% agreed with the proposal to provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people. Similar to opinions on stroke rehabilitation services, older respondents and carers were more likely to agree with this proposal. Also a higher proportion of respondents with a disability than without a disability agreed with this proposal (89% and 83% respectively).

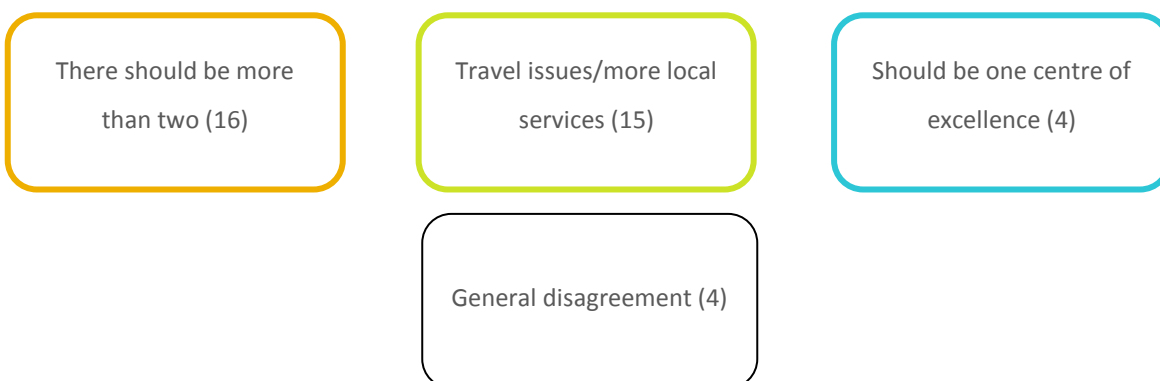
**Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?**



Of those who agreed with the proposal for community beds in two locations within the South Tees area, the main reasons given were:



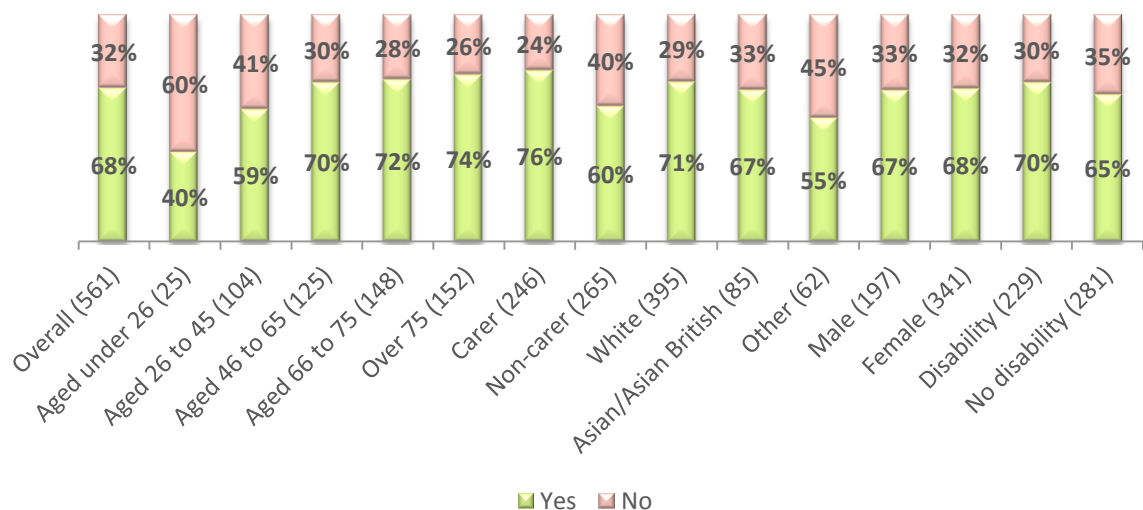
Of those who disagreed with the proposal, the reasons given were:



Full literal responses can be found in Appendix 2.

Overall, 68% of respondents agreed with the proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover. Again, the older the respondent, the more likely they were to agree with this proposal. A higher proportion of carers (76%) than non-carers (60%) agreed with the proposal and a higher proportion of respondents with a disability (70%) than without a disability (65%) agreed. White respondents were more likely to agree with the proposal (71%) than Asian/Asian British (67%) and other ethnic groups (55%).

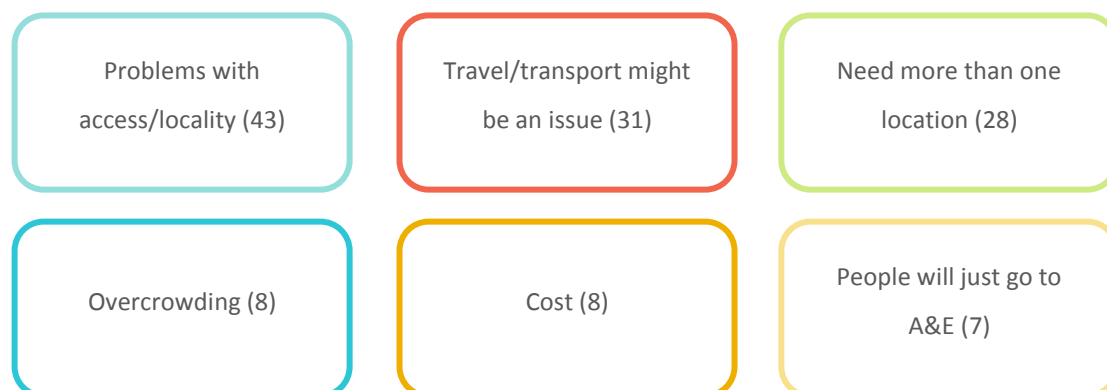
**Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?**



Of those that stated they agreed with the proposal to provide a more comprehensive minor injury service at a single location, reasons for this opinion included:



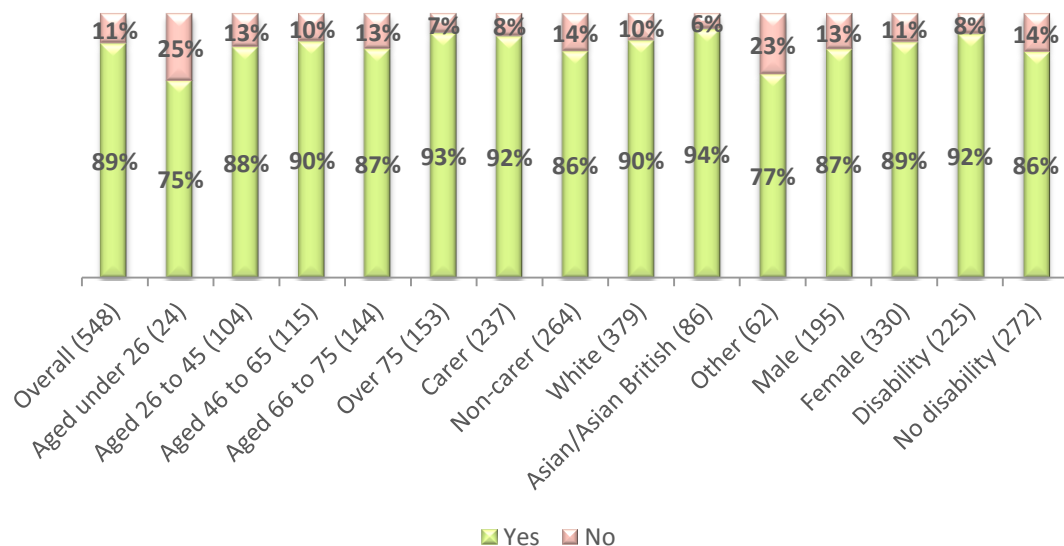
Of those who didn't agree with this proposal, further comments provided included:



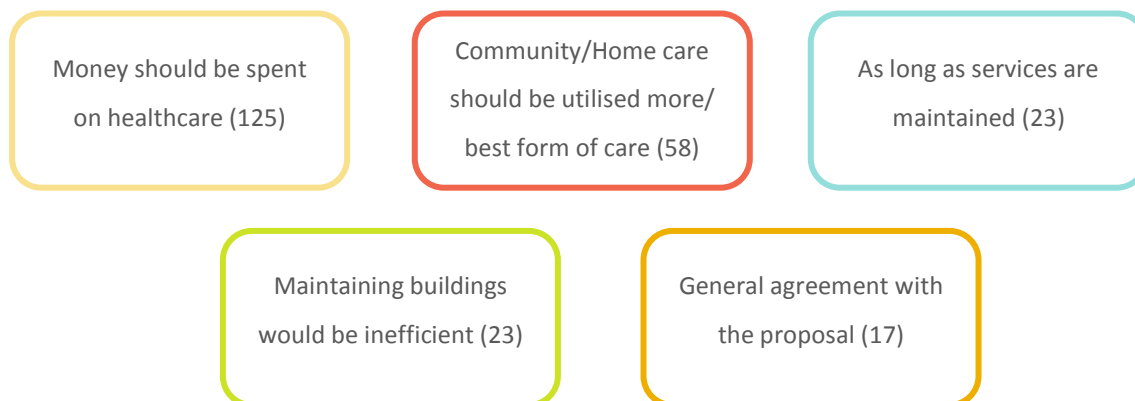
Full literal responses can be found in Appendix 2.

Overall, 89% of respondents agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care. Those aged 75 and over were most likely to agree with this proposal (93%), and those aged under 26 least likely (75%). A higher proportion of respondents who were carers (92%) and those with a disability (92%) agreed with the proposal compared to non-carers (86%) and those without a disability (86%).

**Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?**



Of those who agreed with the proposal to spend more money on community nursing, the main reasons were:

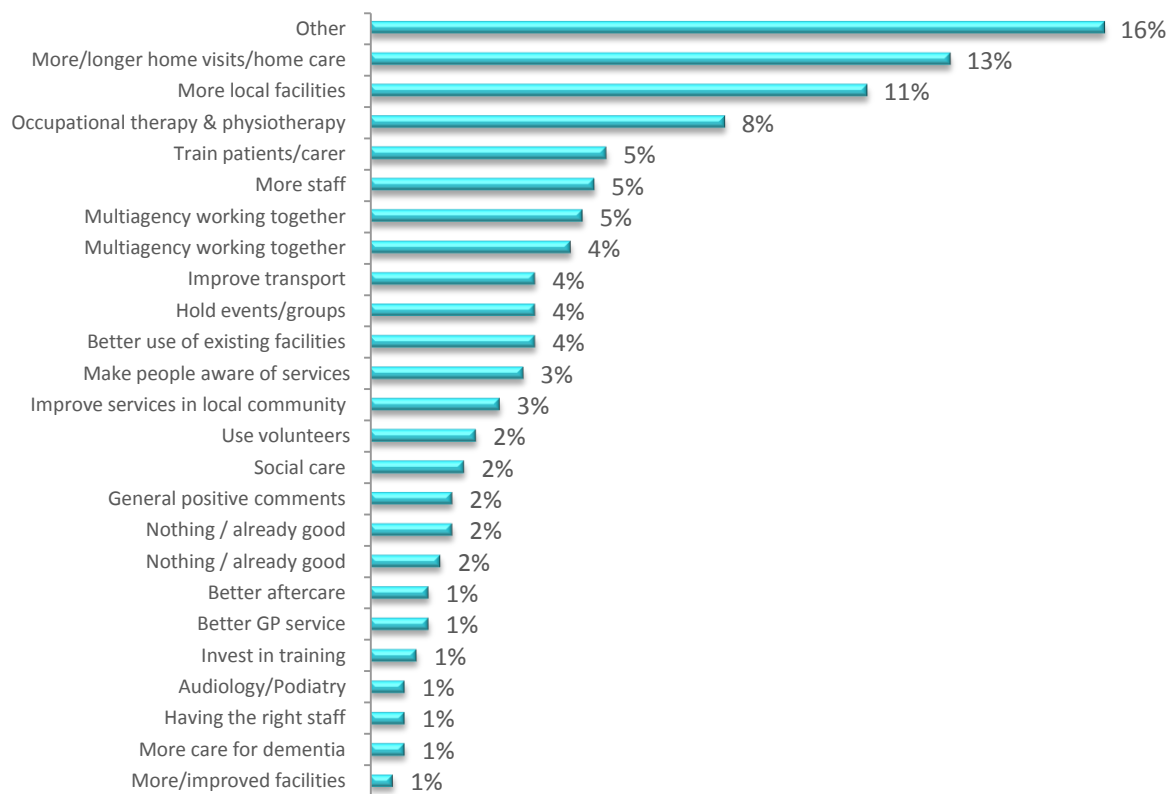


Of those who didn't agree with this proposal, the most common theme was that buildings are important to delivering care (12). Full literal responses can be found in Appendix 2.

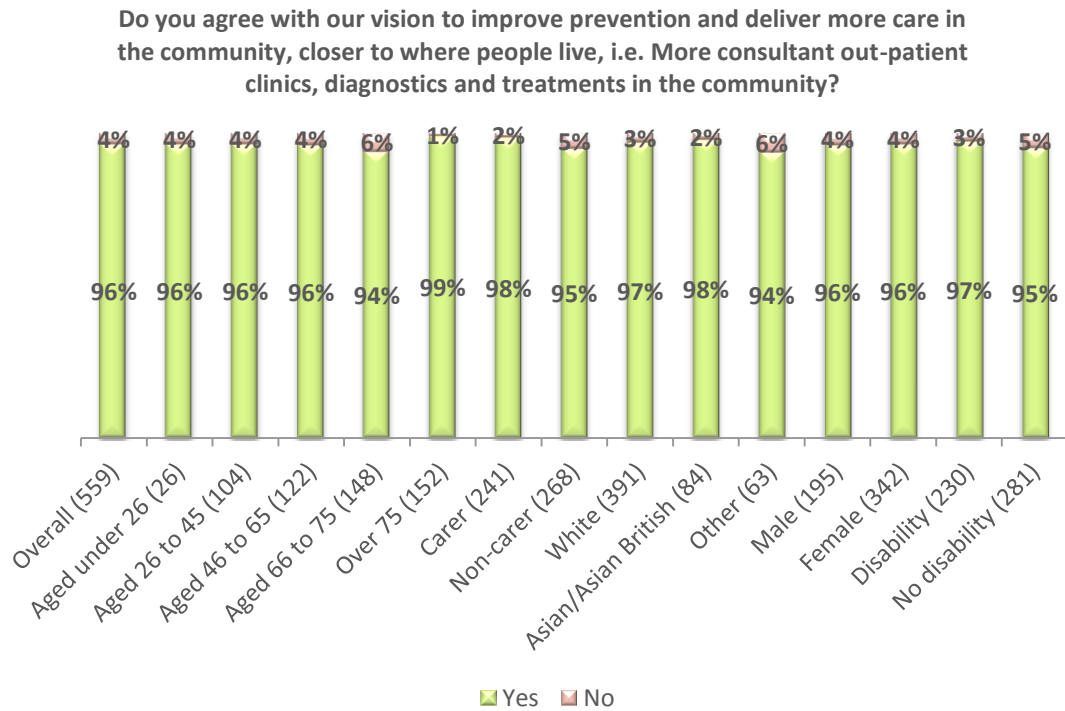


Respondents were then asked how else South Tees CCG could improve community based services for people who are elderly, vulnerable or have long-term conditions. Literal responses have been themed and the most common responses were more/longer home visits/home care (13%), more local facilities (11%) and more occupational and physiotherapy (8%). Full literal responses can be found in Appendix 2.

**How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services (385)**



Overall, 96% of respondents agreed with the vision to improve prevention and deliver more care in the community closer to where people live. There was very little difference between the demographic groups for this question, although again those aged over 75 and respondents who were carers were the most likely to agree with this proposal (99% and 98% respectively).



Respondents were then asked if they had any comments regarding this section of the proposal. Of those who said they agreed the main comments given fell into the following themes:

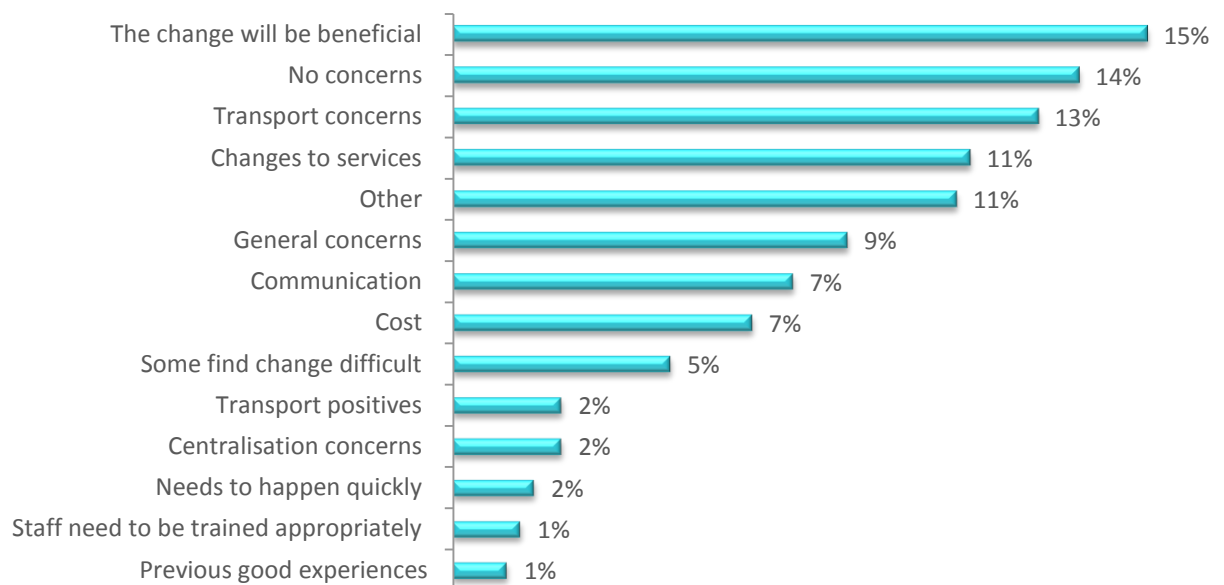


Of the respondents who disagreed with the vision to improve prevention and deliver more care in the community closer to where people live, the most common themes in response were:



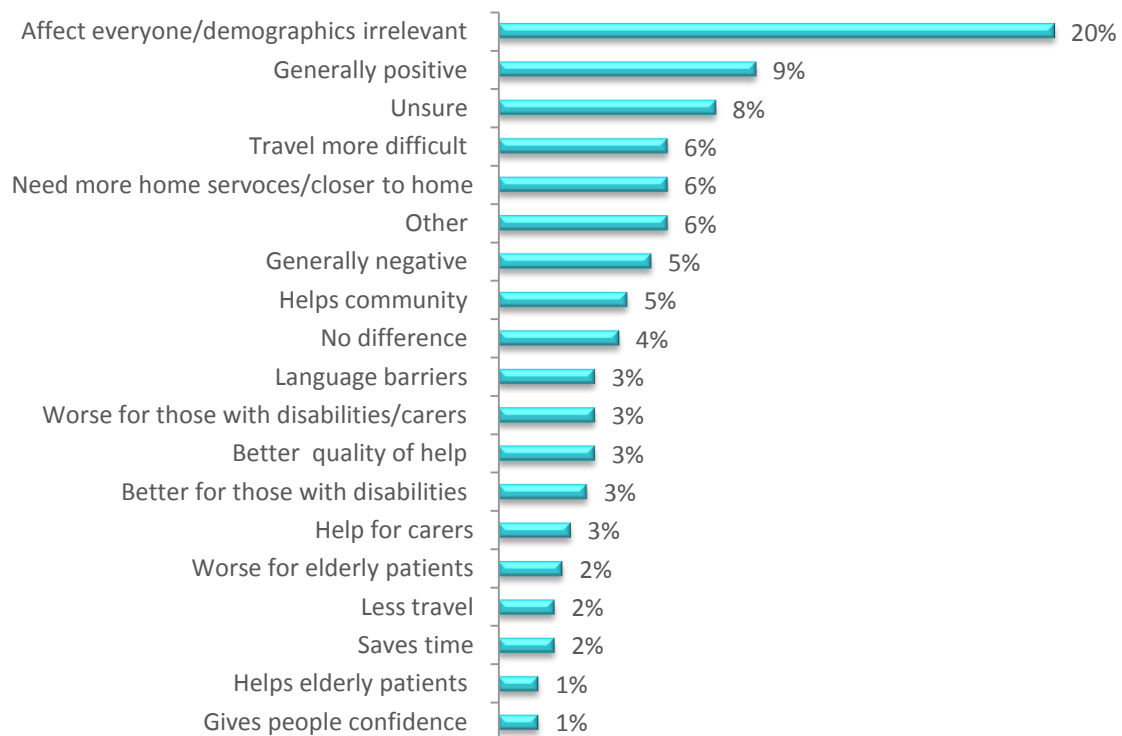
Respondents were asked about any concerns they had about the proposed changes and literal responses have been themed. Almost a third responded to this question by saying they didn't have any concerns or that the change will be beneficial. Of those who did have concerns, they were mainly general worries about changes to services and also transport issues.

**We want to get your views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented (338)**



Finally, respondents were asked how the proposals could have an impact on specific groups or individuals within the community. The largest proportion of respondents thought everyone would be affected the same regardless of their demographic profile.

**How do you think our plans could have an impact on specific groups or individuals within our community? For example people from black and ethnic minority backgrounds, males/females, those with disabilities, carers (349)**



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## 4.0 Conclusions

This section outlines our conclusions and recommendations for Integrated Management and Proactive Care for the Vulnerable and Elderly.



## Conclusions

The majority of respondents agreed with the key proposals for better care for the vulnerable and elderly in South Tees. Those who were more likely to need services for the vulnerable and elderly in the short term were more likely to agree with the proposals, i.e. older respondents, respondents who were carers and those who had a disability.

84% agreed with the proposed centralisation of stroke rehabilitation services, and the majority of those who agreed did so because they thought it would enhance the expertise and quality of care. Those who didn't agree with centralising stroke rehabilitation services thought more than one location was needed and travel and accessibility would be an issue.

87% thought the CCG should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people. Care being provided closer to home was the main reason for this response. A minority, however, did think this service should be provided in more than two locations.

68% agreed with the proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover. Of those who agreed with this proposal, the reasons for this included reducing the burden on other places, better service/quality and that it would be easier for transport. Respondents who disagreed did so because of problems with accessibility and transport or that they thought more than one location is needed.

89% agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care. Those who agreed with this proposal did so because they thought money should be spent on health care. A minority did think that maintaining buildings is important in delivering care.

Home care/home visits and more local facilities were suggested ways of improving community based services for people who are elderly, vulnerable or who have long-term conditions. 96% agreed with the vision to improve prevention and deliver more care in the community, closer to where people live. Respondents thought being local with less travel needed was a positive thing, however concerns about the proposal centred around travel issues as well as general concerns about change.

## Final observations

Out of the five changes proposed in the consultation, four achieved majority agreement of over 80% and thus it is clear that there is very strong public support for these changes to go ahead:

- 84% agreed with the proposed centralisation of the stroke rehabilitation centre
- 87% thought the CCG should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people
- 89% agreed with the proposal to spend more money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of the model of care
- 96% agreed with the vision to improve prevention and deliver more care in the community, closer to where people live

The area with the lowest level of agreement was the provision of a minor injury service at a single location and although this proposal also achieved majority support (68%), nearly a third of respondents disagreed. The key reason for rejection of this proposal was ease of access in terms of distance from the respondents' home and ability to travel, which will be important to address.

In addition, although agreement was high across all other areas of the proposals, transport and accessibility was a recurring theme and something to consider.

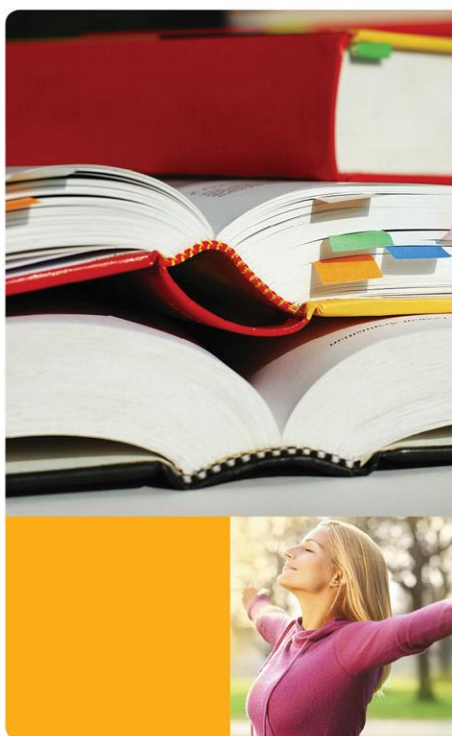
Finally the concept of 'Care Closer to Home' was clearly very well supported and something to continue to consider to improve care for the vulnerable and elderly across the board.



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## 5.0 Appendices

The questionnaire and literals can be found in this section.



## Appendix 1 – Questionnaire

### Questionnaire

- Q1 Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?
- ☐ Yes  
☐ No
- Q2 Please explain why you do or don't
- 
- Q3 Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?
- ☐ Yes  
☐ No
- Q4 Please explain why you do or don't
- 
- Q5 Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?
- ☐ Yes  
☐ No
- Q6 Please explain why you do or don't
- 
- Q7 Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?
- ☐ Yes  
☐ No

Q8 Please explain why you do or don't

Q9 How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services. Any comments:

Q10 Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e. more consultant out-patient clinics, diagnostics and treatments in the community?

☐ Yes

☐ No

Q11 Any comments

Q12 We want to get your views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented. Please tell us:

Q13 How do you think our plans could have an impact on specific groups or individuals within our community? For example people from black and ethnic minority backgrounds, males/females, those with disabilities, carers. Please tell us:

### Personal details

Q14 Age - please choose the category which best describes you:

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 16 years | <input type="checkbox"/> 36-45 years | <input type="checkbox"/> 66-75 years |
| <input type="checkbox"/> 16-25 years    | <input type="checkbox"/> 46-55 years | <input type="checkbox"/> Over 75     |
| <input type="checkbox"/> 26-35 years    | <input type="checkbox"/> 56-65 years |                                      |

Q15 Carer - Do you provide care for someone who is elderly or living with a long-term condition?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not wish to disclose |
|------------------------------|-----------------------------|--|

Q16 Ethnicity

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> White               | <input type="checkbox"/> Black/Black British | <input type="checkbox"/> I do not wish to disclose my ethnicity |
| <input type="checkbox"/> Mixed               | <input type="checkbox"/> Chinese             |   |
| <input type="checkbox"/> Asian/Asian British | <input type="checkbox"/> Other ethnic group  |   |

Q17 Disability - do you consider yourself to have a disability or long-term health condition?

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not wish to disclose |
|------------------------------|-----------------------------|--|

Q18 Gender

- |                               |                                 |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Q19 Please tell us the first four characters of your postcode:

## Appendix 2 – Literals

**Q1. Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?**

### Positive (257)

#### **Enhance expertise/quality of care (104)**

*A centralised unit will group skills. Also, for the public focus where the location is i.e. not in different units across the county*

*All the experts in one place; consultants, nurses, physiotherapists and occupational therapists etc.*

*As long as the centralisation process works with the GP nearby, it will only add to the quality of the service and can make controlling easy*

*Because centralising the stroke rehabilitation to one unit will help to ease the workload from the doctors and nurses, if it's in one place*

*Because if they can't be helped, their life might be in danger*

*Because it might help the patients to recover more easily*

*Because it will enable a good, professional relationship between workers and service users to get the best quality care possible. It should be spread so everyone gets the care they need*

*Because people who had a stroke need more care and rehabilitation*

*Because they are not like healthy people, they need more help and treatment*

*Because treatment is very essential*

*Better area for all who attend as more specialist care*

*Better standard of care for major illness*

*Centralising public services will head to the private competition in terms of quality, this might make the rich people shift towards it*

*Centralising things gives better service and better use of a skilled team (10)*

*Concentrated specialist care is the best care for stroke victims(22)*

*Experienced diagnosis by clinicians together with timely rehabilitation measures are crucial*

*I think you should centralise it because people then can get faster treatment (3)*

*If it improves the quality of care and improves outcomes, then yes it is the correct thing to do. They need to put patients first*

*I'm not able to explain why because thankfully, I have had no experience. I assume all the expertise would be better in one place*

*Improved specialist care will free up the acute stroke beds, giving more capacity for new patients*

*In hope that immediate treatment with specialist staff may be given*

*In my opinion, centralising stroke rehabilitation services is more likely to encourage best medical units*

*It is more economical and gives a chance of more knowledgeable staff*

*It will enable better equipment and staff (10)*

*It will permit the most experienced staff and facilities to be on hand, but it could require more beds for that purpose and other services being moved*

*Quality comes from centralising*

*So that a high standard of care can be given with all specialists in one place. However, people should also be given enough support at home too*

*Stroke rehabilitation centres could provide the specialist services, support and encouragement patients need. Patients may feel more encouraged in the community rather than large ward based*

*The centralisation of this service with twelve beds will enhance care, and give the service a '???' for ongoing development*

*The patient could get quality information and service*

*The patient will get what he/she exactly needs*

*The quality of care would be more effective and more efficient (16)*

*There is no need to replicate; provision of resources at multiple units have the best at one*

*There will be all expertise in one place, rather than spread thinly across the area. Therefore hopefully, there will be better communication between agencies*

*They don't have the facilities in Carters that we need for strokes. They have great service at James Cook so others should be same, all best specialists should be in one area*

*This allows better focus on people who suffer a stroke*

*This will enable specialised staff to work in a better controlled environment, and better access for patients with stroke problems*

*This would provide a better quality of care as people will know where to go and what to expect. (This is aimed mainly at stroke rehabilitation centre of excellence)*

*To strengthen the service and provide a wider range of aid to suit each individuals needs*

*We need to focus on specialist teams for the faster recovery of patients, giving them the confidence that they would feel from a single unit and continuity of care with smaller group members and staff. Cost effectiveness for NHS regards to referrals, which should be under the same*

*With the doctors who are specialised in treating stroke victims, they can train others there*

*You can focus on one, specialist centre rather than a few (7)*

**For (General) (40)**

*I do, instead of people having to go to different places. If everything is under one roof it must be better*

*In this case, all facilities will be in the centre*

*It could mean that all separate units are united, so there is less chance of cases getting lost*

*It is better for local residents and many disciplines in one location*

*It makes sense to centralise expertise but if the wards are too big like in James Cook, the care part of rehabilitation can be lost. Carter Bequest has the most compassionate and caring stroke care in the area. It's small, staffed by a team of nurses who understand the need not only for the clinical needs of the patients, but they treat those in their care with kindness and treat them as people with personalities who need love and understanding.*

*It makes sense, it seems like a good idea (10)*

*It sounds like a good idea but I don't feel qualified to tell you what to do in this area (2)*

*One stop for patients. As long as there is good sign posting and follow ups in place*

*So the service is in one place, it works better (10)*

*There are staffing and economy benefits*

*There is a great need for stroke victims to have more help, the unit would need to be central for all districts*

*This would benefit everyone (3)*

*To make the whole process easier for the patient*

*To try to get people back on their feet*

*We don't need more than one stroke rehabilitation at this area (5)*

**Convenience/accessibility (24)**

*As long as it is easy to access*

*Because centralisation reduces accessibility and hence people will suffer to get services*

*Because everything would be together*

*Because making one central location helps in reducing waste of resources*

*Centralising means it's accessible for everyone*

*Having all facilities on one site reduces cost, travel, missed appointments and gives better access and quicker delivery for patients*

*I think centralising the stroke rehabilitation service could make work easy for the medical team*

*I think decentralisation makes the services easily accessible to people*

*I think yes you should. Because it will be useful for those are local (2)*

*Initially excellent, but, convalescent beds must be available locally*

*It makes sense to have services in one place*

*It will be easier for people to access and be seen in one place (centre)*

*It will simplify and bring about ease of access to the services required*

*It would make it easier for relatives, carers and staff. Also, I feel communication would be better*

*It would make things easier*

*It's more convenient*



*Providing that it is accessible to all*

*So people who have had a stroke know that the rehabilitation service is in one place, and don't have the worry of finding out where to go*

*There would be less fuss*

*To make it more accessible to everyone who needs it*

*To make it more easily available and closer*

*Yes, as long as it is accessible within the time span. Accommodation may be necessary for relatives*

*Yes, if they are in one unit, it is easier to treat them*

### ***Comfort/familiarity (22)***

*Always one recognised centre works better*

*Because it is a known and recognised place for people (4)*

*Because rehabilitation services make people with a stroke happy*

*Centralisation is mainly important for controlling resource and personnel*

*For those who need help in travelling to a single specialist unit but not for others*

*I think it would help knowing that you only had to attend just one department, and see familiar faces*

*I think the patients bounce off each other and will strive to reach the levels of improvement as their friends there. Seeing someone's improvement must boost a new stroke patients hope of achievement*

*If all stroke patients were in the same place, I think they would feel better*

*It is better to be in one recognised location*

*It makes sense to have the expertise together*

*It will allow patients to develop trust and confidence in the unit knowing that everything is under one roof*

*It would feel like something has been done and you aren't on your own*

*People would know how to access appropriate services, most people have little understanding how*

*to contact services*

*Single units help to calm people, they are dealt with by teams that can access the persons improvements/communications*

*So the patients are all together and can help each other*

*The nurses there will have more experience with stroke patients*

*Then people would be made aware of all the different facilities on offer to them*

*There is one point of contact with specialist care*

*They would have better care, there used to be a hospital in Leeds that did this and patients couldn't speak more highly of it*

#### **Best practice (19)**

*A single centralised unit is best practice. The Redcar Primary Care Hospital would seem to be the most appropriate and central location for this single specialist unit*

*Because best practice is important, to deliver top skills and knowledge. It is important for NHS*

#### **Best practice (2)**

*Best practice hopefully means that*

*Best practice should be the aim for any service*

*If only one can be afforded since I want the best practice*

*In line with best practice, yes. As long as transport links are okay*

*In my opinion, centralising stroke rehabilitation services is more likely to encourage best medical care units*

*It is better to be in on facilitated practice*

*It is better to be in one centre with best practice*

*It is important to strive for best practice*

*My wife had stroke in 1989 there was nothing then, 2014 best practice should be used at all times*

*One centre with best practice is better than a few less for some services*

*One centre with best practice is ideal*

*The best practice is needed for a full recovery*

*They should have a centre with best practice in one specialist unit, rather than a few*

*This would be the best practice option for patients. This would ensure they get dedicated care, bringing peace of mind to patients and families, knowing they are getting the best help and support*

*To ensure skills of professional staff and resources are coordinated, monitored and managed (ensuring best use/cost effective/best practice)*

*Yes, I do agree the centralised stroke rehabilitation services are one of the fundamentals, with the best practice in societies*

#### **Cost (11)**

*All of the affordable resources would be in one place for that condition*

*As long as parking charges are not introduced at Redcar Primary Care Hospital*

*Because by centralising we can reduce the cost of NHS*

*I believe that the proposed centralisation of services is based on financial considerations, not necessarily on patient well-being. The question asked is loaded and biased 'in line with best practice' phrase should have been left out.*

*It is much better value for money*

*It's cheaper to have all the necessary equipment in one area*

*One to one service will be provided in people's homes, it is more personalised to meet the persons needs*

*Saving money, hopefully there will be more connections between service provider, joint administration and site management*

*This should make more sense financially and will benefit people*

*To have patients and care staff under one roof must be cheaper to run*

*To save money*

#### **Travel (8)**

*A sensible idea. The chosen site must have good access for vehicles and pedestrians. Also good parking facilities (free?)*

*If the unit is close and more central out patient care, therapy is more accessible. It will reduce travel cost, time and distance*

*If there are good bus routes, is easy to get to and there is plenty of parking*

*It is good for elderly patients to meet people in a similar position; making new friends but of course, travel must be provided*

*Put them all together, it will make it easy for people to get to*

*Within Redcar and Cleveland one such unit should suffice - distances travelled to it will be short*

*Yes but with reservations. As I understand it, you have to get the patient to hospital within two hours of the stroke. With waiting for a doctor, then an ambulance you don't want to be too far away from a hospital so maybe more hospitals are needed also for rehabilitation*

*Yes, they should pool resources in one unit but ensure adequate public transport infrastructures from East Cleveland, so visitors can see their families. They are as much an integral part of their rehabilitation.*

#### **Time (7)**

*Because the quicker you are seen to, the quicker you recover*

*Centralising services saves more professional time for patients, staff do not have to travel*

*Facilities should be available in the primary care unit in Redcar - speed is essential*

*I think it would help the patients to recover sooner*

*Patients will receive the correct care immediately*

*Travel time is vital for the elderly and ill people, so the nearer the hospital bed, the best. It will result in less stress and time saved*

*Yes, so it would save time*

#### **Other (22)**

*After care for stroke victims of any source would be good*

*Because of cancer and other health problems, there are too many heart attacks and strokes nowadays*

*Better centralised, but locality base*

*Community support is better than James Cook University Hospital, it is too large and intimidating*

*Comparisons could then be made regarding requirements of differing age groups*

*For continual care*

*For Teesside area, it's enough to have one single centre*

*I have had firsthand experience of stroke rehabilitation at Guisborough hospital, it was excellent*

*It is a regrettable necessity*

*It is not like a normal and usual hospital, so it's for special need*

*Medical practice in all forms is a continuing learning experience, learning from each other as well as patients*

*My experience with my brothers stroke and my friends stroke show a clear improvement in central care*

*My mother had a stroke and therefore I know how important this is*

*Nice recommendations*

*Recently visited new Redcar hospital for a pre med, very impressed with all facilities and staff care*

*Redcar Primary Care hospital has physiotherapists, OT's all in place, and beds*

*Strokes are on the increase and people need to be made aware of how to reduce the risks*

*That carer stroke rehabilitation service*

*That could cover*

*They will always have something there*

*This area has the majority of people who need this service*

*To include the community as well*

**Negative (105)**

***Need more than one (42)***

*All around for people*

*As a specialist unit is needed in every area to give care to everybody who needs it*

*But, centralised in which centre? It should be local to a specified point within that locality. Not, for example, Middlesbrough itself*

*East Cleveland residents would have difficulty travelling to one single unit*

*For people who have had strokes, surely it is sensible for them to go to the nearest hospital, which for Guisborough people it is the Guisborough hospital*

*I am worried that one centre wouldn't be enough*

*I do not believe that Redcar Hospital can be properly configured to accommodate such a unit (in my view a special purpose ward design is required). A twelve-bed unit is too small to become a centre of excellence or best practice*

*I do not want it moved away from local community*

*I don't believe in 'centralising' services, if these means them being in Redcar PCH, in the far North Eastern corner of the area*

*I don't think one centre is enough*

*I feel that when too many services are in the same location, it can be detrimental to the patient*

*I have found that a smaller unit is better for the progress of a family member. They still need specialist care but not on busy ward*

*I think centralising will further reduce efficiency and effectiveness of the existing services*

*I think decentralization makes the service more accessible to people in different location without moving too much*

*I think it is more important for them to be close to home and near family*

*I think you need more than one hospital or specialist unit*

*In this case there would be long queue to get in and use the service*

*It offers better care if you spread it out more*

*It seems that to centralise in only one place would make it difficult for elderly people, you must want to help those who live outside the immediate area*

*It would not be enough*

*It's better to spread facilities out. Easier access for all*

*Keep as many places open*

*Local services are better for OPD services; time is stretched if centralised services are the only ones available. Often carers are elderly themselves and parking is stressful at large centralised units*

*Middlesbrough Council are concerned that the closure of two facilities to be provisioned in one site could place additional pressure on social care, residential care services as a consequence of demand exceeding supply. We wish to be assured that there will not be a reduction in places being provided given rising demand. We wish to work with the CCG to ensure that community stroke provision provides sufficient level of support and care and acts as an alternative to stroke within residential care.*

*One centralised unit would not be enough for the population as it is now*

*One centre would not be enough*

*Patients need to be close to home in order to make it easy for elderly relatives to visit regularly*

*People are best left in the town where they live or as near as possible*

*Putting resources in a single location will result in overcrowding and delay in delivery of services*

*Redcar is too far for visitors from Guisborough to travel. Also, GPs will no longer visit their patients*

*Services need to be closer to the patients home to reduce transport time and cost. More centres means more patients can be treated quickly*

*Stroke patients need to attend hospitals close to home. What extra arrangements will be made to provide additional transport*

*Stroke rehabilitation services should be near to a patient's home, not centralised being further away from supportive family and friends. This has nothing to do with what the patient needs or wants - it is purely a cost cutting exercise.*

*Stroke victims may need a length of time requiring nursing care – an acute hospital will need beds*

*The area which it would cover would be too large*

*These services are needed across the area. One single unit is not enough*

*Too much 'centralisation' of services. Small and local for me, equals a higher quality of service*

*Two centre's will be more useful*

*We don't need a few centres, one with more facility is better than a few without*

*We need improved services closer to people's homes, especially for those living in rural communities, not larger towns*

*We need it in different areas to cover everybody*

*We need that service in our local areas*

### **Accessibility/travel (31)**

*Because it is too big an area to cover for people, travel, timing of buses - elderly people will have to travel every day*

*Because of distance and travel time. Should have more than one*

*But accessibility for elderly people without transport, who have a mobility problems, is an issue*

*But it may be too far for some people to travel*

*Creates big travel problems to attend or visit, shorter distance means less stress for people*

*If it is central it might be difficult to get to, if you're housebound*

*It brings some difficulty to people's transport*

*It could be difficult to get there*

*It is not always possible for people who have suffered from a stroke to travel long distances for rehabilitation*

*It may be too far away to help everyone, if there is a closer place than can be used, use it*

*It may be too far for elderly people to travel*

*It means that there will be long journeys to and fro*

*It would be better if it was in Middlesbrough*

*It would be expected to cover too much of a big area. It would be difficult for people to travel to,*



*talking mainly about older patients who then have to rely on poor transport links to units and for relatives to visit*

*It's advantage is only for controlling and management purposes*

*People find the travelling too difficult*

*People who have suffered from a stroke or strokes should not have to travel any greater distance than necessary, with their carers or relatives*

*Redcar just have single rooms, staff are not able to monitor all patients at all times and it is not local enough for Guisborough/Loftus people*

*The only drawback for one single unit is travel. It is not handy for anyone, not living in Redcar without transport*

*There would be a lack of accessibility*

*These are usually further away from home, this makes it more difficult for family to visit*

*They should provide transport to those without*

*To cover all areas, we need a local service*

*Travel for carers is an issue (already two buses)*

*Travelling may be a difficulty (2)*

*We need it to be local and closer to home, it would also involve travelling time, and long journey*

*When people (young or old) are ill, they don't want to be travelling miles for treatment*

*Where will it be, how easy will access be for the outlying area, will priority be given to the central area*

*You say this is a consultation. It is taking place in June. You plan to start phase 1 in April. Its information on plans already decided, not consultation providing there is adequate public transport. Especially evenings and weekends for visitors*

*You should have a hospital close to you, because elderly need to be close, and travelling time*

#### ***Against (general) (4)***

*I think we should make best use of existing local facilities*

*It would depend on where it was based, smaller units offer better care*

*Twelve beds for stroke rehabilitation does not seem a sufficient number*

### **Quality (3)**

*Get expertise together, but they should consider transport issues for people*

*I think there should be a centre on the lines of the clinical development centres, where anyone who has had a stroke could be registered with the centre and have easy access to physiotherapy, OT, speech therapy, orthotics etc. Without having to go to the GP for a referral when problems arise*

*Stroke rehabilitation is not what it ought to be in 2014, in the UK. France has far better after care in all-round services. Obviously money (lack of) shows in our not so good service. If specialist unit is improvement then it has to, yes.*

### **Other (20)**

*As long as there is adequate service delivery*

*But I am aware that they were centralised at Guisborough hospital, this is not new policy*

*Excess to hospital*

*Facilities should be available at all local hospitals albeit at limited times (days) to ease accessibility (transport)*

*Having seen all of the single rooms at Redcar hospital I feel that stroke patients may become isolated thus hindering their recovery*

*I had a stroke several weeks ago; I went to James Cook University hospital then Carter Bequest. I returned to James Cook three times and was refused for treatment (close to Carters)*

*I think nurses and other workers should learn how to look after these poor people better*

*Is Redcar the best place?*

*It is not the kind of service that is needed everyday*

*It should be part of the 'closer to home' and transforming community services*

*Only because I feel personal help should be used at home; physiotherapists, OT, speech therapist and dieticians etc. The downside to just one unit would be getting there if require to be in specialist unit*

*People are human beings, some people aren't lucky enough to have family to look after them and support them no matter what age they are. So they just put them in homes and are forgotten about?*

*Should utilise small Brotton, Redcar and Guisborough hospitals for patients in East Cleveland (parking etc)*

*Since there is a whole range of disabilities arising from stroke*

*Stroke victims are aware of things taking place, whereas people with mental illness can disturb the feelings of that individual*

*The aftercare of stroke victims, once patients are home is practically non existent*

*Too central, Redcar having specialist services*

*We don't have to go to the main centre for every problem*

*We know that the result of massive technological interventions in what is the process of dying leave us with a lot of significantly disabled patients. The people doing the heroic Golden Hour rescues do not follow up with the rehabilitation. From personal experience of that sort of activity, I would say take the injured service person, they need vigorous rehab therapy to get them going again and make something of the sixty or so years they face with disability. We used to say 80 per cent of NHS resources devoted to a patient will be expended in the last 12 weeks of their life. In end of life care dignity and management of the strain on friends and family are more important than added hours of life or responsiveness. It may 'look bad' to allocate a patient to either vigorous therapy or dignified palliative care but so long as it is done on an individual and not a post code lottery basis it is the appropriate course of action Specialist care centres – of all sorts – should have family support halls of residence to keep families together during intensive therapy and that facilitates centralised specialist care for patients likely to actually benefit from it.*

#### **Unsure (5)**

*I am not sure as I have had little experience with stroke victims*

*I don't know*

*I don't know. Carter Bequest offered a stepping point from hospital to home for a relative who had a stroke. I live with them and had to care for them. Carter Bequest offered her the opportunity to prepare for home e.g. sitting around a table with others to eat and walking with walker. The stroke ward in James Cook may not be the best place always*

*I have no views either way, whichever is best for patient*

*It seems fine as it is, but I have no experience of this service only from friends who praise the care*

*highly*

**Q.2 Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?**

**Yes**

*Would mean care would be provided closer to home (79)*

*As close as possible to where people live*

*Availability of beds close to home will suit elderly patients & their families*

*Because it would be better for family if it's closer to home*

*Because more beds are needed and elderly people often can't travel any distance to visit*

*Because then people may choose the nearest one for family and friends to visit*

*Because this being local will give the elderly & vulnerable more peace of mind that they are being cared for near their homes and relatives & friends*

*Best for patients and visitors hopefully near to the area that they live*

*Better access*

*Better than having to be offered Northallerton!!*

*But also support cross boundaries, where access is easier i.e. parts of Redcar & Cleveland may be closer to N.Yorks services (?)*

*By having 2 locations we can help elderly & vulnerable people in a better environment*

*Care closer to home*

*Community services in local areas for the elderly are essential*

*Convenience for visiting*

*Different areas need community beds so the people are near their visitors*

*Ease for relatives to visit, once a person on way to recovery - to stop bed blocking at say the stroke hospital*

*Easier for families to visit*

*Elderly patients often have elderly carers/relations who have difficulty travelling far (may have ceased to drive/can't afford taxi's/limited public transport access) Psychologically better for patients*

*to feel 'closer to home' not isolated and adrift*

*Elderly people have great difficulty in travelling*

*Everyone wants to be treated at home if possible. It is even more important that people with dementia can stay at home*

*Excellent idea- transport is a big issue for people - also older people , who have to hospitalized feel more comfortable somewhere more local and smaller*

*For elderly family visiting is a stress so shorter travel is both good for patient and family*

*Having to wait for a close to home bed adds to stress*

*I think it would be beneficial for the elderly and vulnerable people to have treatment locally. This would enable them to keep in touch with family & friends*

*I think it would help families, it would be perhaps nearer to home*

*I think people would be better being in their own home*

*If an elderly person is ill in hospital, visitors may be elderly and cannot always travel long distances*

*Important to reduce travelling*

*In such a wide area covering coastline, inland sprawling communities have a better chance to visit relatives, keep patients in area nearer home + for those with dementia familiar places etc*

*Investment should be in the community as more easily accessible*

*It will be easier to visit*

*It will make it easier for patient's to be near to family + friends*

*It would be better for the patient & patients family & carers to visit*

*It would be easier for families to visit*

*Keeping local services for local people*

*Living in Loftus, health care services seem too far away. When you are elderly or disabled. Moving more services to East Cleveland Hospital Brotton would be a bonus for the rural community*

*Local care is vital for elderly - less travelling. more accessible for visiting less stressful than large hospital*

*Local people travelling*

*Local services + transport for local people*

*make for more availability*

*Makes it easier for relatives and friends to visit*

*More convenient for families*

*More chance of people remaining in the community they've always lived in - reduce stress to both patient + family*

*More community for elderly*

*Most elderly people prefer to be in local area whilst being cared for*

*Much easier for family if patient located closer to home. JCUH is not very accessible to everyone*

*Patient & visitor accessibility*

*Patients find travelling difficult - car and bus journeys are essential - so beds being close to their community is good*

*Patients need to have relatives and friends nearby for visiting*

*patients would be more relaxed and recover quicker if they were aware of the familiar outside surrounding plus it is easier for visitors to visit*

*People feel better when treated nearer home i.e. rural communities easier for visiting etc*

*People have difficulty driving/parking @ JCUH*

*People need to stay close to home and return home as soon as possible*

*people should be able to choose location most convenient for family*

*People would have more choice*

*Providing transport is available. What assurances can be made to guarantee that lost savings in buildings will reinvested in additional care and not simply as a way to cut overall costs*

*Reduce some transport difficulties*

*Services should be available as locally as possible*

*So people can stay as close to home as possible*

*So people have more choice*

*Some people don't have transport*

*The area is quite large & accessibility for visitors can be awkward. If families are in any way struggling to see patients it can be frustrating for patients at the expense of poor recovery*

*The area of South Tees is considerable in size and therefore re availability of services is paramount to patients*

*The elderly and vulnerable would be more confident in community areas*

*This will give quick access to vulnerable people and helping them, as facilities are closer*

*This would be easier for families to visit*

*This would give more options to be closer to home if this proposal goes ahead*

*To enable patients to access 'local' care away from a busy central hospital at James Cook*

*to enable people to remain in the local community making them feel safe in familiar place and enabling relatives/friends easy access for visitation and to provide additional support*

*To enable visiting and holistic approach to stroke rehab*

*To stop people having to travel far*

*Travel problems*

*Visitors should not have to travel a long way to visit relatives or friends*

*We need to have patients living near their relatives if they have any so they may visit, elderly people need to feel wanted in fact needed & if they are well enough encourage neighbours to be more friendlier as they used to be*

*Yes but - PLEASE think where to locate them, there should be one in the East and one in the West*

*Yes but do not forget access & transport issues make it simple*

*Yes it's better that family can get to visit easily*

*Yes it's better to see them more often if nearer home*

*Yes or no depends where they are situated: East Cleveland demographically lowest car ownership in*



*UK- so depends where the locations are and if possible for relatives/friends to visit!*

***Two locations or more would be sufficient (44)***

*Again save time travel, old people don't like to be too far from their relatives and home, so there should be two locations*

*As it costs a lot so two could be enough for this area*

*Because if community beds could be provided in two areas people can find shelter for themselves easily without any transport costs*

*Because South Tees area is very big and it needs at least two centres with community beds*

*Because Tees area is big and less than two is not enough*

*Because Tees area is very wide and it needs at least two locations*

*Because Tees area is wide and services should be easily available to all*

*Because there might be many people who would use the services its good if it could be in two locations*

*Because, South Tees area can get enough services with community beds in two locations*

*For these area two community beds are perfect*

*However two locations are insufficient for such a large area*

*I think community beds would be best in two locations, one in Middleborough, one in Redcar to minimize travelling for relatives and take pressure off the James Cook. Like the old system of cottage hospitals*

*I think two centre is better than one single centre*

*I wonder if this is a realistic number and how much better it is than the present situation*

*If four location was a lot definitely two would be perfect*

*If NHS can manage of course two , otherwise even one could be ok*

*In order to easy access two locations is better*

*it is not the services that you need to use everyday no matter how close or far, two locations is perfect*

*Less confusion to have two facilities*

*One or Two*

*one or two*

*Two centre makes sense as one could not be enough for this area*

*Two centre would be enough*

*Two in different location*

*Two is ideal and reasonable*

*Two location far from each other to cover our area*

*Two locations better than one but three would be better*

*Two locations or even one*

*two locations would aid people in care to be more local to where they live*

*Two or even one enough*

*Two or more*

*Two or more depend on budgets*

*Two or on location as its not routine necessary*

*Two or one*

*Two or one location*

*Two should be ok*

*Two with distance of each other*

*Two with distance of each other*

*Two would be ideal*

*Two would be more than enough*

*Using 2 locations saves travelling time for visitors etc, if it's used for elderly patients it figures visitors will be older*

*We must have two areas, travelling we are such a large area, make it easy for visiting to suit everyone*

*Yes so that people don't have too far to travel*

*Yes, two locations allow for easier access for relatives and often elderly friends*

***Will relieve pressures on hospitals and create more beds (36)***

*As the factsheet says, people are living longer, so we need more beds in hospitals*

*Because it can avoid overcrowded sleeping places*

*Because those people are in need, they need more. Look after*

*Beds available at Redcar would be a great help*

*Beds nearer to home provide more security*

*Better facilities are always a good thing*

*Certainly if that gives more people the opportunity to use the service than before (I don't know how many locations were previously available!)*

*Community bed it's not really necessary so 1 or 2 could be enough and accessible*

*Community beds are a good idea and would benefit the old and vulnerable people*

*Community beds are not needed as much as other services*

*Considering the numbers of patient could be enough*

*Considering the vast number of users in Middleborough and surrounding area*

*Everything can be done in one single community beds*

*For more beds*

*For most people it is preferable to be treated in their own homes. However some people who live alone might prefer a hospital setting. They may feel more secure there*

*Hopefully more locations mean more beds! Halfway houses are needed for more time to decide on the appropriate placement of patients*

*it is important because elderly and vulnerable people in need have nowhere else to go*

*It would open up more options of where to chose to go*

*James Cook is getting beyond capacity*

*Lack of community beds*

*More beds means shorter waiting list and faster treatment*

*More beds will be needed in the future*

*More beds. less overcrowding i.e. better service*

*Of course more beds, more professional help, this issues/illness is not going away*

*Providing beds for vulnerable people is always helpful + using different location would be helpful*

*Providing beds in the South Tees area could be beneficiary for the elderly and vulnerable people*

*Reduces hospital waiting times for more serious ailments*

*Reducing the number of sites will provide better value and staffing*

*Tees area is big and it needs more hospitals*

*The more facilities the better*

*The more beds you have, the more service gets easier*

*There will always be a need for 'beds'. The need for respite for carers will increase due to ageing population*

*This would help more in hospital and best practice can be used*

*To assist with shortage of beds*

*To relieve pressure on hospital beds*

*Too many patients in James Cook, better personal care in smaller units*

**Better care (36)**

*Because it is very important, especially for elderly people and for kids*

*Because the problem with stroke victims is they need as much help from family & friends*

*Because they are old and vulnerable people. Therefore we should provide them with any means*

*Because those people they need more treatment*

*Better service for increasing elderly population*

*Because action would be more likely to respond to patients needs*

*Care in the community must be better than keeping people in hospital if they don't need to be there*

*Community being smaller will be more settling for the elderly*

*Community services are vital services that are currently hard to obtain*

*Community services I feel are the way forward. Individual patients feel just that, individual. Small group networks would promote familiarity with seeing the same faces, which would in turn give patients + Drs etc medical history*

*Community services should be one of the key priorities and can only be achieved through transfer of resources*

*Elderly and vulnerable people require a lot of attention. Sometimes a secure location is the only answer*

*For people between acute hospitalization and care home residence*

*Good to invest the care should be better*

*Good use of resources*

*Having nursing care directed at elderly patients, with staff most interested & suited to elderly care, has to be better for the individual*

*I feel some elderly can be missed when they need more care GP's are very busy I know I think it would improve quality of care*

*I feel very strongly about this, as there is nothing available in the community for elderly when they are discharged from NHS hospitals*

*I think it's something the elderly and vulnerable people need. They would get proper care*

*I think the elderly and vulnerable people need to know they is somewhere for them to go*

*It is not always the best option for the patient to have a long stay in hospital, community based services will ensure they can be discharged into their home more quickly*

*It makes more sense to care for the vulnerable and elderly people in small units than in hospitals*

*It will enable a majority of elderly people to get care rather than only a few*

*It will enable the elderly to have more comfortable care and it will give care to majority of individuals rather than only a few*

*it will help the user to get full help and peace of mind*

*it would save lives*

*More GP beds are desperately needed: - elderly & disabled people need to feel an individual not a number!*

*My mum had a stroke, it was not convenient for my brother to come to hospital etc. he had to leave work and make time. If home help is available, it would be much better and also it would be personalized service to meet individual needs of a service user/patient*

*Offering a good service*

*Providing there is better home care services*

*Referring to some vulnerable people they should be separated from the main A&E they will be better treated and looked after if a team that understands their needs know how to deal with them or they will get better than society*

*So it would be company for the patient*

*So that patient receives care they are entitled to*

*The older people can benefit from it*

*While people still need hospital treatment they may not require acute care. Community hospitals are better placed to provide this*

*Yes if this is best practice*

***Should be in a particular area (15)***

*As long as it is in one area*

*But need to ensure equitable access across Middleborough/Redcar/Cleveland*

*One should be in the East of South Tees area and one in the West*

*But would prefer Guisborough to be one of the locations*

*For people to have a choice of Redcar or Middleborough for patients/carers*

*If these are in Redcar & Brotton, but the bulk of the population is in the Middleborough conurbation (including the west of Redcar & Cleveland LA area), there needs to be services in Middleborough, possibly at James Cook site?*

*It would be great if one of them was close to Middleborough*

*It's difficult, I don't know what is on in Redcar*

*One in East Cleveland*

*Only if they are used - not all beds currently being used by GPs at Redcar hospital as too expensive for practices*

*Please don't forget east Cleveland hospital. We may live on the edge of your catchment area but our local primary care hospital is East Cleveland*

*Time, waiting, parking is atrocious at James Cook same as above answer (should utilize small Brotton + Redcar + Guisborough hospitals for patients in East Cleveland (parking etc)*

*Yes providing beds in the South Tees area able beneficially for the elderly people*

*yes providing beds in the South Tees area able beneficiary for the elderly people*

*Yes you should provide facilities in two locations and additional unit in order able to give services for elderly and vulnerable people*

***Elderly/vulnerable people should be prioritised (14)***

*Elderly people had paid into health care all their lives and should be well looked after*

*For young and old. Cost must always be considered for people going to visit the old and they need compassionate and the caring*

*In order to help those who are in need*

*Many elderly & vulnerable don't have family support, are often confused and by the very meaning of the 'vulnerable'*

*Priority for the elderly should come first*

*So you are aware of what the support is needed for the elderly*

*Specially for elderly will give enough room restoring his/her health*

*The elderly need to be covered for*

*The elderly require more care as they lose support from the government"*

*These groups should be highest priority*

*Vulnerable people need help*

*Vulnerable people should be top priority*

*Yes that should be better for elderly + vulnerable people*

*Yes the more the services are the better for the elderly and vulnerable people*

**Good idea (8)**

*Good idea, goes part of the way to solve the drawbacks*

*I think it is a good idea*

*It seems reasonable*

*Like that*

*Much needed*

*Seems economically wise*

*Very good idea as it gives opportunity for the elderly to meet up new people with common problem*

*Yes a good thing*

**Other (47)**

*Advantageous for patient + their families*

*All patients are NOT elderly*

*Any additional investment is good for the health of the elderly and vulnerable people*

*As long as it is true investments & not just a cost cutting exercise*

*As underlined - invest in more community services for elderly and vulnerable people?*

*Because money is then focused on 'lives' rather than things*



*Both proposed sites have more modern buildings and are on bus routes (not direct)*

*But how can we be sure that the community service will improve*

*Carers need some respite*

*Concern over no dates for reutilizing empty beds at Brotton*

*Even one could be enough*

*Even one location with more beds can cover*

*For less confusion of facilities etc.*

*Good in principle but hospitals need to be easily accessible by bus as well as car and it takes two buses to get to Redcar unless you live in Middleborough*

*I have no idea about numbers, but I guess that would be ok*

*If one is inefficient if can't be compared with the other*

*If there are distance between them is better*

*If there is enough money yes, otherwise even one could cover this area*

*if this money could be spent on community service its more useful*

*Investment is paramount*

*It depends on the number of patient which I have no idea*

*It depends on the number of patients*

*It lets me avoid the James Cook hospital*

*It makes sense to close old expensive buildings and utilize fully the two newer hospitals*

*It would cover a lot more people more easily*

*Fewer beds will result in more patients needing home nursing - going back to olden times.  
Community services is a fancy way of saying home nursing*

*Many elderly people cannot go home, if they have stairs and only 1 toilet/bathroom. It would avoid falls for the frail*

*Middleborough Council support early intervention and community based services because they provide improved outcomes for those who use them, are more cost effective and are what our*

*citizens tell us they want.*

*Older buildings with deteriorating condition are a financial drain*

*Provide community beds and rehabilitation services, it is basic services for community*

*Provided that the 'investment' does not demand a high degree of monetary expenditure which would drain resources required for their development*

*Redcar and Brotton are modern hospitals and should be kept, a third would be useful for Middleborough area*

*Services are together and less confused*

*The answers is in the wording 'more' community services as the population is funding to live longer therefore 'more' elderly people than cover'*

*The number of homeless people would decrease*

*The number of sites appears to be irrelevant - again - good access essential*

*The patient can benefit from this service if it was closer*

*Then all the attention will be on the patient with special nurses who will have time to spend with them, and not have different to attend to them. They will open up to and relate to; it's hard enough for them*

*To enable you to invest in more services*

*To give adequate specialist recuperation*

*Use them properly – train staff – dedicated staff*

*We don't have enough choice in nursing care for stroke sufferers*

*we had these facilities years ago which were not replaced*

*Yes as more economical and community services could then be developed*

*yes then everyone in the community is cared for not just in hospital*

*yes, however, should utilize more care homes as intermediate care within a 'step up step down' pathway*

*You should provide this in four locations*

**No**

***There should be more than 2 (16)***

*3 hospitals would be a more realistic model to serve the frail elderly and chronic illnesses closer to home. Middlesbrough, Redcar and Cleveland is an area that is a mixture of urban to extremely rural and unfortunately the north east does not have an efficient public transport infrastructure. For example to get return bus from Guisborough to Redcar costs £7.50 for a day saver unless on some form of benefits. Part of recovery is having the ability to socialize with those you love and the geographical area of the region will make this very difficult. The mental well being of individuals should be taken into consideration when planning such radical changes to the delivery of health care.*

*All locations should have community beds*

*East Cleveland would suffer if only two locations*

*I don't think two locations is enough*

*I think every hospital should have community beds in their area*

*In as many locations as possible - to ease access by vulnerable patients and carers*

*It is not clear why community beds are needed or why there should be 20 (32-12 stroke rehab) at Redcar and 30 at Brotton. This is not an acceptable geographical split for the smaller number of community beds in the long term. Ultimately a new site at Hemlington Grange should be considered for 50% of the requirement*

*It makes it so difficult to access*

*Making them in more than two location will reduce, will further reduce costs and time consumed for getting the services*

*Need MORE than 2 locations if we are to increase care in community (as the population ages how can think of reducing them?) - This is a misleading and unfair question!*

*There should always be more than 1 location in case of infection outbreak & it may give a degree of choice to the patient*

*There should be more*

*Three needed*

*Two community beds, could be distance for some people and it makes the visit and support from*

*Carer more difficult*

*Two locations will not be enough. If Carter is to close, MORE beds will be needed in Guisborough, not fewer. I was recently asked to visit a Middleborough resident who on discharge from the James Cook Hospital had to be taken to Guisborough for convalescence because no beds available in Middleborough ANYWHERE*

*We should have beds in every hospital*

***Travel could be an issue / more local services (15)***

*2 locations where? Again, what thought has been given to people's ability to access these services, both as a patient and visitor*

*Again, surely this will make it hard for people outside the immediate area to travel there; to be visited; especially as many elderly people have to use public transport*

*Because it is too far for visitors to travel*

*Beds will be nearer to home for visiting relatives. Especially as my family don't drive*

*For the same reason as above (People are best left in the town where they live or as near as possible)*

*Good idea but perhaps more locations*

*I think we should make best use of existing LOCAL facilities*

*I would like community beds to remain at Guisborough General Hospital to serve residents locally*

*If we have in different location its easier for close family to visit more often*

*People in East Cleveland deserve the local hospital at Guisborough*

*Removing beds local to patients home, makes it harder for family + friends to visit, transport issues due to poor public transport links*

*This takes clients away from familiar area and people by only keeping in two places clients and their families may have trouble with cost getting there*

*This will isolate certain areas of the community and cause a lot more travelling for people. Can the car parks cope, will extra traffic. Will buses be available from all location's*

*Want a hospital near me*

*When you are paralysed travelling can be a nightmare*

***There should be only 1 centre of excellence (4)***

*Bringing together all the resources available will help enhance effectiveness*

*Making beds in one location is better for economising services*

*One centralised area that has the services and equipment needed is more beneficial*

*Spending all money on one centre brings more quality to services*

***Other (20)***

*As above (Redcar is too far for visitors from Guisborough to travel. Also, GPs will no longer visit their patients)*

*As this would be a reduction to the number of Community based beds currently available I cannot see how this benefits the patient. Too many day care services for the elderly have already been closed down and I don't have faith in the robustness of home based care as it is currently provided. Too often home based 'carers' are low paid workers who have no experience or evidence of 'caring'.*

*Community services have been cut back to invest more means returning it to past levels which doesn't deal with the problems which need community hospitals.*

*Elderly and vulnerable people are in need of a lot and constant care*

*Extra funds spend on hospitals*

*I do not see how you are going to recruit enough district nurses to see all these patients at home.*

*I think it is better to prepare more social care workers and to visit them in their homes*

*I think it is good to prepare for them community nursing*

*I think you should invest in good quality care both in the community & in community hospitals, there is not a one size fits all*

*I would rather see better care at home*

*Investment in more community services should not depend on the closure of hospitals*

*it's difficult, I don't know what is in Redcar*

*Leave them as are*

*Middleborough should stay open or be one of the places this happen. You are closing ward 11 in James Cook and now Carter Bequest Hospital*

*Not necessary*

*Some existing facilities already work well and new is not necessarily better*

*The community services needed aren't always health related*

*The existing facilities should be upgraded and community services should be enhanced in line with the proposals. Once again financial considerations are the reason for the proposed changes. You use the word "local" many times in your documentation yet propose to remove services from local communities at a stroke.*

*The present set up works well. A home service cannot be as good. As health staff will spend time travelling to visit patients rather than seeing them in small groups*

*What is needed is a complete new idea and within financial constraints*

**Q.3 Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?**

**Yes (212)**

***Reduces burden on other places (34)***

*At present the James Cook hospital seems to be fully occupied, coping with a high demand for its more serious injury services*

*GP appointments are difficult to make*

*I think it's a good idea to provide a more comprehensive minor injury service at a single location, because it will help people to get immediate service*

*It is clear that there is not sufficient demand for these services. Therefore, having a more effective service will release funding for other services.*

*It would ease the burden at James Cook University Hospital (11)*

*It would free queue's and waiting times up (3)*

*It would relieve the burden on major trauma centres, provide local, speedier services and fully utilise this hospital*

*It would take the strain off A&E services (6)*

*Medical attention will be faster, taking the pressure off hospitals (3)*

*Redcar Primary Care Hospital is a new hospital and should be able to deal with minor operations, to relieve James Cook hospital*

*There is too much pressure and too many departments at James Cook, which increases waiting times*

*We all thought that when Red Primary care hospital opened that it was going to be alternative A&E for people in this area, thus relieving James Cook university hospital of already overloaded services*

***Better service/quality (32)***

*A single location with high quality is better than a few with low quality (3)*

*A well recognised centre works better*

*Again concentrating expertise should lead to a better level of care*

*All help will be under one roof, and patients won't be sent from one hospital to another to get treatment*

*As I said, one with better quality*

*Because people could get help more easily*

*Because what we think might be a minor injury, might have long term impacts*

*Communities can get service without losing time in the nearest location*

*Everything will be easy & you can get emergency treatments*

*Fairly central for the needs of swift action, by staff*

*I agree, because it will help people to get a fast and easy service*

*I can't see a problem, if service is better*

*I have always been against large hospitals, smaller units make it easier to get to and they can be more easily cleaned*

*I think any service provided becoming more comprehensive in what it can offer can only be a good thing. As long as funding is not taken from other services to cover the costs*

*If the budget is going to help and improve services in one location, sure*

*Improving the services in Redcar Primary Hospital is enough for the Teesside area*

*In order to provide help to those who are in need*

*Injuries could be diagnosed at an early stage*

*It is easier to get the best from one centre, which is facilitated*

*It should be used like Stead hospital; small and welcoming, not like James Cook Hospital. People complain that it's too big. People, nurses and porters even complain that it's too big. You don't know where you're going. Believe me, it's scary enough going into hospital. You need to try and make them feel special*

*It will mean centralised, specialist staff, equipment and training*

*It's better to be done in one centre with all facilities*



*Minor injuries separated from more serious injuries. It will enhance all treatment*

*That would increase efficiency and effectiveness*

*There will be a better staffing level with medical input and diagnostic facilities, which will only be achieved in a single location*

*This sounds like a more improved service to the one we currently have (2)*

*This will provide quicker treatment and diagnosis without the need to travel to another hospital*

*This will reduce waiting time, as long as the skills necessary are available. At present some very simple/basic skills are missing. Some skills could easily be mastered by nurses*

*This would again benefit more patients*

### **Transport (30)**

*As both myself and my wife are disabled, we are not always able to help one another if we are having to travel long distances*

*As long as you also provide minor injury facilities at local GP surgeries, so you don't have to travel a long way by bus*

*Big new hospital with good parking, minor injuries could be seen to much quicker, with a quicker diagnosis. It stops people getting frustrated*

*It is frustrating when arriving at Redcar Primary Care Hospital to be told that you need to go elsewhere, when you have no transport*

*It is more convenient than travelling to James Cook University (4)*

*It would reduce travelling time for any treatment. It would be very beneficial to this area*

*It would save patients travelling elsewhere*

*It's not so far to travel for East Cleveland patients, to James Cook University Hospital A&E*

*James Cook University Hospital is difficult and expensive to park at and it is a long walk from the car parks. The hospital is so huge that it's tiring visiting*

*James Cook University is difficult to get to without your own transport. Taxis are expensive.*

*My husband is aged 85, suffering from vascular dementia. He scrubbed his shins badly and received first class treatment there. If we had, had to go Middlesbrough twelve times, it would have been*

*very tiring*

*Probably. It depends how comprehensive is it, patients will have to travel further. They might then have to wait for ages, only to be told "you need to go to James Cook for this"?!*

*Quicker emergency access is desirable, with less travelling and a speedier service. Staff will have more time to deal with people*

*There should be a transport service in place for those who will have to travel further (7)*

*There should be easier access to smaller hospitals, as it reduces stress and time travelling to larger ones*

*This has to be better for an ever growing community and outlying areas, instead of having to travel to Middlesbrough*

*Transport could be a problem (3)*

*Yes, if they have good parking and is on a bus route*

*You would need to think about the distance for the elderly*

#### **Agree (28)**

*Because it is a good thing and it's for health*

*Centralising provision for minor injuries would seem appropriate for the Redcar & Cleveland LA area with residents of Middlesbrough encouraged to use the Linthorpe One Life Centre and North Ormesby Health Village*

*I am not sure what you mean by more comprehensive, but it sounds good*

*It is a good idea to have a more comprehensive care unit (9)*

*People suffering from minor injuries can come to the service centre from any locations*

*There is no need for more than one centre, for minor injuries (12)*

*This can only be a successful proposal due to the ever growing ageing population*

*We don't need these services that often because it's not urgent (2)*

#### **Local still needed (18)**

*As long as the A&E section at James Cook remains as a point, if going there is needed, then we are*

*for a single location at Redcar for minor injury service*

*Good idea, but what will local people do with their bleeding wounds or sprained ankles? They can't be expected to get two buses to Redcar, they will just go directly to A&E at James Cook Hospital*

*Health care from different sectors needs to be given in all areas to enable everyone to get care and treatment*

*I agree, but some care in Guisborough would be very helpful*

*I think it is a good idea for minor injury people to go nearer home for treatment*

*If this means that East Cleveland Hospital can also provide a minor injury service. Local is better*

*I'm unsure if one site would be sufficient*

*It is necessary to have a closer service in this area, as getting to James Cook University can be quite traumatic from Redcar, and adds to stress*

*It is too far from East Cleveland for people*

*It will save a lot of stress to people who have a minor injury, being able to get local treatment*

*It would be better having it local, instead of going to Middlesbrough*

*It would help especially with children and old people. Getting taxis to South Cleveland can be expensive, old and young couples maybe cannot afford it. Brotton, Guisborough and Redcar should all be kept going. Also the walk in centre at Skelton is a Godsend with young children who are not always ill when you can get a doctor*

*People from Redcar, Skelton and Brotton should be treated at the nearest hospital, not somewhere miles away*

*People need a minor injury service fairly close to where they live. We have drop-in services nearby but most people don't know about them. These should be used more, with more specialist care at Redcar hospital*

*We need more local treatment, there should be one everywhere (2)*

*Yes it is near where I live, but it could be difficult for people who live outside Redcar. There should be an increase in ambulances, as people can't drive to Redcar if they are injured*

*Yes, if patients from the West side of the area are considered when arranging appointments - especially if they are elderly*

### **Access (17)**

*Access, convenience and professionalism. There will be much less traffic and easier parking*

*As long as elderly residents from East Cleveland can get there. Those 'at the centre' need to understand that 'excellent services' are wasted if people can't actually get to them in the first place. Sometimes 'less than excellent' is better, if they are at least accessible.*

*Because it is much closer, we have the Redcar, let's use it*

*Easier access for elderly patients*

*Easy access to a local hospital is very important, with good facilities*

*For me, it is ideal. I live in Lingdale, so it's usually James Cook Hospital*

*If minor injuries can be diagnosed and treated at Redcar, this will be more central to most residents and easier to access than James Cook hospital*

*It is good because it is local*

*It will be easier to get to the destination and park*

*Local hospital but it is able to centralise urgent minor injury care in one centre, and Redcar is easily accessible in the Redcar and Cleveland area*

*Local people are able to access the hospital, which provides an excellent service*

*Providing there is still opportunity to access James Cook casualty department for people nearest to it*

*Redcar is a convenient location for most people*

*Redcar is not easy access for some area. Middlesbrough is more central*

*Redcar is very near to us and much more accessible than James Cook Hospital*

*Then it will be easier for people without cars to get to, quicker to be seen maybe*

*There is easy access to Redcar Primary care for minor injuries. When Stead hospital was open, I received X-ray's straight away, for two falls, as I have osteoporosis*

### **Facility underused (14)**

*I believe the location identified is totally under used. To have such a unit would in the long term produce value for money (2)*

*I don't think Redcar is used to its full advantage, it has the best quality facilities (9)*

*I have never stayed, it's new to me but people speak well of it*

*Redcar Primary Care hospital is a new build with new opportunities, which appears to be underused. It should be embraced to its full potential and services increased to the general public. Money would be better spent by the health authority*

*There are plenty of people who are unable to go to Middlesbrough, so Redcar is the best at the moment. It isn't being used to its full potential*

#### **One recognised place (10)**

*It brings more confidence when a patient goes to the centre with one facility of a special purpose (4)*

*It's better for it to be done in one recognised centre*

*People will know where to go, it will be a well known place for people (4)*

*Specialist services should be in one location, to effect economies of scale*

#### **Cost (4)**

*For obvious reasons; it is a waste of money not to*

*It will save on costs, rather than having two places to do one thing - by having one (2)*

*We don't need to spend money on staff and buildings for minor injury*

#### **Other (25)**

*Any improvement for elderly is helpful*

*As long as it is not at James Cook hospital, I don't mind*

*As long as its appropriately staffed*

*Based on existing usage at existing sites this seems like a rational decision*

*But there needs to be a doctor available at all times, that is able to treat a wider range of injury*

*But what is the future of the NHS walk-in services?*

*Existing minor injury services are too fragmented and staffing is a problem, anything more than*

*requiring a plaster not covered*

*Hands on approach is best*

*I do, as long as they have nurses who can stitch. Which they haven't at the moment*

*I have used the NHS, for my husband*

*If only one unit can be afforded*

*If you have a sprained ankle, you would go to the doctors*

*Instead of a patient going to James Cook University Hospital after being seen at Redcar, it would shorten the time factor*

*It also needs advertising, where the hospital works*

*It needs to be clearer; what a 'minor injury' is, and who will provide the medical cover*

*No comment (2)*

*Such items, as such as, blood transfusion would be useful for patients requiring a 'top up'*

*This has been promised for at least 50 years in my experience*

*This would take from James Cook*

*Why not Brotton hospital?*

*Yes and no; the answer above applies. Dependant on where they are situated; East Cleveland is demographically the lowest car ownership in the UK, so it depends where the locations are and if it is possible for relatives/friends to visit. How do you get a 90 year old person to a minor injuries centre using a bus?!*

*Yes most priority things on medical issues (2)*

*Yes, but what has this got to do with "elderly and vulnerable people"? Minor injuries happen to everyone*

### **No (133)**

### **Access/locality (43)**

*Again we are on the edge of your catchment area; time to get to a minor injuries centre is very*

*important*

*Again, local communities in Guisborough and East Cleveland will be left with no minor injuries cover. In your documentation you quote figures for attendance at minor injuries clinics and the figures for Guisborough are inaccurate and much lower than actual, is this a genuine error or concocted to suit your argument? Once again financial considerations are the reason for change not necessarily patient welfare.*

*Because that (Redcar primary care hospital ) is enough for minor injury*

*Brotton is closer and better for us to get to in this area (2)*

*Definitely not. By closing East Cleveland hospital minor accidents deprives East Cleveland of a vital facility. Having had to use this service in the past, it should not be closed*

*Due to ease of access (9)*

*I disagree with centralisation as it consumes time and energy for the elderly to reach the location, from any place in the Tees area*

*I think we should make best use of existing local facilities (2)*

*I would prefer to see the minor injuries unit at Guisborough Hospital continue. I have needed to use it several times*

*If the service in Guisborough closes and the surgery was closed, we would go to James Cook Hospital not Redcar (3)*

*If you are not a car owner, accessing a minor injury clinic at Redcar in the middle of the night is difficult or well nigh impossible. Keep the minor injury unit at Brotton*

*It (or they) needs to be located where access is required most. Have you looked at where minor injuries occur? What are the consequences of limiting local access? Could this force more people to attend A&E? E.g. Guisborough to James Cook hospital might well be quicker than travelling Guisborough to Redcar.*

*It is difficult to get to Redcar (6)*

*It needs to be more local to be seen, if it is serious then you can be referred*

*It's good to have single location, but I'm not sure Redcar is the ideal one*

*Minor injuries need to be dealt with promptly and locally. Guisborough and Brotton patients would have to travel to Redcar. How is that a better service for them?*

*Needs to be Guisborough and Redcar, to provide skilled and convenient care. If we don't upgrade*

*Guisborough buildings and facilities it will be demolished and sold off for redevelopment. The money only happens once as a 'benefit' to the health services. The need is ongoing for the community - the area around Guisborough*

*People with bleeding wounds, minor head injuries etc. need somewhere local; you can't get on buses with bleeding wounds Could GP surgeries provide cover for this? Patients now wait days for re-dressings because there are no appointments available*

*Please keep minor injury facility at Brotton*

*Redcar is not easy to get to from some areas (4)*

*There is a community hospital at Guisborough which should remain open, especially as we have more elderly residents in the community that require a local hospital*

*They need to utilize more pharmacist premises closer to home, 'faster care, productive series' - utilize pharmacy contract*

*Vulnerable old people need local care .i.e. Brotton hospital*

### **Travel/transport (31)**

*Being centralised, people at various areas will have to travel too far for treatment*

*For people who rely on public transport, local community hospitals are more important for those who do not suffer from an acute condition*

*How do we get there from Brotton?*

*I don't really know about this as the small local units provide a good service. They make good decisions as to travel when the need arises rather than going to Redcar every time*

*If people are relying on public transport, it is far easier for the residents of Guisborough to travel to the James Cook University Hospital A&E than it is to go to Redcar. It is well reported how increasing numbers in A&E are causing extreme pressures, yet the plan to close a minor injuries unit at Guisborough does not fit with the national aspiration to move care closer to home.*

*It adds transportation costs, and the GP's in one area can provide that kind of service with some help*

*It is difficult to get to because the bus service doesn't go past the hospital*

*It is too far and too difficult to get to from East Cleveland Villages (10)*

*It is too far to travel with a minor injury without a car (6)*



*It would be better if it was localised, you are covering a large area and older people will have trouble travelling large distances for a minor injury*

*Minor injury usually means exactly that and if the elderly and vulnerable have to travel into Redcar, they might not and it could easily become major. Not everyone has a car*

*Most people have travel issues, plus South Tees is too big of an area to just have one centre*

*Redcar is too far to travel from Middlesbrough*

*The area we cover is massive and patients living in the outlying villages have no ability to travel to Redcar. They are often elderly people and the public transport has been drastically cut in recent years. Has the cost of additional use of ambulance transport services been considered?*

*Transport is a problem for older people.*

*Travelling is an issue for some people (12)*

*Why should patients have to travel when a hospital is on their doorstep*

### **Should be more than one (28)**

*Because minor injuries are the most frequent health problems and their treatment should be widely available in many locations (3)*

*Every community needs a minor injury service around their area (4)*

*I think more than one minor injury service would be better e.g. keeping the Guisborough one. If it can't be dealt with there, then people would go to Redcar (2)*

*I think providing only in one location is not enough and easy for more people at least it should be in two locations (4)*

*I think you should have more than one single location (8)*

*I want to go somewhere closer to where I live in Middlesbrough*

*We need injury services to be available in every hospital (6)*

### **Overcrowding (8)**

*I don't believe the infrastructure at Redcar will cope with the additional patients brought to them, by the closure of the minor injuries and drop in centres at Brotton and Skelton*

*I think putting injury service to a single place might make the service busy*

*Improve local minor injury services rather than block of congest at one place. Put an explanation on what is a minor injury*

*It's going down the same path as South Tees Hospital, with long waits when it could be more urgent than it looks*

*Maybe in local GP's as there is too much of a waiting time in big hospitals*

*Minor injuries can be urgent. Waiting times may increase if there is only one unit*

*The alternative at James Cook hospital is usually extremely busy, on Tuesday afternoon about 3pm, 22/7/14 it was announced "two hour wait for trauma patients"*

*There is congestion encountered at present in the James Cook University Hospital. A&E will be far better received at two or three points rather than just one. There is also a need for better publicity indicating the mobility of doctors surgery to provide minor injury care*

#### **Cost (8)**

*Concentrating all patients in one location will result in longer waiting times. Redcar now has a reputation of sending patients to James Cook anyway - so people will bypass Redcar and go straight to Middlesbrough*

*I believe funds should be spent on more minor injury facilities as they are more important*

*It is a good idea to provide help in GP surgery's to save money and time*

*It is a waste of money and personnel*

*This money is better spent on hospitals and vulnerable people (3)*

*While I believe the Redcar Primary Care Hospital should be more fully utilised given the cost of its construction, I do not feel that this should be to the detriment of the services provided more locally to people at e.g. the East Cleveland Hospital at Brotton. For people in Loftus and surrounding areas it is far more convenient to get to Brotton than Redcar.*

#### **People will just go to A&E (7)**

*I live in Guisborough. Redcar is too far away for minor injuries and the hospital is not well-served by public transport from here. If you close the minor injuries department in Guisborough, I might as well*

*go to A&E at James Cook Hospital - which is probably not what you intend*

*If minor injuries cover is restricted to Redcar. Then people will consider going to James Cook University A&E*

*It is a lovely hospital but I don't feel one centre could cope with the population locally and more people will then attend A&E at James Cook. Where did the attendance figures come from for local minor injuries units. It can't be true that they only see 2 – 6 people per day on 2 occasions, I have had cause to use, and there have been many more patients in waiting areas.*

*Minor injuries being moved further away is an inconvenience due to poor public transport links. There is no incentive to go to Redcar over James Cook University Hospital, there will be an increasing demand in A&E*

*On one hand it will teach people to take responsibility and look after themselves, they will think twice about whether the injury warrants being seen at urgent care. But it is very difficult for elderly and vulnerable people to access Redcar Hospital by public transport from the East Cleveland area, unless transport provision is addressed. Patients are still confused as to what urgent care centres are able to treat and if an X-ray is available when it is needed. Also you will not want to risk taking two buses to Redcar with an injury to be told you then have to get to A&E on a further two buses - many people will just go to A&E first.*

*There are a lot of rural villages that would have too far to travel. A lot poorer families, with young children possibly, will call for an ambulance to James Cook University Hospital, therefore there will be more burden on major hospitals*

*There are already long waiting times at Redcar with minor injuries; they will be longer if Brotton and Guisborough close. More people will travel to James Cook University Hospital A&E, it is already overstretched*

#### **Other (8)**

*"Minor injuries are lower in priority hospitals etc"*

*We have no ambulance service at Guisborough*

*As with question 1; I think it is unnecessary to treat minor injuries in a way which suggests great expertise or equipment is needed*

*Only serious injuries should be focussed on*

*Rotation of staffing already exists to maintain high standards of staffing. It appears there are issues with equipment NOT staffing*

*This will mean some outlying hospitals would shut*

*We need better hospitals*

*What about the vulnerable people in East Cleveland. Don't people care about these*

**Q4. Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?**

**Yes**

**Money should be spent on health care (125)**

*100% It's spending money on something that we can get more benefit*

*Absolutely - invest in district nursing + provide spaces for offices - community services*

*Although building need improvement but nursing priority*

*Always training nurses and provide some carers at home its easier and less costs*

*Any increase in nursing and therapy services is a benefit - ageing buildings do not help care for patients*

*As a patient I care about the service that I receive not building itself*

*As long as it doesn't affect the quality of the service provided*

*As long as you also address the gaps in the service which occur out of hours - community nursing needs to provide 24hr care*

*As long as you do delivery community nursing. The nurses in community continually complain they do not have the resources or man power to support elderly*

*As Q2 (Older buildings with deteriorating condition are a financial drain)*

*as underlined - increasing community nursing and therapy services rather than on maintaining ageing buildings*

*Because community nursing is very important and appreciated*

*because I think increasing community nursing and therapy services will be for the best*

*Because it is better to save peoples life than to maintain buildings*

*Because it makes sense*

*Because it makes sense providing the old sites are sold off for funding*

*Because it will improve the standard of care for all service users and get the support that they need*

*Because nursing and therapy services save peoples life and I think priority should be given to that*

*Because people are more important than buildings*

*Because people who are elderly or vulnerable are in need then you can help them more*

*Because people will get more concentrated care*

*Because priority should be given to community's health*

*Because this relieves the hospitals and is a big factor in helping people to stay in their own homes*

*before anything patient need good care*

*Best way to use funds*

*Better nurses*

*Better to have quality and reliable services than having old system*

*Better use of money, resources & people able to stay in known family environment*

*Both are needed but nursing has more priority over building*

*Both important but nursing comes first*

*Building and nursing both are needed for treatment but nursing has priority*

*Care is uppermost*

*Care should be about people not ageing buildings*

*Carers and care therapy services need more funding and availability to ensure mental wellbeing & stress of caring/being cared for*

*Common sense. Better to repair old people rather than old buildings*

*Community based care + treating people in their homes generally appears to be better for patients*

*Community care hopefully with their care at home is what most people prefer*

*Community care is more important than ageing buildings*

*Community nurses are brilliant, and give a very caring service, more important than a building*

*Community nursing & therapy services more important than ageing buildings - use Brotton & Redcar hospitals more*

*Community nursing is the way forward*

*Community nursing is VITAL where as old buildings are not*

*Community treating people in their own home we'll provide a less stressful experience & alert the nurse to the patients living conditions*

*Could cause more than the old buildings are worth. The money would be best spent on community nursing*

*Elderly and frail patients on the whole prefer to be seen at home if possible for nursing and therapy. Money spent on trying to maintain old buildings would be better spent on staff*

*Funds are limited; use them to provide services to the local community. Services that are wanted + needed*

*Good building with bad services is meaningless*

*health is much more important than buildings, however you cannot pass by the goodness of building can have a positive impact*

*I agree because people are more useful than a building. It is good to increase community nursing*

*I agree in 'principle' but there is much more evidence needed of how this is proposed to be provided and how patients will access it For instance, Mental Health services were moved to Kirkleatham which is the most out of the way/inaccessible/impersonal place imaginable. In this instance I don't believe the needs of patients were a priority over costs*

*I agree only if the money saved is used for community nursing and does not 'disappear'*

*I think spending money on old building is part of mission and still we need trained nurse*

*If it improves healthcare and reduces costs*

*If we don't have enough nursing service, no matter if the building is old or new, we have no use of them*

*If we have the modern building without good care and service there is no use to it*

*Increase community staffing will help keeping patients in community and reduce pressure on beds*

*Investing in personnel development and satisfaction can improve the services given by them*

*It is a more effective use of decreasing financial resources*

*It is better to spend money on something that is ongoing and more useful*

*It is waste of money to spend on old building while improving nursing area are better way*

*it saves money for better purpose*

*It sounds like a better idea than maintaining old buildings that could probably be sold off.*

*It's better to help people than to maintain buildings, but of course building will also need to be maintained as shelter is very important*

*Money should spent on nursing + therapy services, definitely not on buildings*

*Money spent on nursing is obviously more important. But if ageing buildings e.g. Guisborough are to close, another in the vicinity should be provided*

*Money will be reinvested + not saved. We feel this is very important because the demand for personal home care is there*

*More budget funds to be utilized directly on people*

*More cost effective*

*More cost effective and meet needs of local population/community*

*More cost effective in financial and environmental terms*

*More cost effective to increase community care*

*Nursing always come first, if we have a perfect building with not enough nursing service then is no use to it*

*Nursing and caring are very important and has priority over other issue*

*Nursing and therapy services are essential for community*

*Nursing are important issue which can be done in old building*

*Nursing has priority over building*

*Nursing is better as it's the people working in hospital, not the technology that saves lives*

*Nursing is more important and vital compare with building itself it can be delivered anywhere*

*Nursing is more important than building although we need building to provide the service*

*Nursing is more important than building itself so it comes first*



*Nursing is very important, sometimes can be done at patients home*

*Obviously more "feet on the ground" should mean better care, need dedicated staff for this*

*Of course the funding for increasing community services have a great role in serving community*

*Of course the funding for increasing community services have a great role in surviving community*

*Older, vulnerable ref Q2 ( vulnerable people should be top priority)*

*Patient care if vital to health and needs of response can help recovery*

*Patient expect good care first , the building not as important as nursing*

*Patient needs care first it could be done even at home*

*People are more important than buildings*

*People matter they come first*

*People more important. Comfort knowing these facilities are there for us*

*People need this service, perhaps a grant could be made available to repair buildings*

*People's lives are more important than buildings. If people are healthy they can manage living in ageing buildings, but new buildings cannot guarantee health of people*

*Personally all I care about is to receive a good service doesn't matter where*

*Prioritizing the most important thing is wise*

*Quality of the service can only be improved by investing in nursing therapy services*

*Quality service comes first*

*Receiving nursing this valuable*

*So more money can be saved for other purpose*

*Some of the services can be done at patients house or local centre, so it's better to spend money on better purpose*

*Spend more money in increasing community nursing*

*Spending money on trained nurses help to save time and costs in future*

*Spending on individual people is important*

*Support in the community essential*

*Surely... I prefer nursing over the location*

*The building itself is not useful unless we have good nursing*

*the older the building the more the cost to maintain- if the staff trained to go out its better/no contest*

*the older the building the more the cost to maintain-if the staff trained to go out its better/no contest*

*The overheads for maintaining ageing buildings will increase, this money would be better value used in the community*

*The way this question is asked it would be very difficult to disagree. I do agree with the statement however I believe it would be better to close 1 hospital rather than 2.*

*They both as important but having enough community nurses is essential*

*To make community services better*

*To make community services better*

*To make services better*

*Too much money wasted on old buildings, better spent directly on people*

*We always have to consider priority and in this case nursing is more important*

*We have to consider which one is more important and have priority which is nursing*

*We require the money in 'doing' the services rather than spending on maintenance*

*Without a good service of nursing, building doesn't have any use*

*Without building we still can receive good nursing but without nursing no use of buildings*

*Yes - as long as the money saved DOES actually go towards enhancing the services, rather than 'saved'*

*Yes definitely, therapy and similar care are more important*

*Yes I agree on increasing community nursing rather than building? I believe there is a shortage of nursing*

*Yes I do agree the funds on increasing community nursing and therapy services*

*Yes it is always better to spend on the community rather than buildings, people first*

***Community/ Home care should be utilised more/ it is the best form of care (58)***

*A lot of people need support in homes, they don't get much personalized one to one service*

*Although a good nursing needs location, but most or some of it can be done even at home*

*As my relatives surgery has just closed making an extra journey necessary to the next available surgery more community contact would be a bonus*

*Being treated at home instead of going to an old hospital has a better feeling possible aiding the patient recovery*

*But how do we know that community nursing services will be properly IMPROVED? Ten minute visits are ineffective*

*BUT it isn't always nursing interventions that people require – it is social support especially out of hours or there isn't anywhere near enough!*

*But make sure there are sufficient community nurses to cover all this extra work. Not enough now before any changes*

*But with reservations. It is good to keep people in their own homes, but it can be a great strain on the family carers. Caring help is appreciated but it is not always easy to get. Good carers are few and far between an caring at home family can be frightening if you don't understand the case*

*Could you also look at providing health facilities that the community need i.e. autism/dementia*

*Definitely. Community care should be a priority*

*Especially if it means working with the elderly in their own homes or immediate locality*

*Especially if these increased services are accessible through GP services*

*For many patients, being in their own home is often a help in them getting better quicker, they are able to feel more relaxed in familiar surroundings*

*Have physiotherapy service at home. My husband was sent out of hospital with no real physio, only one physio came to show two carers what to do*

*Help in the home gives people easier access to services and communications*

*Here again it would be local and not involve so much travel*

*Home + community services reduce travelling times and reduce pressure on main hospital*

*Home visits would be wonderful*

*I believe in care, wherever possible going to people in their homes*

*I do feel the community nurses do a good job, but some changes need to be put in place. Some people locked in on their own over night is a no no. More time is needed if the nurse requires it to make safe and secure some patients*

*I feel it better to have treatment at home close by*

*I have found nursing care from community nurses second to none*

*I have great faith in our community nurses, they do an excellent job*

*I think it is very important to care for people in the community - at home wherever possible. This service is invaluable*

*Improve the level of communication between nursing therapies. This is largely absent at present*

*It gives people more independence*

*it is helpful because when you increase community nursing those vulnerable people will get more attention*

*It will allow community nurses to see the environment that some patients are living in? and money can be saved by not having to maintain old buildings*

*It will enable service users to get more specialist care and a high quality of treatments*

*Keep more people at home as possible*

*Keep people in their own homes must be cheaper than - ambulances and waiting in hospitals*

*Less hospital nursing, more community nursing = less cost*

*Lots of people are more comfortable with care at home and their own GP who knows their situation*

*Make more time for them, instead of "yes we have 1/2hr or 1hr to work with you", it's all about time*

*Mobility would enable a more flexible service, and less inconvenience for very disabled clients*

*More community nursing would free up a lot of hospital beds*

*More contact for people in the community builds confidence in service*

*More convenient for patient and less worry*

*Most patients are happier at home and especially older persons who find change disturbing*

*My experience has been that we have had excellent care in the home*

*My nephew has MS – he receives care at home. Easier for his mum who not have to keep visiting him at hospital*

*often problems can be resolved with advice/community care - no need for buildings*

*Old people like to live in their own homes as long as possible*

*Old people would not have to go to James Cook hospital as I have experience of this*

*patients would be much happier receiving treatment at home when possible*

*People are better in their own homes if possible*

*People cannot always travel to the hospital easily nor visitors especially from East Cleveland*

*People much happier in their own homes*

*People need care and of course a place to care but it could sometimes be at home*

*Recovery at home is a lot faster, safer in your own home, less bugs*

*Short term hospital stay, and when ready would be better served at home*

*The more community nursing the better it could be*

*To deliver care at home, where patients want it and when they want it*

*very much so if it keeps patients in their homes and hours are allowed for doctors appointments not just telephone consultation*

*We need to increase the number of community nurses as it is more important than location*

*We want to stay in our HOME for the rest of our lives with our own things around us. We want to eat our own food, sleep in our own bed etc*

*Yes most people would like to be helped in the home they would feel better*

*Yes to reduce the difficulty of travelling*

***As long as services are maintained (36)***

*As long as East Cleveland maintains one of its hospitals*

*As long as sufficient time is allocated to each patient!*

*As long as there is some community hospital provision as this also prevents patients being admitted to James Cook and supports community nursing & therapy services*

*As long as they can provide the same services and cover. Will they have all the necessary equipment?*

*As long as this happens + elderly + vulnerable get the support at home they need*

*As long as this will not overload the proposed locations*

*Bring services up to date*

*But existing buildings/infrastructure should not be overloaded to a point where they become less effective (N.B) car parking at Guisborough PCH*

*but some aging buildings need replacement*

*But we still need hospitals*

*But will there be enough staff?*

*Definitely a good idea as long as this service can be funded adequately*

*For all patients the important issue is to receive the best care no matter where*

*Having the right number of nurses*

*However I think it would be difficult to employ sufficient staff*

*Human resources development is important for any improvement of services*

*Human Resources development is key for any improved medical services*

*Human resources is vital for health service and I highly endorse your plan*

*I agree but my observation of how resources are managed must improve too much wastage and i.e. time*

*I feel this is a fantastic idea, but have my reservations if this will work*

*If properly organized and staff don't spend a large amount of time travelling or doing not much work*

*More money needs to be spent on the stroke sufferers etc;*

*More mobile options too e.g. OT events at other community venues - raising awareness of services etc*

*Only if comprehensive and joined up*

*Only if that is what expert evidence tells you to do.*

*Regular visits/checks on patient's health & mental wellbeing, not as a direct response to a GP/hospital appointment. Reassurance for patients and carers alike*

*The more trained nurse, less place and practices are needed*

*There must be better organisation of nursing services!! I have experienced community matron service - EXCELLENT. District Nurses - understaffed and erratic*

*We need to go back to the old fashioned traditional approach of the district nurses etc. People who are vulnerable and are unable to access medical centre's would benefit from this type of care, and the confidence of seeing the same people who help with anxiety and worry*

*Yes better to have quality medications and good services*

*Yes but not if it means closing Guisborough Hospital. People in this town need local facilities*

*Yes but with PROFESSIONALLY trained staff*

*Yes good idea as more & more pressure on James Cook Uni Hospital - who do sterling work*

*Yes it makes sense, but it will be very sad to see Guisborough lose yet another service.*

*Yes providing the above assurances can be given (Minor injuries may be minor but require urgent attention, this will not be available if only available at a single location)*

*Yes to increasing community service, but buildings must not be left to rot!*

***Maintaining buildings would be inefficient (23)***

*A lot of the buildings are not in any fit state for Dr's or treatment to go on*

*A lot of waste on buildings not reaching full potential*

*A much better use of finances*

*Ageing buildings are no longer fit for purpose. too much financial upkeep in line i/c health & safety*

*Ageing buildings are similar to anything becoming older. More resources are needed to keep them serviceable. Modern methods are therefore needed*

*Ageing buildings need to be upgraded and even demolished, so that it could be ready and fit to the new standard of living*

*Ageing buildings should not cost a lot of money*

*I am surprised the Guisborough Primary care Hospital is not considered a difficult to maintain ageing buildings site. Guisborough area needs a facility like the Linthorpe One Life Centre or the North Ormesby Health Village*

*If the buildings are nor providing the correct standard of care then the NHS should cease to spend money on them*

*Maintaining old buildings is too expensive & the money could be better spent*

*My experience of older buildings are very expensive to maintain*

*new buildings are designed-for-purpose, being more beneficial to both staff and patients*

*New buildings with better equipment + services*

*Newer buildings are cheaper to maintain, therefore money can be spent on patient care*

*No point maintaining ageing buildings that aren't fit for purpose*

*no point maintaining an ageing building if the patient dies due to lack of care or funding*

*Of course some of the building are very old and waste of money and time to work on them*

*Old buildings need continuous maintenance so are expensive*

*Some building are simply wasting money which otherwise would have been used in more important services*

*Some hospitals too old to alter*

*Some of the hospitals are too old!*

*There comes a time when old buildings outlive their use*

*Too expensive to build more why close 'Carter Bequest' and others? use them instead of pulling them down*



**Agree (17)**

*Absolutely agree*

*Agree with it*

*agree with you*

*BUT this is a LOADED question anyway, suggesting that the only sensible, logical answer should be yes*

*Definitely yes*

*I definitely agree*

*It makes sense*

*It's a no brainer decision*

*It's obvious - but this is a leading question, isn't it?*

*Seems like common sense*

*Seems sensible*

*Sounds good to me*

*Spot on*

*The answer is in the question i.e. maintaining ageing buildings which are NOT ABLE*

*This is a very slanted question" how else could it be answered?*

*This is just plain common-sense, I can't think of any reasons against this*

*When you phrase it that way most would say yes. But you're not saying what extra stuff these nurses will be doing. They've always been few on the ground and overstretched in Guisborough area*

**Other (28)**

*All available funds to focus as is possible to maintain points of interest (Don't get side tracked)*

*All patients care should be excellent services and treatment no matter where*

*Answers in your question*

*Are there any old buildings left?*

*Are there cheaper options for office/admin accommodation than those used at present?*

*Because, having good buildings and infrastructure has its role in healing*

*But stop GIVING the land to developers, then paying astronomic rents*

*Ditto*

*Don't get enough care*

*Hopefully lead to better care*

*I have a vested interest regarding the closure of Carter Bequest hospital. My mother received totally inadequate treatment at that unsuitable building masquerading as a hospital. CLOSE IT*

*It's important for the elderly to have access to the doctors surgery, people on Ings farm have 2 buses to get to Redcar hospital or get a taxi*

*It's important to think how to look after them then where?*

*It's more pleasant for people to have to go to instead of sitting in old cold places*

*More nurses means better care and welfare for the individual person*

*No comment*

*Ok. We need good buildings too*

*Overlooking building is not wise, some buildings need updating*

*Please see the responses to other questions*

*Provided that the care is made available. My husband and myself have been on hospital 3 times since Oct 12, we both made certain (James Cook + Darlington Memorial) that people knew that we could not cope at home on several occasions but no help was given*

*Spending on?*

*The elderly/vulnerable require extensive care from nurses*

*The trend to centralisation is not satisfactory for many elderly people and their relatives*

*There would be more centralised care*

*This for people to benefit from these services and if you offer it could help patients*

*To carry out treatment buildings are needed but this could be done anywhere*

*Yes I just worry its only talk*

*We have to consider priority as both are important*

### **No**

#### **Buildings are important to delivering care (12)**

*Both of them looks of equal importance to me*

*Buildings are important*

*buildings maintaining is very important to prevent any infections*

*Hospital standards are vital*

*Hospitals > Nursing*

*Hospitals need to be improved to provide better care*

*I think it is better if it is giving equal*

*Maintaining ageing buildings are more important*

*Maintaining ageing buildings is more important in my opinion*

*maintaining buildings and having the right equipment is equally as important*

*These are not mutually exclusive alternatives*

*Why not do both?*

#### **Other (36)**

*?? existing buildings or replace or renew over a period until available in every location*

*Money spent on the community*

*A hospital is needed in the town (Guisborough)*

*As this is often service lead focus, rather than person lead care*

*Because any care is better than none*

*Buildings are secondary however if you have the extra resource to do it then fine*

*Carter Bequest wouldn't matter as James Cook is in Middleborough but Guisborough has no other facility*

*Community nursing is an excellent idea but should be 'as wells as' + not 'instead of' - closing local buildings for therapy means any specialized nursing or equipment used will mean, again, the elderly having to travel*

*Rehabilitation services are suffering because of this proposal*

*Don't do away with smaller units, James Cook is too full already, better personal care at smaller units*

*Good quality buildings are also important for the psychology of the patients and their carers*

*Guisborough in the East Cleveland area is an old hospital Redcar & Brotton are not see question 7 (Minor injury support at Guisborough should be left there)*

*I believe due to an ageing population, the younger population should be cared for more*

*I do not think enough services can be given, too big area not enough staff, would need too much*

*I think we should improve community facilities at Redcar & Guisborough & Brotton*

*In practice doesn't work - sounds good in theory!*

*Investing in old buildings is rather timely in our area, neglecting them for any longer will further increase future costs*

*It depends on which buildings you are thinking of destroying*

*It seems your questions are worded to 'encourage' people to agree with your statements. How much in the 30 year period of paying for Redcar will it cost in comparison to the maintenance of Carter Bequest Hospital*

*It's about people and caring not money and buildings*

*Local communities will have to leave their area where either the client of the family will have to travel, which they may not afford*

*Maintenance of ageing buildings is one time investment and hence it should be given priority in this year's budget*

*Maintaining ageing building equally as important as increasing community nursing*

*Money is better spent on new hospitals*

*My experience of community nursing was variable. The care at Guisborough General could not be bettered*

*Not everybody wants to be treated in their own home they feel more safe in hospital*

*Nursing is very important*

*Once centers close never replaced*

*Services need to be local to those using them even if it means new builds*

*The buildings are there why not use them for the good of the "local" population. I agree care in the community should be given more resources but who will provide it NHS staff or private companies who need to make a profit at the expense of the taxpayer and patients. Carers with limited time slots under pressure to perform does not bode well for quality healthcare*

*The buildings should have been maintained, it's just an excuse to close community hospitals. The kind of care given in small hospitals should be duplicated not crushed.*

*This is just an excuse to close building and centralize services*

*We have been told previously the cost of the NHS is staff - not buildings - which is why Redcar PCH is underused. Paying nursing services to travel to patients homes is not cost effective*

*What is needed is a new/different approach, not what is suggested, perhaps using hidden resources within communities*

*Will anyone tick the box advocating buildings not nurses??!*

**Q.5 How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services.**

***More/longer Home visits/home care (49)***

*Any service needs to have comprehensive out of hours services - to deal with problems 24/7 ideally in the persons own home - not all incidents require or need hospital admission*

*At home people would not be waiting too long for therapy*

*Bring more nurses to visit patient at home*

*Bring more nurses to visit patient at home*

*By providing home visiting and taking them out*

*By providing some of the services at their home such as blood test*

*By sending trained nurse to their home*

*By sending trained nurse to their home*

*Care in the home (support)*

*Checkups on elderly should be more often for the housebound*

*Definitely physio at home is essential, in our case for my husband who is paraplegic*

*Expansion of day hospital facilities, and day centres for more social problems including loneliness and dementia. Rapid response to social needs, walking aids commodes etc. \* Better home care support (banish the 15 min appointments) Ensure carers are dementia aware. Allow them time for flexibility. If an old person is off legs one day they may need a bit longer!*

*extra care at home services podiatry in more locations*

*Feel many elderly would appreciate home visits rather than attending outpatient clinics*

*Going back to when I was looking after my elderly mother the only thing I wanted help with was someone to sit with her whilst I went out. It was impossible to get any help with this and I had to beg friends and neighbours who, quite frankly, I would rather not have asked. However, it was also quite a problem getting her to go to hospital appointments so both the examples would be of help I would imagine when people are frail.*

*Hold house to house services*

*home service*

*Home visit*

*home visits where possible*

*I believe in care, wherever possible going to people in their homes*

*I think a visit from a doctor or nurse once a month means they have not been forgotten*

*I think is best to take care of the elderly, the vulnerable in their own homes, with their relatives being paid and working for them*

*if its suitable and can be done at home do it, old people would like to be at home*

*if possible, to treat then in their own homes*

*If you could provide some of these services at their place. Could help a lot to both patients and providers*

*Improvement would be good if therapy of any kind could be done at home (under supervision & advice & shorter waiting at hospitals*

*It would be easier at home, but for some services it is better to go out to venue, due to equipment/machinery*

*It would help if GPs visited patients at home as well, as they always used to visit the elderly as part of their job! And then there was only one doctor, not group practices!*

*It would help if some of these services could be available in their homes for housebound patients*

*Just providing a personalised service in the home*

*Making arrangements for the elderly to get periodic physiotherapy services at home if possible would be helpful*

*Maybe more home visits would improve patients care*

*More home care*

*More home visits and not just for elderly there are much younger people housebound which require these services*

*More home visits from nurses and doctors*

*More provision of home-delivered services would be a distinct improvement*

*more trained staff (and volunteers) to provide care in the home money saved by closing old, out of date buildings should be made available to provide more home and community care*

*More treatment at home*

*More visits to people who are lonely, and need to talk to someone, maybe join a day centre*

*Perhaps the treatment could be done in people's homes*

*PLEASE improve community podiatry services - elderly people can't always get to the clinics, however 'local' a better home visiting service, especially for those with diabetes, would prevent problems getting 'worse' and ultimately save money in hospital admissions!*

*Simple regular routine health visits/checks in the patients home*

*Some of these services can be done by nurse at patients place to save both patient and NHS time and costs*

*Some of these services can be done by nurse at patients place to save both patient and NHS time and costs*

*Some of these services can be done in locals surgery or even patients home*

*The obvious is to increase staffing levels and the allocation of a particular carer for the elderly who would do at least a monthly visit even when patient is not specifically ill*

*There is a need for more staff possibly to visit homes and/or even nursing homes to keep people at home. Possibly increase facilities in community hospitals*

*Visit at least one a week to help a little. Caring is important!*

*Yes more home help*

#### **More local facilities (42)**

*A lot of people live close to the main hospital. This could be the best location for care close to home.*

*As you so rightly say, these services will become more necessary with the increasing number of us living longer. It will therefore mean an increasing number of qualified staff. They have LOCAL 'call in' centres must be better use of their time - otherwise they spend much of their precious time travelling to see individuals!!*

*Bring more services to Redcar hospital to save long journey to James Cook*



*By establishing these community in different locations to have easy access*

*By increase the number of local surgery which carry some of services that before was done at hospital*

*By providing more centre close by*

*I am in favour of keeping the services in the community saving the elderly from going to hospital. In my experience it would be preferred as visits to the hospital can be traumatic*

*I believe local services is essential closest to the community that it services*

*I go to James Cook for reiki and aromatherapy every month and it would be handier if I could go to Redcar Primary Trust because it is nearer and saves an hour's time*

*I think there should be more services provided locally than at present - centralisation is not the best answer*

*If we can have more practice with better quality close to different area*

*If we could have a community based service in every town and one centre rehab service is useful*

*If we could some of treatment @ local surgery such as therapy, physio could save time*

*If you used local hospitals for more services, it is easier to get to for older people; James Cook is such a massive place very intimidating for older people. It would give the large hospitals less work for minor ailments the nearer to home locations the better*

*Increase local community service*

*Increase the services provided at local hospitals. The physiotherapy services at East Cleveland hospital are very important. Having had physiotherapy at East Cleveland, it was a great help being local*

*Keep the clients & treat them within their own community without them having to go to James Cook or Redcar Primary Care hospital that way the client will be familiar with the surrounding area and people*

*Local community based services can do most of these tasks*

*Local community based services can do most of these tasks*

*Make these easier to access*

*More near to the people in need*

*More outpatient facilities to avoid lengthy journey to JCUH*

*patient don't need to go to hospital for every services such as physio if its provided in local community services*

*Provide more local amenities in Guisborough/Loftus areas not just Redcar/Middlesbrough*

*Provide some of the services which they have to do at hospital close to their home*

*Providing more services locally*

*Reduce the waiting times, ease transport access by providing facilities across the area, increase trained staff, keep appointment times*

*Some of the treatment can be done locally and no need for hospital treatment*

*Some of the treatment can be done locally and no need for hospital treatment*

*Therapy services should be offered in local GP surgeries where possible or outreach centres. Getting to these services is usually a problem for the elderly and infirm.*

*There are too many therapists based clinics centralised at the JCUH, these clinics should be moved into the community hospitals and managers should focus on making JCUH purely an inpatient acute service and as soon as patients are ready to be discharged all clinics should be held at the community centres. If this model were taken forward it would release therapists to outreach to those who cannot attend a community centre.*

*They would need to be in easy distance to get to*

*To increase the number of local community based service*

*To increase the number of local surgery where patient can receive some of this service*

*to provide easy access to services such as therapy through locals*

*To provide more small centre in different location*

*To provide most of the services locally*

*To provide most of the services locally*

*To provide some of the hospital treatment in the local practice which is easy to access*

*To provide some of the services which already received at hospital close to their home @ local practice or centre instead of hospital*

*use local pharmacy premises/care homes more use of 'life coaches' - improving care pathways*

*Where possible at home or nearest centre. Plans formulated in Hosp. for continuing physio should be carried out*

### **Occupational therapy & physiotherapy (30)**

*Agree more occupational health & Physiotherapy services should be at peoples own homes – this does not mean people in both acute or community hospitals should have their need of these services reduced*

*Any increase in OT or physio would be helpful*

*Definitely more occupational therapy services. Could be done more in patients home*

*Expand a mobile occupational therapy and physiotherapy service to treat patients in their own homes as much as possible*

*Give as much care, occupational therapy - physiotherapy at home or collect people & take them to local hospital, especially in the winter. Carers Together do a wonderful job with cookery class, sing-along's, luncheon club maybe an idea, they do meet for lunch but if you haven't your own transport for SOME it may be difficult, let people pay for their help if they can afford to*

*I have a disabled daughter and would not have been able to look after her now had I not had about 12 weeks physiotherapy*

*I have had reason to complain about the lack of physiotherapy for my son who has deteriorated in his ability to walk in the last year. I have received an apology for this, but no action has been forthcoming to remedy the situation! i.e. increase the number of physiotherapists from 1 for the whole area for learning disability*

*In my experience occupational therapy make sure you have facilities at home. When leaving hospital the physiotherapist should be more hands on, more caring. It's how the patient feels after an operation, and talk to the patient instead of talking between themselves which party they are going to etc;*

*Local physio services*

*Long waiting list need more occupational and physiotherapy*

*Making arrangements for the elderly to get periodic physiotherapy services at home if possible would be helpful*

*Maybe have a physiotherapy and occupational therapy unit in each local hospital depending on*

*costing and use of units*

*More physiotherapy services and more help from occupational therapies*

*More trained staff, and maybe group sessions for occupational therapy*

*Occupational therapy & Physiotherapy would be extremely good for the patient*

*Of course increase OT's and physio's makes sense. NHS ought to be moving forward not decreasing services'.*

*OT and physio services in the home, in the long run save money and give patients security for their health problems*

*OTs and physiotherapy are essential for the elderly vulnerable and those with long-term conditions because they advise on exercises equipment etc. that can make a real difference to people's lives, which is all about quality*

*People with long term conditions would benefit from occupational therapy, dementia needs lots of stimulation being at home all day doesn't help them*

*Physio & OT mobile supporting discharge team like intermediate care at the Barn North Tees*

*physiotherapy*

*Physiotherapy*

*Physiotherapy*

*Physiotherapy and occupational therapy in patients own home is an excellent idea and will be beneficial to families and will eliminate the need for transport to and from departments*

*physiotherapy at home for the disabled*

*Re-introduction of the above services would be useful! At present in Guisborough there are no occupational therapy or physiotherapy services as far as I am aware. After my stroke I did not receive occupational therapy apart from an assessment for home adaptations and my physiotherapy was cancelled.*

*Therapists to help elderly & Vulnerable people with isolation. Not all need acute bed - just need TLC and care & compassion. ? Staffing issues however!*

*This is a difficult problem which is often left by authorities because no new ideas are coming forward; often it comes down to throwing money at it, which causes more harm. It needs discussion, costing and courage within our community. Ask, how many old people are currently*

*receiving occupational therapy/physiotherapy*

*We now don't get a physiotherapist visit or any physiotherapy, which is not good as being a quadriplegic I get no exercise and my joints are getting very stiff. Current system is that after 6 weeks it stops*

*Would like more physiotherapy*

***Train patients/carer (29)***

*By increasing knowledge of patient Training carers Training more nurses*

*By providing training + financial help to family members*

*By training more nurse and also provide some training for elderly so in some simple cases they can look after themselves*

*By training staff and also in some cases training carers and patient themselves for simple treatment to save time*

*By training staff and also in some cases training carers and patient themselves for simple treatment to save time*

*Caring service is essential but the carers should be better trained, better paid. They can continue if they are taught with physio on a daily basis therefore giving the trained people more time to spend with others. Plus the patient is often happier with one of his or her carers, once the diagnosis has been given by an expert. Then the carer i.e. family one cares coming in can continue with the treatment*

*Educate patient and carer to do some of the easy tasks themselves*

*For long term patient you could train them for some task or train their carers to save time and costs*

*For long term patient you could train them for some task or train their carers to save time and costs*

*If I (as a patient or carer) be trained to do something like blood pressure and some physio exercise, it save my time to go and see my GP*

*If I (as a patient or carer) be trained to do something like blood pressure and some physio exercise, it save my time to go and see my GP*

*It is better to train the family members as patient is comfortable with them. With providing financial help and training*

*Most patient and carer can be trained to make things easier*

*Most patient and carer can be trained to make things easier*

*People with long term condition should be trained so more time and cost will be saved and they will be less dependent*

*People with long term condition should be trained so more time and cost will be saved and they will be less dependent*

*Providing training and encourage family members as they are the best carers with bit of financial help*

*teach them how to look after themselves better, able them to do some of the nursing at home*

*teach them how to look after themselves better, able them to do some of the nursing at home*

*To bring more community nurse in, and educate patients to do simple task*

*to increase knowledge and also practical side of some simple task for patient*

*to increase knowledge and also practical side of some simple task for patient*

*Train elderly for some task which they can manage themselves to increase their confidence, and save the time and cost for nurse*

*Train some of those elderly who can learn to be independent*

*Train some of those elderly who can learn to be independent*

*Training carer and patients to reduce the number of visits by nurse*

*Training carer and patients to reduce the number of visits by nurse*

*Training more nurses Some training for carer Some training for patient*

*Training patient to look after themselves in a simple way. Training carer to save time for nurse's visit*

### **More staff (19)**

*By having more people working for you*

*Central government funding would help to increase staff*

*Employ more staff*

*Employ more to speed up waiting times*

*More funding required to provide additional staff so they can provide & cope with increased workload to meet demand for elderly care*

*More money on increase for community nursing*

*More staff*

*More staff at the local surgeries (Doctors)*

*More trained staff (and volunteers) to provide care in the home money saved by closing old, out of date buildings should be made available to provide more home and community care*

*More trained staff, and maybe group sessions for occupational therapy*

*Reduce the waiting times, ease transport access by providing facilities across the area, increase trained staff, keep appointment times*

*Sufficient staff to run community based services - not run on deadlines (timing etc)*

*The obvious is to increase staffing levels and the allocation of a particular carer for the elderly who would do at least a monthly visit even when patient is not specifically ill*

*There are already waiting times for these services, unless more staff are employed waiting times will increase*

*There is a need for more staff possibly to visit homes and/or even nursing homes to keep people at home. Possibly increase facilities in community hospitals*

*There is not sufficient money or people to address this*

*There needs to be the right amount of staff so people don't have to wait long and are seen very regularly*

*These are governed by finance with not the staff to cover*

*You need. More people, some clients only need 1 person some need 2 or more you need more people for one to one*

***Multi-agencies working together (18)***

*By giving more specialist training and promoting more multiagency working so they can share*

*specialist knowledge on a care of service user which will enable person centred care to the service user*

*Community based services need to run alongside social service GP practice etc, all needs to well organised and all parties must co-operate with each other. I think your aim is to use the two newer facilities but think of patients and visitors, their well being is important*

*Contact between various services necessary to provide comprehensive care*

*Development of partnership work with LA & social services. Possibly voluntary organisations*

*G.P. practices are too insular. more integration of for example 'health visitors' for a geographic area rather than attaches to a practice*

*maintain and enhance inter-disciplinary communication e.g. between physiotherapy and OT*

*Needs to be central with everyone in one place and working together*

*One way would be to make sure people can cope/and/or/ that all services involved speak to each other to implement the care*

*Provide local specialist appointments, all services to work as a team, ensure patients information is known prior to any appointment i.e. if suffer from dementia*

*The government should work together with the community to increase and improve community based services*

*Better access to community phsio. better co-ordination between health & social care providers*

*By more communication within all services and more staff. Also more use of Redcar Primary Care Hospital*

*Communicate better with GP surgeries*

*More communication between the various agencies, more use of volunteers for social aspects of homecare, as much care in home as possible, adaptation of homes if necessary*

*Need to register all elderly, vulnerable and long term sufferers on a central register so that as a minimum every incumbent receives regular visits depending upon requirements and available resources*

*Older people with long-term conditions need to have regular re-assurance and information on their condition. A system of regular communication, perhaps through GP practice, or local clinic, could be an additional service which could help to improve their health and well-being*

*Tap into voluntary organisations & avoid duplication of services. Info hub should help with this if*



*managed and maintained correctly. Need to improve communications between wards & rapid response, Are often left waiting e.g. pharmacy not open, medication not ready with patient*

*You will need a lot more district nurses and health care assistants. Better communication between all health professionals and care providers, The ability to organise and prioritise emergency visits when needed especially for palliative patients who may need breakthrough pain medication, it is not fair to make them wait.*

**More district/community nurses (17)**

*Bring back District nurse back, MATRONS and number 7, They were stacked, but you got the job done and learnt how to respect people, and make them feel important, and spend time talking to the patient*

*Bring back district nurse who go out and visit patients to find out what is wrong through discussion*

*Bring in more trained nurses*

*By increasing knowledge of patient Training carers Training more nurses*

*By training more community nurses, by increasing the number of local surgery with all facility*

*District nurses SRNs not those who are university trained but those trained on the ward hands on will show more empathy and care more*

*Dramatically increase the number of district/local nurses. My 90 year old mother has had 2/3 visits in over last 5 years. We could reduce or disband the communications and engagement team and employ some district nurses*

*Increase care and nurses throughout the community to help the elderly and vulnerable*

*More community nursing staff*

*More district nurses who have the same client group. So they can provide holistic care for elderly & vulnerable patients & provide a liaison between agents, so care is more joined up*

*More money on increase for community nursing*

*To bring more community nurse in, and educate patients to do simple task*

*Training more nurses Some training for carer Some training for patient*

*Training more qualified nurses to visit patient can be big help*

*We could do with more community nurses, less money should be spent on Quango's*

*We should have more community nursing staff they are vey stretched at the moment and some don't occupy or physio anyway*

*You will need a lot more district nurses and health care assistants. Better communication between all health professionals and care providers, The ability to organise and prioritise emergency visits when needed especially for palliative patients who may need breakthrough pain medication, it is not fair to make them wait.*

#### **Improve transport (14)**

*Better transport*

*Better transport arrangements to get from A - B Also value more use of village/community halls for social interaction*

*Community based services are vital due to the poor transport links in East Cleveland*

*Distances to travel, and transport, particularly for the disabled*

*Fine if adequate transport is provided*

*Have buses on to enable people to get there. Improve monitoring of conditions where patients are invited in for regular review. Get rid of telephone consultations. bring back district nurse who go out and visit patients to find out what is wrong through discussion*

*Help get people out of the houses to these venues*

*James Cook difficult to get to without own transport*

*More day centres should be provided which offer OT and physiotherapy. No meeting places in Guisborough/Skelton or Brotton at present. And transport is needed to these centres at a reasonable cost*

*provide transport to help them attend*

*Reduce travelling & parking which is more stressful than your ailment*

*Transport*

*Transport to these places*

*What transport would be provided*

***Hold events/groups (14)***

*A lot of elderly people are lonely + would be pleased to be invited to lunch club, coffee mornings or someone visiting for a chat*

*any stimulation is beneficial, being sat in front of a TV (often switched off) or playing bingo is not enough*

*By increasing the number of community based services for local people*

*By providing seminar sessions for the elderly, for example*

*Establishing a medical centre which brings the elderly together for chat and communication*

*Group support for people who live alone for physio and therapy. Lunch groups exercise clubs, diabetic groups for elderly and groups who need support*

*I think you need to create more day centre groups for care along with homes care. This would help to provide a service of social enhancement for the ISOLATED*

*More day centre services, also to include partners/families in activities*

*More day centres should be provided which offer OT and physiotherapy. No meeting places in Guisborough/Skelton or Brotton at present. And transport is needed to these centres at a reasonable cost*

*More day centres where elderly and lonely can go advice/care could be available there. It would get people out of their homes and into company which is vital to their well being*

*People need to meet people so within the unit maybe a coffee shop*

*Social services and socialising*

*The more HOME input or day centres to allow people to stay in their own homes is so important, some day centres where the individual could attend to give the carer a break is so important & allows an aged person to stay within the family home (perhaps two days a week) & prevent the person going into care. Perhaps someone to call on that family occasionally - just a social call to see how they're coping - would stop them feeling isolated*

*Would this be possible for some clients to be transported to a centre for care therapy for a shorter period of time as in day care setting*

***Better use of existing facilities (14)***

*Better use of East Cleveland hospital*

*Bring specialist from James Cook hospital out to see patients as this could free up car parking spaces at James Cook hospital and it will be better for patients who live in East Cleveland*

*By more communication within all services and more staff. Also more use of Redcar Primary Care Hospital*

*Could increase & improve services more if more staff and use local clinics in towns more instead of them in disuse*

*Could open one of the wards at the Redcar Primary Care Hospital, as a renal unit for dialysis patients*

*Ensure care professionals are not constrained by time slots and have time to give care and support. Where will you get extra staff from? You have already quoted you could not find staff to man minor injuries. Why is Challoner ward closed? Surely it could be used for some services rather the stand empty.*

*Have more of the services available at the care trust hospital in West Dyke Road Redcar, instead of having to go to James Cook in Middlesbrough*

*Hope that Brotton Hospital will continue to provide services*

*Some of these services can be done in locals surgery or even patients home*

*Use Brotton hospital more*

*We should properly use the facilities we already have. Brotton hospital has a long waiting time for OT or physio - WHY?? It has the facilities but not the staff*

*With particular respect to stroke, I struggle to see how community professionals will be able to replicate the physiotherapy facilities currently available at Guisborough Hospital. In 'peoples' homes (which is what the new strategy is proposing) remember that in hospital these facilities are available. 'On top' on a daily basis. If the assumption is that patients will go from their home up to the physiotherapy unit at Redcar Hospital each day then that is simply not practical.*

### ***Make people aware of services(13)***

*A greater awareness (e.g. publicity) of the services made available + what they specifically entail and can offer, and it not be assumed that people are aware of which services are available to them within the community In my (previous working) experience, people still lack knowledge of what is available*

*Awareness of services often GPs don't refer to community based services if acute settings available*

*By opening training centres, so that people could be aware and use the services*

*Check if they have 'carers' and ensure they are aware of services. People often need reassurances or minor treatment*

*It should be made clear what services are available and have a single contact point for help & advice*

*It would be helpful if ONE person was able to tell the patient all the help that is available to them instead of patient having to get information in dribs and drabs when no one can point them in the right direction to get the help they need instead of them having to go to so many different people to find out*

*make it clear where you can ask for these things and what help is available in the home*

*Make more people aware of what is available*

*Making people aware by giving courses, letting them say how they feel and how they want to be helped and taking action when their needs are clear*

*More visits to people who are lonely, and need to talk to someone, maybe join a day centre*

*Speaking for myself I'm happy with the service I'm receiving but we struggled initially to get the help we needed because we didn't know how to go about it*

*you should make people aware about your services and give courses to the community about your plans and your services*

*You should make the community aware and should give the people the help they need*

#### ***Improve services in local community (11)***

*Any services that can be carried out on a one to one basis should be carried out in the community*

*By increasing the number of community based services for local people*

*Community based care is better for the elderly and disabled*

*Community based services need to run alongside social service GP practice etc, all needs to well organised and all parties must co-operate with each other. I think your aim is to use the two newer facilities but think of patients and visitors, their well being is important*

*Occupational services, physiotherapy services, district nursing in attendance yes, but elderly do fall*

*in the home and can be depressed, they need for short periods in the confidence building which they do get in community hospitals; feeding, dressing, etc.*

*Services in community hubs are easier to get to*

*To improve services at local surgery and community based services*

*To improve services at local surgery and community based services*

*To increase the number of local community based service*

*To increase the number of local surgery or community based services which deliver some of these services such as physiotherapy*

*Working with the community to assist elderly*

#### **Use volunteers (9)**

*Development of partnership work with LA & social services. Possibly voluntary organisations*

*Everything should be done to keep these people moving. Please support the volunteer groups & charity groups ( i.e. the heart/breathe easy etc.) to maintain their trained staffing levels*

*Listen to the nurses and people who look after these vulnerable patients - some have good ideas on what is needed for their patients. It's not the same for all. Different patients have different needs. Volunteers who drive patients to hospital is a good scheme. Neighbours recruited to help - or buddies!*

*More communication between the various agencies, more use of volunteers for social aspects of homecare, as much care in home as possible, adaptation of homes if necessary*

*Should try & set up an elderly/vulnerable help unit in areas & volunteers may come forward to keep an eye on these 'neighbours'*

*Tap into voluntary organisations & avoid duplication of services. Info hub should help with this if managed and maintained correctly. Need to improve communications between wards & rapid response, Are often left waiting e.g. pharmacy not open, medication not ready with patient*

*train volunteers and young people to do a few hours per week care at the elderly peoples home as a work experience, also make a use of the medically educated refugees, you will find them very helpful*

*Volunteer visitors on a social basis would help if they could report any concerns+ changes they observe. These could then be picked up by the professionals*

*Volunteers are required? charities and the private sector seem to get them when required + an actual local estate community centre with health advice 12hrs a day*

***Social care (8)***

*Care - social care*

*Social care*

*Social care*

*Social care and deliver quick and fast care*

*Social care and deliver quick and fast care*

*Social care and leisure sports for elderly people*

*Social care and social service*

*Social care is very important for elderly*

***Nothing / already good (7)***

*Don't know how to improve, but yourselves + occupational therapist were good us*

*From experience I could not rate these services enough, professional, friendly, kind and always at the end of the phone when needed. Thank you to all*

*Happy with current services*

*I think you do a great job now*

*Recent experience of visiting physiotherapists has been proved more than satisfactory*

*Service is okay. My sister has a mobility car, she finds this very useful & helpful. Compared to the NHS & other countries, this country does a lot for all communities. I was in a wheelchair for 3 months – the service I received I cannot knock it*

*You do a good job now*

***General positive comments (7)***

*A family member had to use these facilities after a stroke; they were very important and certainly*

*aided recovery. An increase must be a positive*

*Any community based service that would improve lives for people who are elderly or vulnerable with long term conditions would be beneficial*

*Any of these services are fundamental solutions to those who have faced vulnerable getting dementia*

*Middlesbrough Council wish to support the ambition of the CCG through improved low level support for long-term conditions to improve compliance with medication and to reduce unplanned admissions. We are keen to develop community hubs as a way to co-develop and deliver such services, commissioning VCS organisations to deliver such a service based on the Wigan community model.*

*More personal care for patients can only be a good thing*

*Would approve the proposals*

*Yes, these two services are well used in Guisborough Hospital ask any ex-patient for their views*

#### ***Involve families (6)***

*I think you need to involve families and maybe some sort of financial help to encourage them, families are the best carers and elderly people feel comfortable*

*Involve family members and encourage them to engage with financial help*

*More consulting with relatives. Discuss discharge more; ensure patients really can manage at home. Do not make promises of physiotherapy, which will not happen!*

*More day centre services, also to include partners/families in activities*

*We need to involve family members and encourage them to engage and maybe have a financial gain*

*We need to involve family members, they can provide the best care, and have some sort of financial gain*

#### ***Better GP service (5)***

*A better service is needed from GPS the current arrangements whereby my GP has to "ring back" rather than being able to make an appointment is very unsuitable and distressing ESPECIALLY to vulnerable & elderly patients it SHOULD be possible to make an appointment on request*



*Book services via local GP*

*Communication with older folk probably @ GP level. Old folk don't like asking but if someone could inform them of the help needed*

*Make the booking time easy and accessible 7/24 at the nearby GP. GPs in our community need more and extra help*

*Provide proper access to GP's*

### **Housing improvements (5)**

*I think we could increase & improve by preparing what is more important for them like housing*

*Make more care houses, put more effort to develop the services*

*More extra care housing schemes + villages instead of a choice between remaining at home or going into residential care. isolation is a big issue for the elderly and vulnerable*

*People without relatives nearby may do well in warden controlled housing, with a view to return to their own place on improving*

*Should improve the services for elderly and vulnerable by giving them or invest in education on the service that they get and on their lifestyle, for example housing improvements.*

### **Better aftercare (5)**

*Aftercare, leaving hospital - carers, patients doctor to visit. For the elderly someone if no family or friend to ensure food, clean clothes washing for short period until patient can look after oneself*

*As carer for my husband have found that services during his first year post-stroke were wonderful. That has not continued. Have had very little medical support & advice as his condition deteriorates. Feel the 'system' has 'left us in the dark'*

*For 7 weeks my husband attended group meetings at Guisborough hospital for people with Alzheimer's. This provided a stimulating environment and new people to meet. Unfortunately, there is no follow up provision. Something to fill this gap would be helpful*

*I think clinical respite beds should also be available even if just for a couple of nights. After leaving hospital for up and not quite ready for home & even if elderly person has a spouse.*

*There should be more follow up when a stroke patient came home from hospital. There is none at the moment*

#### ***Invest in training (4)***

*Improve training for health visitors/community nurse in assessment of patient's needs, not wait for the crisis situation to occur. Make possible prediction of future needs for chronic conditions or elderly patients, to aid budgeting & staffing Increase awareness of these services & how to access them by providing more information for carers, patients & residents of sheltered housing and residential homes*

*Invest in training – not carers, they leave – have a heart, take time with us, don't be a business*

*To spend money for training on nurses. to increase knowledge of carers*

*Train nurses to cut toenails. Calling a podiatrist is a torturous business. IN a recent case at Guisborough it took three weeks*

#### ***Listen to patients(4)***

*By listening to the preferences of the users of this service*

*Listen to the patients. Don't brush over facts, knowing someone cares what your saying is a big help*

*Listen to what people in the community are saying - they want to remain in their own homes!*

*Listening and speaking with the elders and vulnerable in a programmed manner might help them feel looked after*

#### ***More care for dementia (3)***

*Expansion of day hospital facilities, and day centres for more social problems including loneliness and dementia. Rapid response to social needs, walking aids commodes etc. \* Better home care support (banish the 15 min appointments) Ensure carers are dementia aware. Allow them time for flexibility. If an old person is off legs one day they may need a bit longer!*

*I noticed when filling in this questionnaire, there is no mention of any extra care for people suffering from dementia, as I am a carer for my 89yr old mother*

*More care for dementia would be good*

#### ***Having the right staff (3)***

*Again I feel staffing could be a problem. Particularly, properly trained staff*

*Choosing personnel carefully is important you got to get the right person. naturally kind and happy to help people*

*Hiring the right man/woman who can do the helping work from deep down not just for money*

### **Audiology/Podiatry (3)**

*Audiology*

*Audiology/podiatry*

*Audiology/podiatry/retinal screening*

### **More/improved facilities (2)**

*If the cost can be met more facilities should suffice*

*Improving facilities locally is a good thing*

### **Other (62)**

*1. Adequate supervision 2. Improved communication with informal carers, especially those living with patients 2a Establishing specific capacities support required for particular capacities from informal carer both in and out of hospital 2b Letting informal carer know who is to arrive, who to contact etc 3. people, carers, professionals not 'misleading' informal carer by saying my parent/grandparent has dementia - it can cause someone to be lulled into a false sense of security thinking they know what they are talking about when in fact the particular home & personality aspects have not been appropriately identified. Can lead to misidentification by professionals i.e. carers 4. Honesty from professional carers 5 professional carers being trained when to use honesty rather than just making up stories or asking questions just for the sake of it 6. Stopping people like opticians due to visit asking for 'Mr Savage' and other likewise names which can clearly upset very sensitive people who take things to heart rather than thinking it funny. get staff to record things 'better' or take extreme care when making notes - following examples are from memory a. I was taking an elderly man to his GP, but he went to the toilet again as we were leaving. I was concerned about being late at the appointment and didn't want to face any difficulties when we arrived in order to avoid upset to the patient. The GP receptionist kept saying about me having difficulty getting him out of the toilet. I wasn't having difficulty. The elderly man just needed more time. Recording something about difficulty could have caused people to think he was being awkward. b. An agency district nurse noted - photographed foot with help of daughter From memory I don't think she really tried to take to the patient to tell him what she was going to do as*

*she went along. All the daughter did was to help lightly hold the foot. The note the nurse recorded could have suggested there had been difficulty and the daughters help was necessary*

*1. Keep community hospitals open and provide services such as leg dressings, bed sores and all minor ailments that elderly suffer. Practice doctors complain they are too many elderly booked appointments for such ailments*

*All these services should be provided using mobile staff*

*Apart from being capable, an appreciation of the patients limitations. i.e. if little or no sense of touch having to manipulate small/awkward pieces of equipment is not a practical solution*

*Arrange for carers to discuss their relative's health with the Medical Care Team without the patient. there could be limits, but dietary & care advice would be appreciated*

*As long as sufficient time is allocated to each patient*

*As long as there is no additional cost to the service user travel wise*

*Awareness of specific needs provide specific alerts from surgeries to include most vulnerable, complex needs patients (Not all elderly are those categories) and allow special circumstances for these types. In emergencies e.g. when asking for doctor's appointments in hospitals when setting appointments (time for example in areas such as day patient procedures) Sounds as if more trained professional staff will be needed care assistants even the best are not enough cover for lots of clients!*

*better mental health care in Redcar & Cleveland*

*By preparing for them what is necessary*

*By promoting more quality and high standard of training it will enable the service user and the family to have a good trust and relationship with professionals which means co-operation and response to treatment*

*Care needed 24hrs. to provide all levels of care throughout the day*

*Could residential homes be incorporated into the mix?*

*Do not put people in homes just because they refuse to wear walking aids and other equipment that they may have used all of their lives. This would make room for those people who really need the homes*

*Easy use of a gymnasium following knee & hip replacements - broken bones*

*Elderly are so vulnerable and it is for the best if we could provide a comfortable environment for*

*them*

*Enable them to live in their own homes as far as possible with support services as above and practical help to remain at home*

*Far too many different people. In six weeks my grandfather has met 40+ professionals, none of which had any information about him*

*Have PROFESSIONALLY trained staff also GP ATTACHED*

*Have a local phone contact 24hrs instead of 111 service*

*having fast and reliable service*

*I don't agree with the proposals to take patients out of hospitals/rehab services and having them community based. My point of view is based on a personal as well as a professional level*

*I think GPs should ask all their elderly patients if they are managing alone, some of them don't like to ask for help*

*I think when it comes to death, a room should be provided not shoving the person from pillar to post as in my father in law's death*

*I would say by helping people psychologically morally and financially*

*If possible make more easily available and known people, not complete strangers (where practical)*

*If there one centre in different area so it's easy to access them*

*Important to know we are still valued and make us feel CARED ABOUT*

*Improve organisations such as carers. Possibly users of these organisations could be on an audit panel. I think the role should be semi-professional and more accountable*

*Increase local community service*

*Is there a guarantee for patients that they will receive the service they are offered i.e. what happens with absence of staff at short notice? Who would pick up their calls/visits? How is this factored in? Would patients be left waiting for someone who doesn't come?*

*It is vital to provide adequate day-care facilities for all disabled people requiring it, not just those who are mobile enough. Also for combined conditions such as wheelchair bound dementia sufferers also RESPITE CARE There is never enough*

*Just do something*

*Local contacts for equipment supply – long + short term*

*look after them with a closer watch*

*Look where we were, even 10 years ago, how far can we improve in the future? Patients to as if 1 to 1 contact exists*

*Looking at the really big picture the question regarding chronic illness is how do we incentivise drug companies to develop cures and not treatments? To take an example – probably not current and not a good example but the one that comes to mind. Trigeminal neuralgia. Pain killers for life or a nerve re-section? Drug companies like GPs not surgeons.*

*Make sure PTS services are maintained then it doesn't matter where the care is given*

*Make sure that they are checked upon every hour, as anything can happen within a short time*

*Maybe having a care book to fill in and therefore having a recent report on last time. Seen and recent talks just in case regular visitor can read what's going on and up to date*

*More accessible one to one care is needed, rather than telephone conversations & handouts which may not be fully understood. By enabling the individual to manage longer at home it reduces the rates and costs of inpatient care & is better for the individuals sense of well being & security*

*More respite care new buildings to provide this*

*Not everyone appreciates a host of people tramping in and out of their home. It can add to the difficulties of other house occupants, and the visiting times may not be convenient or fit in with normal running of the household*

*Once a service is established, and an efficient visiting programme developed, the service will prove economics with repeated patterns of treatment*

*Patients' needs are upper most in all thoughts, but strive to improve, never stand still*

*Probably the availability of 24/7 cover for elderly and vulnerable people will be a big help*

*Programme replacement over a period of time to work to a pattern to suit local requirements*

*providing accommodation with all facilities near to them*

*Show more understanding with people who do not feel able to help themselves*

*Some of these smaller hospitals could be used to accommodate the elderly who have long term conditions, instead of in larger hospitals catering for post operative short term patients*

*Specialist service available in the community. Palliative & end of life care service available at home*

*& to have input and beds available in community hospitals as this gives patients the choice of where they want to be cared for near to family*

*The community from the younger to elder should work together with NHS*

*There is long waiting list and delays which affect patients and drive them either to hospitals or early death*

*This would certainly help against loneliness, a terrible curse generally*

*To meet their individual needs*

*Try to have shorter waiting times*

*Visiting the elderly, so a point of contact as many are lost in a broken system*

*We have too many people now living in England, so it is very hard for the community services to cope*

*We need all the money spent on the above to live in our own homes. Maintain our equipment that's needed not maintaining buildings*

*When you think of all the money spent moving patients long distances by ambulance surely the cost will outweigh the advantages*

*You could improve by searching what is their need. What they want in their life*

**Q.6. Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e., more consultant out-patient clinics, diagnostics and treatments in the community?**

**YES**

**General agreement (69)**

*Absolutely spot-on!*

*Any addition for the quality and quantity of the existing services is welcome*

*Any movement targeted toward helping people is well blessed*

*Anything is better than nothing*

*Because community's health and safety could be guaranteed this way*

*Better service all round*

*Definitely x5*

*Good idea x5*

*Hooray!*

*I agree with improving prevention and local diagnostics & treatments*

*I agree with the proposed plan for more care in the community and closer to where people live. I am sure a lot of elderly and frail patients find accessing services in a large facility like James Cook Hospital intimidating and stressful*

*I agree x11*

*I am aware already prevention programme started*

*I think a lot of people would appreciate this*

*I'd be a fool not to*

*Improvement is vital to the evolving process*

*Improves healthcare*

*It brings a huge difference*



*It makes sense x2*

*It would help a great number of people*

*It's already started with success*

*It's always worth it and works well*

*It's vital*

*Long overdue*

*Make it happen*

*More people visible for healthcare*

*More reassuring*

*No comments, it would be perfect*

*People need more personal care & attention*

*Positive x2*

*Sounds good if we need it*

*Surely. Where are GPs in all this?*

*The availability of short-term 'cottage hospital' beds would enhance this*

*The existing ones are very much appreciated as easier to attend and more personal*

*The more help and support the better x2*

*This has to be more beneficial to people*

*This is a good idea and if its implemented it would help more people*

*This is a good idea but disabled are not always provided for, no hoists etc*

*This means access to treatments by all*

*This with Q5 would be a big step forward*

*Though I do understand the cost implications of this, it would be beneficial to providers and users*

*Very good for the elderly*

*Would be a great help*

*Yes as long as the standard is the same, will they have the equipment*

*Yes I do agree with, deliver services to achieve the plan*

*Yes it is very important for the community*

*Yes its good idea and wish you good luck!!*

*Yes please*

### **Transport (33)**

*Again - transport problems out of the area*

*As earlier, it is often difficult to get the old people to the cities, also often old people are looking after the cared for one who is also old*

*Because some older people are unable to travel far*

*Because the logistics of the most vulnerable/disabled/less mobile travelling is often enormous*

*Certainly in winter people need transport, if they fall they are creating more work for hospitals*

*Community based treatment can lead to savings on transport costs*

*East Cleveland is a difficult area to access clinics + doctors because of the terrain*

*Elderly patients & vulnerable patients find it difficult to get across to JCUH from the outlying communities*

*For convenience, also travel costs, especially for visitors, extended families to be close*

*Help will be needed to help the elderly with transport*

*James Cook is difficult to get to for a lot of people and the hospital is possibly overwhelming for vulnerable people*

*Less distance to travel*

*Less pressure and less travelling time for the sufferers and carers*

*Most patients do not have transport to travel out of their home area*

*Much better than having to travel to busy units or hospitals*

*Not every person has their own transport nearby units would be good for communities*

*Older people increasingly value less travelling*

*People who are without transport need care in community*

*Provided more and easier transport is provided*

*Providing non drivers are considered*

*Remember travel constrictions*

*Save travel costs and patient happier in own surroundings*

*Save travelling and moving elderly*

*Some people find it hard travelling to and from hospitals and getting to appointments on time*

*The elderly would be a lot happier and not having to travel*

*To avoid travelling long distances from home*

*Will benefit people who have difficulty arranging transport from their area*

*Yes as it will be easier for people who can't travel much, to get treatment quicker without any problems*

*Yes elderly people cannot travel for treatment*

*Yes it saves them for time and transport*

*Yes, many elderly patients don't have the support/ability to get to JCUH and this can put them off getting help*

### **More local (26)**

*About time hospital based consultants looked at their local communities!*

*Again small + local professionals building relationships with patients and families*

*Clinics and investigations close to home are an excellent idea*

*Community care, closer to home is often more personable, easier to access + more likely to avoid*

*missed appointments rising*

*Consultants need to be persuaded to hold some outpatient clinics in outreach locations if numbers of patients justify this*

*Elderly and vulnerable patients would be much happier being treated locally*

*I think having treatment or after care delivered locally would make everyone concerned happier*

*If these services could be provided near where people live, they would get help easily*

*If they could get the services near where they live they can get the help they need easily*

*Is moving to Redcar keeping people closer to home - who live in Middlesbrough*

*It could make the service effective and if it's located where people live people would be motivated to go there in times of need*

*It will enable service users to get treatment closer to home*

*Links to family + friends = less upset for patients*

*Local services would be better for the community (x2)*

*More clinics in the community near where we live*

*More consultant out-patient clinics in Redcar + Cleveland*

*More Consultant out-patient clinics PLEASE and less travelling to James Cook. More at East Cleveland hospital*

*Only if this means in the town where the person lives*

*The closer to home the services the better (x4)*

*Vulnerable people need help near to hand*

*We need more care in the community - our facilities are too far away*

*We need to be treated as close to home or in the home. We are all individuals not 'groups'*

*Yes agree services should be close to where people live but how does disbanding services at Guisborough help this?*

*Your vision is very good, people need to be closer*

***Preventative (22)***

*Always prevention is the best option (x10)*

*Prevention can save lives. Money. Time (x3)*

*Prevention costs less than support for long term*

*Prevention is always better than cure, but education is a stumbling block*

*Prevention its easier and safer*

*Prevention, save time and costs in the future (x2)*

*Sometimes e.g. physio can prevent surgery*

*Sure it's like dentist check every 6 month to prevent*

*This can help save costs in the long run and help with early diagnosis of any possible illness*

*Yes I have enrolled in an activity to help prevent diabetes (Father had it)*

***Move away from central location (22)***

*Because it is good to have more consultant outpatients*

*Better use of buildings, relieve pressure on James Cook hospital*

*By not having community going to hospitals outside their area this will happen anyway*

*Could also target specific community groups/centres to identify/prevention*

*Far too much is done at James Cook, access which is not easy for too many*

*If it helps in any way to avoid long frustration time in James Cook hospital*

*If it is at Redcar*

*If these services could be provided near where people, they would get help easily*

*Invaluable to have out-patient clinics for more care in the community*

*It benefits the elderly to meet people at their house*

*Most of outpatients can be carried out in community hospitals i.e. Redcar to reduce waiting and pressure on James Cook*

*Not enough only two more*

*Please see previous comments. I believe that all clinics should be moved out of the JCUH. Managers need to concentrate on changing the JCUH to only deliver an acute inpatient service and all clinics should be moved to the community centres.*

*Separate clinics for birth control or small ops. This is a good thing. Major ones this for the main hospitals*

*The clinics are to serve the community and I think they are helpful*

*There is a need to provide off the James Cook site the place is a nightmare*

*These outpatient clinics could be a regular routine say once a year (for everybody) not just vulnerable*

*We need more outpatient clinics*

*Would ease pressure on A&E hospital?*

*Would these be provided at the 'One Life Centre' Middlesbrough?*

*Yes but where are you going to provide the clinics? And you will need to recruit staff to man them as all Guisborough staff are going to leave due to the shoddy way they have been treated.*

*Yes, but not if by in the community you mean only Redcar Hospital*

***Makes it easier (18)***

*Anything that makes it easier for the patient + their carers*

*Anything to reduce travel for old people would benefit*

*As earlier, it is often difficult to get the old people to the cities, also often old people are looking after the cared for one who is also old*

*Because people can't get the services easily*

*Because some older people are unable to travel far*

*Because the logistics of the most vulnerable/disabled/less mobile travelling is often enormous*

*Care closer to where patients live must be more beneficial*

*Certainly in winter people need transport, if they fall they are creating more work for hospitals*

*Close to where people live would be ideal*

*Convenience*

*Easier for patients, but less time for consultants to meet patients*

*Easy access*

*For convenience, also travel costs, especially for visitors, extended families to be close*

*I would agree with this vision with the proviso that clinics are easily accessible*

*If something happens it will be easy to call someone near you*

*It might be easier for some people*

*Much easier for patient and carer*

*Very convenient and very helpful we all lead busy lives - mums with children - old - infirm - it could benefit all young and old*

***Increase speed (16)***

*Access is easy and fast*

*Allows for faster access to healthcare*

*Anything that cuts down waiting and travel for the old*

*Anything to speed the recovery of patients*

*Better for patients. Less time consuming and would avoid the traffic jams and waits at James Cook*

*Help at home is best, saves time and money (x2)*

*I feel this has been long awaited the need for outpatient clinics + particular diagnostics + treatment, the length of time for a patient to see a consultant + have treatment could take several months I am sure this option would reduce waiting times*

*If the services were more readily available, may improve waiting times appoint*

*It's less stressful & more time efficient for the person cared for and the carer if local services are available*

*More convenient and less time wasted*

*Save time and money (x4)*

*Yes it save them for time and transport*

**Health checks/early tests (9)**

*Follow up on screening and more testing needed e.g. Bowel cancer etc. should be prompted rather than left to chance*

*I have seen it in the surgery such as healthy heart check*

*I myself didn't know I have risk of heart disease until I had test*

*If in first place they get diagnosed no further treatment needed*

*Investment in health improving/prevention services desperately required*

*It's very good programme such as healthy heart check*

*It's worth always to do some test to early diagnosis*

*Like new programme for healthy heart check*

*Make people more aware of reasons for strokes etc;*

**Will it actually happen? (7)**

*As a vision it is fabulous but realistically speaking it is not easy*

*I just don't believe it will happen*

*Promised for years - wish it happen this time?*

*Provided we don't lose other services*

*Visions are all very well, but is there the proper finance available to back it up*

*With suitable facilities and staff, Guisborough clinics are currently understaffed*

*Yes, but at what cost to our community?*

**Less stress (6)**

*Hospital visits and parking are very difficult for the elderly*



*I agree with the proposed plan for more care in the community and closer to where people live. I am sure a lot of elderly and frail patients find accessing services in a large facility like James Cook Hospital intimidating and stressful*

*It's less stressful & more time efficient for the person cared for and the carer if local services are available*

*Less pressure and less travelling time for the sufferers and carers*

*Often difficult to get to JCUH, will reduce stress at a time when you are frightened*

*This will obviously take the pressure off JCUH and much, much easier for pts stress levels i.e. parking*

**Other (28)**

*A nurse to answer the phone to discuss problems & advise the need to see a doctor or attend A&E*

*Absolutely – it is vital to encourage more responsibility for managing one's own health matters by having informed patients*

*Action depends on speed and expert staff*

*All services need serious improvement*

*Almost a self-fulfilling prophecy*

*But like everything, it needs costing and ask, what are the major needs of our old?*

*But see my comment on question 2 (Provided that the 'investment' does not demand a high degree of monetary expenditure which would drain resources required for their development)*

*But these services need to be co-ordinated to maintain efficiency and consistency. Communication between services is important*

*But will consultants use local hospitals more? or is there increased costs to the trust*

*But, surgeries are already over stretched - could the buildings accommodate*

*Everyone is accountable - no cover ups!*

*Hospitals are degrading places*

*No comment (x2)*

*Obviously - a leading question*

*Personal experience*

*Please avoid multiple visits of groups of people in one day. E.g. Third day out of hospital for ill patient. Patient confronted by two carers morning, 2 OT's plus student OT. District nurse doing assessment, nurse from private company doing assessment, carers etc.*

*See previous comments (x8)*

*There is a great need to increase provisions at local hospitals and doctors surgeries. Not centralise*

*Use Redcar hospital for more things instead of going - Middlesbrough - Norton - Northallerton*

*Would help find some people who does not know where to go*

**NO**

**No difference (7)**

*As long as there is good service for those people*

*Go to hospital*

*If surgical consultants are carrying out more out-patients clinics how can this happen, without de-stabilising hospital services*

*It does not make a difference*

*It is just a waste of money*

*This seems to be mostly about closing down existing facilities, which don't add up to the VISION that you have spelt out*

*Too vague, not practicable*

**Not closer (4)**

*"Two questions here: I agree with improving prevention. Remember that James Cook hospital is part of the community and close to where many people live. Having outreach clinics etc for those with more limited access to the main hospital is not bad thing per se, but don't force people to drive past the hospital to get to 'closer to home' services that are anything but."*

*But you are not proposing to provide facilities closer to where people live, just the opposite. Carter*

*Bequest closing, Guisborough minor injuries closing. East Cleveland minor injuries closing.*

*Centralising services to Redcar is the OPPOSITE of this*

*Want a hospital near me*

**Other (2)**

*Care in the community for mentally ill worked, didn't it!!*

*Some elderly people have no relatives so the best thing for them is to get specialist care in hospital*

**Q.7 We want to get your views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented.**

***The change will be beneficial (51)***

*Agree with your proposals. Guisborough needs modernising similar to work at N Ormesby perhaps. Carter bequest is also too far away for some people & is an old building requiring change*

*All changes you have mentioned are for the better – which is a first for the NHS, wherever services are centralised, the service becomes 3rd class*

*Any action that make it easy to access for elderly can help*

*Any change which would streamline the systems in place now would help!*

*Any changes are good and needed and having feedback to help*

*As this a great aim, I'm sure it will be very useful*

*Better use of Redcar hospital will benefit a lot of people*

*Changes to any service are beneficial to all the community (x7)*

*Everything has been explained to me by GP Dr Nandah and it sounds like a good idea*

*Hopefully the proposed plan will improve services all round (x2)*

*I agree with the proposals as it keep the care close to the community it serves*

*I agree with the proposed plans & hope they come off*

*I agree with your plans and visions and this would be implemented if some charities or rich people could work together with you*

*I agree with your proposal and I will be following your plans*

*I am sure that everyone get the best of this programme*

*I am sure that his will improve the care for patient (x2)*

*I am sure that these new services brings more positive impact on patients treatment (x4)*

*I believe these changes will greatly benefit care in South Tees*

*I hope NHS can deliver what is promised*

*I think if it is implemented carefully I don't think it will have a negative effect*

*I think it is a good idea to centralise these things for easier access and patient care*

*I think it will be effective*

*I think these plans sound wonderful - provided that they can be maintained long-term - don't get hit by cutbacks - resulting in staff cutbacks and yet another NHS or community blunder*

*I think your proposal good because it will bring services closer to people and will make it better*

*I think your proposals are a big step forward. Also follow ups once the patient is back to "normal" health*

*Improvements to current service would be welcome*

*Increasing community nurses will benefit more patients that need the care*

*It is a good idea to improve existing hospitals*

*It's always good to develop and improve the service and will benefit all those who needs it*

*It's good to change and improve the service always*

*Just want more help for any elderly person who may struggle with everyday life*

*My view is your proposed plans for change are good, I totally agree with that*

*These are an excellent proposed plans for change - it will improve health care for Middlesbrough - especially for elderly and vulnerable*

*These are excellent proposed plans for change. It will be good for people i.e. who are vulnerable and elderly*

*These are excellent proposed plans for change. it will improve health care for Middlesbrough*

*We agree with any changes you propose to help elderly*

*Would be beneficial for older patients*

*Would hope if implemented services would continue & not 'fizzle out' through lack of funding*

*You are doing a just class service and whatever changes you decide to implement will be taken with those that need it in mind*

*Your proposals are good. It is good to have consultations*

**No Concerns (46)**

*According the proposed plans in changing services they would be committed (x2)*

*Any changes at all must be for the better (x4)*

*As long as changes are needed*

*As long as my husband is well taken care of I don't mind*

*As you can all see from my previous answers I am in agreement with most of your proposed plans*

*From the leaflet all the ideas are sensible*

*I fully agree with reducing expenditure on old buildings and centralising minor injury in Redcar*

*I have no concern and I think when people get used to it, it has lots of benefit*

*I have no concerns but I do know that it will enable service users to get the care they deserve without any hassle*

*I have no concerns but I understand for elderly it is not easy to get one with changes*

*Implementing needs commitment so keep on committing to it*

*It all seems wonderful on paper, better care for the same money. Only time will tell*

*My view is I totally agree with the proposed plans and it can be implemented if you work hard on what you have proposed*

*My view is the proposed change is great and it could be implemented by discussing the proposed changes with the community*

**No Concerns (x12)**

*No concerns, a little help to each other helps. GP's a long way*

*One must move with the times as long as it's in the right direction*

*Provided service changes are handled sensitively, and the feedback is taken into account, I have no concerns*

*Start it and see how it goes*

*The plans are very good (x9)*

*Their implementation is fine*

*They seem sensible, we can only see what happens when they are implemented*

*You seemed to have thought about these things very carefully. So long as you go with the plan - not rushed, it should work. Iron out problems when you come to them*

### **Transport concerns (43)**

*Access to facilities should be studied in the light of reduced or re-routed bus services*

*As question 1 (Redcar is too far for visitors from Guisborough to travel. Also, GPs will no longer visit their patients) People from Guisborough with a minor injury will go to A&E thus blocking A&E, rather than go to Redcar or Brotton*

*as question 3 (James Cook difficult to get to without own transport (Taxi's expensive)) rehabilitation for all surgery would be better for local people*

*Brotton although a modern facility is well away from the major centres of population in the South Tees area and without good public transport links. From TS5 it would take a minimum of 1hr 30 minutes using public transport and 30 minutes by car. In winter Brotton has been known to be cut off*

*Changes are for the better, but sustainable funding is necessary for staff/transport/facilities. It is a financial issue*

*Concerns about the position of the services especially Brotton. It is too far east for people to travel especially in winter - weather can be severe. Visitors could be elderly 1 1/2 hr bus journey each way! Are there buses in the evening?*

*Distance to travel for those who have no family and no transport*

*For some patient not easy to access single centre and may worry them*

*Hospital visits and hospital stays are very difficult for elderly and disabled and this?? If these can be local it is so much easier*

*I am only concerned if it's not easy to access regards distance*

*I feel this is all about closing buildings & employing less people with already inadequate transport*

*I have only one concern that is, the minor injury service at a single location (I think it's better to have services at least in two locations)*

*I think it is unreasonable to expect someone with an injury to get 2 buses to Redcar hospital. I also wonder why James Cook has so many bad crises and cancelled operations if their beds are really*

*underused!*

*I worry that the care for people in the own homes is going to be private and not all people will be able to afford this. Also the ease or lack of it to attend urgent care with children etc. when there is only public transport. Ambulances will be called for the wrong reasons*

*If minor injuries are based at Redcar it means two bus journeys to get there as I don't drive*

*In a rural community nurses travelling from home to home to deliver care in the winter with bad weather conditions is not feasible - patients will suffer*

*Middlesbrough residents will be concerned that the only locations of community beds are at Redcar or Brotton. How should Middlesbrough residents be deterred from using JCUH A&E, even for minor injuries? Alternatives need publicity!*

*More transport to local hospital (Redcar)*

*My main concern is how patients are going to reach the proposed 'centres' from outlying areas*

*My major concern is that the elderly in areas such as Guisborough will become more isolated. Those Guisborough residents reliant on public transport will migrate to JCUH and not Redcar - if using public transport it is easier to get to Middlesbrough than it is to Redcar!!!!*

*Need point of access close to home! Drop in centres would be useful as trying to get appointment with GPs is very difficult and can take several days making patients conditions worse and sometimes causing hospital admissions*

*Older disabled or ill patients often do not have transport and having only one central facility could cause problems*

*Please use local hospitals more - it is easier for patients to have local services, rather than travelling long distances. Appointments at hospitals are sometimes too early for people in outlying areas*

*Public like to have somewhere local they can attend and trying to get GP appointments may take several days. Need drop in sessions somewhere local*

*Public transport / patient transport are a major concern for those of us without cars. Poorly people should not have to travel far*

*See Q3 (More convenient to reach reduces pressure on James Cook)*

*See Q5 (As long as there is no additional cost to the service user travel wise)*

*Services based in locations i.e. Redcar + Guisborough are vital for those without transport*



*Some patients are concerned in the future as they can't access services easily*

*Some places are hard to get to as it costs money getting taxis all the time*

*The bulk of services seem to be based in East Cleveland. There is a geographical imbalance. Middlesbrough fares badly in these plans.*

*The report states that everyone lives within 30 minutes of a minor injuries unit or A&E. My biggest concern is transport for those who are unable to drive or have no access to a car. Sometimes it takes up to two hours to get to James Cook on two buses. Public transport links need to be improved especially on weekends. It will be horrendous to have to get 2 buses with a hysterical child with a possible broken arm or a cut. Minor injuries units are there to take the load off A&E but unless this is addressed there will be more ambulance call outs and more people will just go to A&E*

*They seem reasonable but some people may have difficulty in travelling to centralised centres*

*Transport (x2)*

*Transport concerns me if services are planned in outlying areas*

*Travel costs and appropriateness for centralised service. If location is far – won't have many visitors*

*Travel to and from venues maybe difficult a well funded volunteer driver programme might be one solution*

*Travelling and getting to places. May not be convenient. Would prefer one standardised approach*

*Very concerned about losing Carter Bequest for Middlesbrough patients, they will end up staying longer in hospital. Redcar is 10 miles away*

*When one is younger & relatively healthy it is not too difficult to hop on a bus or use one's car. I may have got this documents meaning wrong but it seems to me that you feel that radically centralising many treatments you overlook the fact that the very people you want to help will find it more difficult to reach that help!*

*Working within the community , the majority of our beneficiaries always have concerns re visits to hospitals for various reasons including: Transport ( they do not want to go by Hospital Transport it takes too long as does Public Transport). James Cook Hospital - they find it 'overwhelming' too big, too far to walk. Services based more locally in the community at smaller venues were seen as non threatening*

*You must think of the impact of the people - patient/carers as the hospital must be within bus area*

### **Changes to services (38)**

*All services are geared to get people in and out as quickly as possible no one takes time to actually listen & understand what the problem is. You treat a symptom you see such as high BP without realising the cause is the stress of looking after my husband with dementia*

*At the moment, there doesn't seem to be much available for elderly and /or dementia sufferers. One or two routine checks, such as bowel screening is all*

*Availability of e.g. x-ray services fully integrated with the hospitals computer system and able to do full spinal x-rays has been desired in conversation with a Consultant at JCUH because of the need to reduce congestion at main x-ray and resulting patient waiting time*

*Caring for people in their homes when possible is positive, but it's important to ensure beds are available to those who need them in the community*

*Concerned that health care facilities in Guisborough will be cut. Elderly care beds, terminal care beds and minor injuries*

*Crossley unit is underutilised at RPCH would be better suited if adapted to accommodate the stroke patients*

*First port of call for minor injuries should be local e.g. GP surgeries (using practice nurses) and drop-in centres. Any concerns could be referred to the central point of Redcar for X-rays etc.*

*Fully equipped local hospital and medical centres are in place. They are under-used and residents of East Cleveland are having to travel far too much for routine tests and advice. Proposing to bring services to them is the news we've waited to hear*

*Get back to cottage hospitals no trekking down 'long' corridors (like James Cook has)*

*Guisborough's population is increasing rapidly - 6 primary schools, a large comprehensive, a variety of Sports activities. We need more services not fewer*

*I am originally from Darlington area, I now live in Middlesbrough. I would just like to say I am appalled with the hygiene & service received at James Cook, it was so different at Darlington*

*I believe Brotton hospital should be utilised to its full potential. It's a modern building which can serve East Cleveland well*

*I have particular experience of stroke and believe that whilst the aim of increased rehabilitation at home is laudable it is fraught with practical difficulties. I foresee a greater percentage of people going straight from Ward 28 at JCUH into a care home because of effective elimination of the rehabilitation period in hospital which in many cases would otherwise make them fit to go home. Of the people who go straight from Ward 28 to home it will inevitably put increased pressure on their carers-in effect these carers will be providing the cost savings as they will be doing the work that*

*nurses would have done had there been a rehabilitation period in hospital.*

*I hope there would be enough local services or nurses to visit patients at home*

*I think it is unreasonable to expect someone with an injury to get 2 buses to Redcar hospital. I also wonder why James Cook has so many bad crises and cancelled operations if their beds are really underused!*

*I think more services could be located in Redcar Primary Care hospital*

*I think that one should have stroke units in each area (Brotton hospital for surrounding areas, Redcar town area) Guisborough*

*I think that they could be a good idea, but please remember that it is not always the old who need care, it can also be younger people i.e. blind, deaf diabetic, Alzheimer's*

*If Guisborough hospital minor injuries unit closes this will place more pressure on JCUH A&E which is already being monitored – plus parking at JCUH is a nightmare currently*

*It doesn't matter how many wonderful facilities for treatment you provide centrally or in the community, if you omit day-care & respite Carers need the breaks desperately*

*It's vital stroke services need to be maintained both inpatient and rehab*

*James Cook is too big, people expect to get MRSA when they go in, after recent visiting relative more prevention is needed. JC main passageway hasn't even got a bottle of hand gel*

*Making access to services simple and straight forward - a single switchboard*

*Mental health in this area still left wanting always the speciality left out of any improvements*

*Middlesbrough residents will be concerned that the only locations of community beds are at Redcar or Brotton How should Middlesbrough residents be deterred from using JCUH A&E, even for minor injuries. Alternatives need publicity!*

*Minor injury support at Guisborough should be left there*

*More care in community needed, people would rather be treated at home if can.*

*Need stroke/elderly liaison people so the carers have a good help and back up*

*Parking at Chaloner building Guisborough is very limited. Not enough for staff+ patients/visitors – access poor. Staff will fill car park without having patients cars as well*

*People are worried that NHS couldn't provide enough Nurse or services that promised*

*Putting elderly people who have had strokes or other life threatening illnesses, especially palliative care in open wards such as those at James Cook is heartbreaking and inhumane. I have seen elderly women on mattresses on the floor with a rail around her like a cage, no way to treat a human being. Dignity is a basic right which doesn't seem to be provided in large units. If you want to see good practice, people treated with dignity, respect and compassion, palliative care at its best then visit Carter Bequest and the duplicate it. For God's sake don't close it.*

*These services proposal would be most welcomed, if the staffing for these improvements are in place*

*To get more services at Redcar Primary care hospital*

*To have palliative care beds & specialist services available in community hospitals*

*Very concerned about losing Carter Bequest for Middlesbrough patients, they will end up staying longer in hospital. Redcar is 10 miles away*

*We just need a service we can rely on & trust & stop all the changes & excuses of not having staff*

*We need as much care in the community as possible. Many stroke victims don't need to be in hospital but need care*

*We need more professional domiciliary care services – a hasty 15 minutes for each visit is not enough time for more than rushed and cursory contact. This is bad for both sides – pressurising care services & Inadequate for patients*

### **General concerns (29)**

*Change for changes sake is never a good policy. Therefore see my comments in answer Q2 and 5 implementation requires a full understanding of all the services involved and their problems before it can be carried out*

*Change is vital but my concern is that is it real change which can help people?*

*Concerns as already raised*

*Elderly may not cope quickly*

*How does this affect GP service?*

*I am concerned are there enough local centre or nurse to provide good services*

*I am not sure it's a good idea especially for elderly*

*I am worried the standard will go down and waiting times could get longer*

*I don't agree with all the changes you propose*

*I hope patients will have a choice of where they are treated*

*Implementation of these are not for me*

*Implementations is not easy but you do it if you have a good feedback of it*

*It is a process that should have been and needs to be more transparent, it has been very obvious to many of us that this has been in the plans have been for quite a few years and the services at those community hospitals you are no talking about closing have been purposefully run down to ensure you had the data to close them*

*It needs to improve*

*More information*

*My concern is any change in service has side effect, hope you could see it beforehand*

*My only concern is putting things in one place*

*My only concern is the number of centres are not enough*

*My only concern is, if by any reason I don't receive the care that I should after a while*

*One assumes that you have fully considered any pitfalls that may be considered by the public at large*

*Only worried if those things that now are promised won't be delivered as it should*

*Only worried that closer care might make people lazy and not making any effort to get out*

*Some people feel safer in hospital. If a patient had no one at home, would they be allowed to choose to stay as an inpatient?*

*The only concern I have is waiting list as when only one centre there would always be waiting list*

*The plans shown tonight are too vague, not specific enough and we believe already a done deal*

*The proposals seem broadly positive, but the wording of your documentation and this questionnaire is poor. What exactly does "in the community" mean? Do you mean in people's homes? If so you should say so, more clarity us needed in your information e.g. "The quality accessibility and sustainability of our current community estate - that is just long-winded jargon isn't it. This approach does not encourage confidence in your ability to deliver these proposals*

*Will it make patients more vulnerable at home?*

*Will this improve waiting times for treatment?*

*Worse*

**Communication (25)**

*Adequate supervision needed to ensure effective communication. E.g. professional carers suggesting supplementary diet drinks etc, and the patient /informal carer/ GP surgery and dietician going along with it without the overall dietary requirements being assessed and the kind of carer support required.*

*Ask the patients more about the above*

*By sharing ideas with governmental agencies and with the community*

*Communication is a big factor travel time for old people*

*Communication is the biggest factor with GPs and patients/carers involving them in decision making*

*Contact MPs + Councillors (It's local election next May 2015)*

*Good communication will ease our concerns and help us understand what effect changes will do to improve services*

*I realise we have more elderly people, some who have difficulty getting about, so an integrated system and co-ordinated appointments would be good*

*I would say first you should advertise your service and let people in the community know about it. Like make an event and invite people to that event and introduce them with your service*

*Improve the services and emphasise what people need*

*Information to all on new venues & services available there & access to them e.g. GP only referral etc use of the site around GP service at Carters e.g. more care parking, increased hospice provision*

*Just keep people informed as to contacting services, make things accessible*

*Keep & update where possible, ALL property that is in use now, and spend any money on worthwhile new project to save lives*

*Leaflets in GP surgeries Posters. Answer phone messages - contact detail TV adverts - radio*

*Middlesbrough residents will be concerned that the only locations of community beds are at Redcar or Brotton How should Middlesbrough residents be deterred from using JCUH A&E, even for minor injuries. Alternatives need publicity!*

*More contact at home for the elderly from nurses & doctors. My mother is 90, deaf and partially sighted and had no contact from NHS*

*People need to be kept fully informed and consulted at every stage*

*Provided that there is still good access to James Cook hospital + local support + care is properly tested + implemented, it would relieve the pressure on hospital wards + give patients the option as to where + how they would prefer to be treated*

*Provided the changes are well advertised in a timely manner using all kinds of communication skills e.g. Facebook, posters in community buildings etc, then there should be limited teething problems*

*Relatives + carers need to be made aware on an individual basis + helped to adjust to any changes*

*Should make people aware of these changes in advance by providing more information*

*Talk to people not just reams of forms to fill in*

*The medical community should work together with the community in order these changes to be implemented*

*The services need to be co-ordinated amongst practitioners, communication needs to be effective; treatment need to be of a high standard*

*This consultation is important*

## **Cost (22)**

*Agree with proposed plans, but where is money coming from?*

*Are you able to provide the staff required bearing in mind the costs where will the finding come from surely not just from question4*

*Ask the people responsible for finance to give you more help*

*Changes are for the better, but sustainable funding is necessary for staff/transport/facilities. It is a financial issue*

*Core incentives ideas are very expensive to get them*

*I am most concerned about the proposed changes to the services provided at Brotton hospital. I do not see how centralising services is of any benefit other than cost saving and actually reducing local community services!!*

*I do not object to change but not change for changes sake when it will cost a lot of money to do so*

*I think change is necessary. I would be hopeful that the proposal would be successful. My reservations lie with funding*

*I think it is disgusting you are even considering closing carter bequest hospital. My uncle got exceptional care there which he would not have got at home. You're closing hospitals to save money not to help people. It's all about money. Also where are all these extra people coming from to look after people in their own homes?*

*I worry that the care for people in the own homes is going to be private and not all people will be able to afford this. Also the ease or lack of it to attend urgent care with children etc. when there is only public transport. Ambulances will be called for the wrong reasons*

*It's all about money and shortfall in budgets plain and simple. If you were honest and admitted this you would maybe get more public support. You state that nothing would be removed or changed until the new services are proven to work, yet you have placed an end date on the whole initiative. This puts undue strain on all involved and inevitably leads to cutting corners purely to meet time constraints that are arbitrary in the extreme.*

*Money is the common denominator of all change. Everything is a compromise, just do your best for old people*

*much better idea for more community based services, but money must be made available, no short cuts, must be closely monitored*

*My concern would be funding, bearing in mind that we are always being told that there is no money available*

*My concerns would be that it would be more about all exercise to save money than providing services in a more enlightened positive way, however you dress it up with convenient jargon*

*My only concerns would be the cost implications for providing a viable community service, especially in the height of the difficulties the groups I attend (health through activity. Exercise referral programme. At Southlands leisure centre) are having in obtaining funding to keep it going*

*Please do close Guisborough hospital. It cannot be cost effective and concerns around safety and care standard. Staff to not appear motivated/committed or caring*

*see attached: A few points on the public consultation; - the booklet issued is too 'woolly' - cash only mentioned 2x p.12/14 - has no relevance -no detail of resources- cash, personnel or other - no intermediate time lines - additional investment p.16 how much? From which budget? - How dependent on local authority contribution? - You need to give us more detail on overall budget - how is it raised? -49 G.P practices - which best performing etc - I notice sign at Redcar District Hospital @property services' is this best use for hospital building? You are on the right track with integration and proactive, I do hope you succeed, all the very best*



*Why are you moving services into Chaloner? The building is old, not fit for any purpose except offices. The car parking is appalling; the bank to the car park is very steep and will be a problem in the winter. How much of my money are you planning to spend re-building x-ray over there? What are your plans for Guisborough hospital site redevelopment space?*

*Would hope if implemented services would continue & not 'fizzle out' through lack of funding*

*Your plans for change seem ok, but my concern is cost will you get the money?*

*Yours plans seem ok as long as you keep within your budget*

***Some find change difficult (16)***

*Always changes first not easy to be accepted but when they realises the benefit they get used to it*

*Always changes need time to get used to, but the important thing is to get most out of it*

*As still we have time and there are still plans, so we have time to get used to them*

*As with any change, not many people embrace it and I feel particular the vulnerable etc need things to change slowly and respect their views, they are after all individuals with medical problems but are people who have feelings and are aware of what is still happening to them*

*Change is often disruptive and this would have to be a smooth transition which did not interfere with healthcare*

*I am concerned about elderly as it is not easy to cope with new changes*

*It may look strange first but people get used to it*

*It may not be easy to start but will be ok*

*It takes time but after that patient can see clearly the benefit*

*People may get nervous about new changes but get used to it*

*Some patients can't cope easily with radical changes*

*Some people accept changes with difficulty*

*Take times to get used to new services (x4)*

*The only concern is for elderly who can't accept changes and need their normal routine*

*They are good changes although it take time to get familiar with new services*

*To get the best of services can sometimes take a long time to get used to new service*

### **Transport Positives (8)**

*Agree with your proposals. Guisborough needs modernising similar to work at N Ormesby perhaps. Carter bequest is also too far away for some people & is an old building requiring change*

*Closer to people in need the better*

*Considering I have hearing difficulties, tremors, heart conditions; I would appreciate facilities being available locally*

*I feel smaller clinics and local is important for elderly folk*

*It is good to have consultant out-patient clinics close to where people live*

*It is good to know that at last our healthcare is going to be dealt with in our own area*

*Local access to health professionals is the way forward*

*Local hospitals used more*

### **Centralisation (8)**

*Centralising services do not work. Look at the ambulance service. Local hospitals should be used more. Closing minor injuries at local hospitals is disastrous thinking*

*I think you are trying to centralise services and that will not be helpful*

*I would like to see more services all inter-linked, based perhaps in RPC*

*It doesn't matter how many wonderful facilities for treatment you provide centrally or in the community, if you omit day-care & respite Carers need the breaks desperately*

*My concerns are always based around people being lost in the system with the trend towards large centralised services so my support would always lean towards localised community based services*

*Stroke facilities in one place sounds ideal, more useful facilities in Brotton likewise /Guisborough sounds a bit chaotic Carter Bequest good solution. Redcar PC hosp put to full use is best news of all a new facility underused - uneconomic*

*While this is on the whole a good idea, I feel that it is imperative that hospital beds are not lost for those people who still required hospital stay. Also I'm not sure centralising minor injuries in Redcar will help the outlying communities*

*With many hospital merged into James Cook hospital it seems that patient care is not as good as what it was when they had local hospital & specialist hospital*

**Needs to happen quickly (6)**

*As quick and effective as possible (x3)*

*As soon as possible but not to the disadvantage of existing services*

*Sooner put into practice the better for our age group*

*Why not just doing it? Don't mess about - 2016 a long way off*

**Staff need to be trained appropriately (5)**

*My concerns are not enough staff, equipment timing, (nurses having time to spend with patients and patients are not rushed)*

*My only concerns would be that care in the community would have adequate staff to provide a good level of service, and that staff would have a good level of skill in their particular field*

*Staff should be trained*

*The ideas are great , but the increase work load for the teams will require a lot of study, training & resources and an increase in dedication/calling to say nothing about well administered budget*

*The press state that District Nursing is losing staff etc. Can enough staff be trained / employed to fulfil requirements?*

**Very good staff (4)**

*Redcar hospital is very good - clean easy parking - no traffic problems locally, good staff*

*The ideas sound good, I think the right type of staff who work for social services is extremely important courteous caring showing respect, just because people are old, ill or neglected they still need respect.*

*This week my disabled husband has encountered many of the problems envisaged - i.e. waited all night for an ambulance after 111 call due to excess 999 calls -staff very good in keeping contact*

*Why has Teddington hospital closed for A&E when they offered an excellent service and very caring efficient staff*

**Other (37)**

*A comprehensive list of the services available would help*

*Already given views*

*Change is what is needed, true, but why not look at the potential of willing thousands of cheap labour in our communities and plan accordingly*

*Close down old buildings and give people who lose their jobs work in looking after people in their own homes. Nobody wants people out of work!*

*Close Guisborough and Carter Bequest, use the revenue & capital to develop services. I think there will be a need to project services with review before full implementation*

*Comment when I know what you are going to do. Use Brotton Hospital more. It seems to be a white elephant*

*Do not employ people on high salaries - provide an appropriate service - that was provided 10 years ago - give people choice*

*Focus on delivery of promises, not as a politician, but as care of the community*

*Get rid of people in high places in NHS & provide more nurses & specialists both in the community & in hospitals & more consultation with the carer*

*I don't feel qualified to comment on any other sections in this questionnaire - I have no experience of the services involved*

*I doubt medical and social assistant would co-operate*

*I think they have been confirmed in discussions with staff who have taken note*

*If you don't know, how can I tell you?*

*Implementation is very hard, you need experts to involve such an area*

*In favour of proposed changes, but would like to see our local services stay*

*Instead of making buildings the focus it would be better if people - in surgeries or their homes?? the focus*

*It is alright for government to want to work in statistics but this does not take into fact early treatment means shorter stay in hospital and less stress on patients*

*Middlesbrough NOT just R + Cleveland should have a community hospital*

*More follow up care and less cost - it's too expensive*

*My main concern would be that individuals involved would not be involved sufficiently in the service redesign, resulting in lost opportunities to make a positive, effective & well functioning service*

*My views should be obvious from previous answers reduce red tape*

*Need more information to make a decision and form conclusion*

*No comments (x14)*

*People get used to it*

*Praises the NHS for the help & assistance they do provide*

*Prevention a key factor with the elderly. If monitored regularly many long stays in hospital may be avoided*

*See my views above (Providing sufficient resources are invested in people who will provide the treatment)*

*See note below ...Ref Tom Blekinsop copy of response letter in Improve MP file*

*See previous answers.*

*Social care and social services are very important to look at*

*The health secretary said recently that better use should be made of local hospitals. I believe your cost reduction proposals will do the opposite*

*There is not enough space here to give my views and feel that this is deliberate. I feel that people are not being listened to and the overall decision has already been made!*

*These changes don't include sending people home very late at night without any support. Assurance must be given to a person leaving hospital in ambulance there will be a carer there to make that person a cup of tea, washed and put in bed, the same person will follow this up the following morning (if necessary stay the night) until that person is settled. The team should have a nurse, someone to give them their meals and a cleaner which is very important the place is kept clean*

*This change has to be good for people - there should be facilities for elderly respite so that carers could have a worry free break & in turn keep loved ones at home*

*This consultation seems to be being told what is happening, and will happen regardless of the opinions of local people. Decision has been made*

*To take all facilities from a town the size of Guisborough (which is still growing) would be disastrous*

*Would you please stop employing groups of people at God knows what expense to arrive at a stupid  
improve*

*Q.8. How do you think our plans could have an impact on specific groups or individuals within our community? For example people from black and ethnic minority backgrounds, males/females, those with disabilities, carers.*

**Positive (182)**

**Affect everyone/demographics irrelevant (69)**

*Access to help should be easily availability to all, locally (4)*

*I consider the proposed changes should improve the public's care, after-care and hopefully, well-being. All buildings should be fully functional and occupied*

*I think the plans will affect everyone the same*

*I think the proposals are welcome and a positive move in the right direction. Sure to help all the categories mentioned*

*I would say it is very important for them. It would have good affect on them*

*It is very good for them, because other minorities rather than citizens are more vulnerable to different problems*

*It should be positive as 'all' groups should be catered*

*It will impact on all of the above groups by closing their local hospital, and making the same mistakes as they have done with the James Cook hospital*

*It would be more helpful to these groups of people*

*Most of your proposed plans can only be of help to these people*

*No special are plans needed. There should be availability for all!*

*Plans and changes are always good and will benefit all minorities and backgrounds, as long as it used correctly*

*The plans could only benefit all individuals, regardless of colour and background etc. The plans could only enhance all lives. People with disabilities and carers would have such a better life, with fewer problems*

*This would help everyone, from any background (9)*

**Positive (General) (32)**

*Form a special team of highly qualified people, to cover all of these problems*

*Hopefully for the better*

*I cannot see a problem*

*I can only speak from a personal point of view but accessing regular care and advice for my husband nearer to home would have a great impact. There would be less physical stress on me and my family, fighting with wheelchairs and dementia at James Cook Hospital*

*I think it's good for them (3)*

*I think your plans are quite good on specific groups or individuals*

*I would hope it would make life easier*

*I would hope that the plans would be helpful for everybody*

*It can change patients routines in a good way*

*It is very good for them*

*It should make life easier*

*It will definitely have a positive impact on the disabled and elderly*

*It will enable the service user to get the care they deserve quicker and in a higher standard*

*It will especially be more convenient for the elderly and disabled*

*It will have a good impact on patient's daily treatment, especially for those who need frequent treatment*

*It will make a big impact, you have young and old, coloured and white some severely disabled, some who are capable*

*It would not seem so. If it helps the total eliminations of mixed sex wards this would be a bonus*

*Make life easy for both patient and carers*

*Positive impact on mostly elderly and disabled*

*Should be lots better*

*The plans are fair*



*They are good*

*Very good (2)*

*Well thought out future plans should help everybody*

*Yes, it will help minority backgrounds (3)*

*Your plans could work if you are able to get the money*

### **Community (16)**

*Any plans to bring services back into the community can only have a very positive impact for all concerned*

*As above, (much better idea for more community based services, but money must be made available, no short cuts, must be closely monitored)*

*Help with integration of communities*

*Hopefully these plans will suit all members of the community*

*If things were based more locally - it would be beneficial for people with disabilities and carers*

*It will help the minority integrate within their community more easily*

*It would improve access to community care*

*Minority backgrounds feel isolated most of the time and that will help them, having the service they need*

*Socially, it is important*

*The whole community would be better when changes are made. It would improve the prevention and health promotion in area (4)*

*They will be able to integrate better and make friends with other people with the same difficulties*

*Yes, of course it will impact, if you know something is going on in your place you will give attention*

*Your plan will have a good impact on the health of white ethnic groups because they are the majority in the area and part do good*

### **Quality of help (12)**

*As above, any improvement for the elderly is so helpful to those who are carers, I am the daughter of a man who needs the care so will fill in as if, I'm my father*

*Better support for families with dementia*

*I can see where improvements have been made, but still a long way to go*

*I hope it improves communication with responsible, informal carers and that responsible carers are identified as such accurately. One GP always got someone to tell the informal carer when he was sending the district nurse but, others didn't. This meant the possibility for the patient to believe the informal carer wasn't telling him what was happening and why. This increases feeling of vulnerability. Informal carers can be suddenly confronted with a new situation in cast this needs to be supported.*

*I think that if you don't improve services in hospitals as well as in the community, the NHS is going to have a lot more fatalities*

*It makes treatment easier for people who struggle with carers*

*It will have a good impact because all you have planned or proposed is very good for them*

*It will improve care and quality of life*

*It will improve the way that they receive help*

*Service will improve the quality provided*

*They can only improve services (2)*

### **Effect on those with disabilities (11)**

*All plans would help disabled (severely) people with some or very little mobility*

*Big impact on disabled people*

*Definitely for disabled people, it is more convenient*

*I am sure for disabled and elderly that it's more convenient*

*I have no knowledge of bi-ethnic communities, but as long as their cultural needs are met, I can't find fault. Separation of areas for male/female and those with disabilities must impact well, if accessible, carers may benefit if some services and more local or at home*

*I think the group that would have more advantages are those who have disabilities*

*If there were respite beds for home carers to use for those they look after, there wouldn't be so many people in care homes as carers would have a stress free break. And they would be able to cope much better*

*It will enable people with disability and lack of mobility to get healthcare quicker without any delay in their care*

*It would appear that the plans would be beneficial to those with disabilities and their carers. I am unaware of the impact on black and ethnic minorities*

*No problem for us, providing that the disabled are provided for and staff are trained for the needs of the disabled*

*The more disabled, the better your plans are*

#### **Help for carers (9)**

*Carers don't need to spend time going to hospital, and patients can be more confident (3)*

*I can't speak except as a carer for an elderly disabled man. I think it could make care easier but I am grateful for the care already in place*

*I think it could help the carers, but I do think more consideration should be given to the carers in the community; better training, maybe some specialised in caring for certain illnesses. Keeping carers on a rota, the same few for each patient as old and young people find it very distressing to keep having a change of carer and having to explain their disability over and over again, especially if there is a language difficulty*

*Might reduce the pressure on carers (4)*

#### **Travel (7)**

*For those patients who don't have a regular carer and have difficulty going to their appointment, will be a very positive help*

*Help the elderly and disabled to save them a journey to the hospital*

*If things are centralised; travel and communication, things could possibly work better*

*It could save time and money for those patients with regards to not having to travel to James Cook hospital; except for any specialist needs they may have*

*Not having to travel to James Cook University Hospital will be appreciated by many people*

*Simply by not having to travel too far, that has to help*

*Surely. Save time and money for transport and further treatment at hospital*

**Time (7)**

*As black and minority people are from different cultures, these plans have a positive impact on them as they don't have to spend lots of time in hospital*

*For those who don't have a regular carer, it will save lots of time and concern going to hospital*

*Increases people's confidence, saves time and costs*

*It definitely saves time for patients (and carers) (4)*

**Confidence (5)**

*For people with disabilities, it will provide them with more confidence to receive part of treatment close to home*

*It gives more confidence to both males and females, and a more positive view towards the future (2)*

*It is obvious, there is anxiety, whether present available local services are replaced by inconvenience/lack of professionalism*

*Some elderly think that they receive better services at hospital and lose their confidence*

**Elderly patients (5)**

*Elderly people in the community regardless of colour or race should all have opportunity to receive necessary care as required. All medical staff display the highest of caring. The troubles are all government finance*

*Elderly receive a lot of care*

*I think it will be effective, in our culture we care for our elderly and we know how to care for them. It is a good plan*

*It will have huge positive impact for the elderly and the vulnerable people if it is implemented*

*The impact would be immense. Any help/care for the elderly would have a profound effect. Social groups are such a benefit*

### **Other (9)**

*As long as the people are aware of the services*

*By raising awareness*

*Empowering choice, informing attitudes and responses is important for all groups. Ethnic/generational/gender approaches differ and need to be addressed carefully.*

*Everyone's the same, look after each other then it won't impact other comments. They should link all services up, it will give us reassurance. You needed more publicity, mind I don't read papers*

*It will affect these people the same way, it will affect those outside the people listed above*

*Must help the vulnerable*

*My husband is 90, with severe Alzheimer's, the minor injury facility at Brotton is a great help*

*Patients don't need to go to hospital for everything*

*Try anything to help the current situation; making people aware of any help offered and of any changes*

### **Negative (167)**

#### **Travel (32)**

*Accessibility is difficult for disabled patients and carers in general, due to lack of transport*

*As both myself and wife are disabled, one of us is not always well enough to travel a long distance and have to rely on others; friends or extended family aren't always available. This causes more stress and relying on short notice to get ambulance is a no, no*

*As I have mentioned before; elderly patients, children and patients with poor mobility might have to get two buses to get treatment, if they have no transport.*

*Disability access services are further away*

*For some people, getting to a single place like Redcar is difficult, in regards to distance*

*For those of us who live in East Cleveland, Redcar hospital is not very accessible unless you have a car. So transport links are a different consideration, as the vulnerable people you are trying to help will be disadvantaged*

*For those who don't have a carer, it's difficult to access the services*

*From the TS5 area, an elderly spouse would have great difficulty visiting an inpatient. In my opinion, the basis of this proposal is to utilise a modern facility which was built in the wrong area*

*Hopefully none; as any form of discrimination goes against the 1995 Discrimination Act. Low income families will be hit due to parking charges at James Cook University Hospital and cost of petrol or public transport*

*I believe the residents of Guisborough will not benefit from the proposed changes and this is entirely due to the very poor transport infrastructure. Travelling to Redcar is much harder than it is to jump on a bus to Middlesbrough*

*If places are reachable then fine, but everywhere is two buses from where I live and the buses never follow without a long wait*

*Immobile patients need a local point of contact. Wheelchair taxis can be expensive and journeys are very tiring. They can often then be sent elsewhere*

*It is much harder for those with disabilities and the elderly, due to further travel. There are several buses to Redcar*

*It seems you want to increase travel, which will put a greater strain on GP practices. They will need more staff to carry out plans due to increased travelling and ambulance requirements*

*It will have impact on elderly visitors from Middlesbrough. Also have you considered families travelling via A19? This would add half an hour more to their journey, will it stop them visiting so often. Families are now more widespread*

*It will involve more travel, which may be a challenge for some people*

*Local bus services aren't always appropriate to centralise services.*

*Maybe inpatients would receive fewer visitors due to location of Redcar and Cleveland hospitals*

*My wife is unable to visit doctors or hospitals without the necessity of ambulances or relatives who will transport her*

*Non-drivers will find travel difficult. Patients in local homes using our urgent care facilities would need ambulance or taxi transfers to Redcar, or more likely James Cook*

*Patients in local homes and those who have no transport can be seen in local urgent care clinic. They may need ambulances to transfer elsewhere and they may put pressure on ambulance services*

*Patients with disabilities will have a lot more travelling to do for physiotherapy*

*People living in smaller towns will have a reduced service, especially if they don't drive. Care times will increase, as less people seen a day*

*Perception by locals around venues due for closure - they wouldn't walk to the site in any circumstances and most people visit by car or bus anyway. Mobility of community based services needs to be well prompted as this is the major thing that will appeal to residents. Most don't care about budgets - it's too remote*

*There might be problems getting from A to B for those without transport and no family support*

*They will have to travel further, as will relatives from Middlesbrough, which could mean less visitors. People may not know the area they are being sent to*

*Transport is difficult for the disabled and elderly (2)*

*Travel mainly, this is still a low car usage area, with very poor public transport*

*Travel to receive healthcare in the community is the main reason people are unhappy, about the distance and stress to access help at James Cook*

*We need to make sure all is cared for without too much travel and waiting time. This is a problem at most hospitals for the elderly and vulnerable*

*When using one area for treatments, travel costs are outlying areas - it may be too expensive*

### **Home (21)**

*All people should be able to access care as close to home as possible*

*All should be treated the same, but it would be helpful if extra help at home be available on rare occasions*

*For foreign people, getting some help at home is more convenient*

*For some people it's better to stay at their home, rather than go to hospital*

*For specific patients, such as disabled, it is more comfortable to have some of the nursing services at their home*

*For those who don't speak English, hospital is a scary place, so receiving some treatment at home is peace of mind*

*Generally, specific groups will welcome the greater emphasis on treating people in their own homes*

*Getting more care into the home will help many groups, there will be no trekking to the hospital*

*Help the elderly to stay safe at their home*

*Home care for disabled people would be advantageous*

*I approve of the idea of home care*

*It may cost people more to go to a centralised unit. However if people will be employed to come to people's homes, it should not make a difference*

*It's more comfortable for elderly to be visited at their home*

*More support for people in their own homes would be a big help for family members who are carers. Carers need more support too*

*People who are physically ill, sometimes get depressed, so it's better to stay close to home*

*People would appreciate a visit to the house by someone of the same sex as them*

*Some people are scared of hospital and prefer home*

*There is a possibility people could feel isolated in their own home, especially if they are alone and if families are not in the area. A lot of issues may be transferred to family, they should provide carers*

*They would be worse off with fewer services near to home*

*Yet again, carers are expected to take on another role. Home nursing is 24/7, instead of the NHS. We will have to pay for care in the home. The rich can buy hospital services - the poor can stay at home*

### **Negative (general) (19)**

*As a carer, having a disabled son, it is essential that we use one of our nearest hospital such as West Mid, which saved my life and were very accommodating to my son*

*As NHS/hospitals do not disseminate on any of the above grounds, I cannot see how the plans set out will impact negatively on those groups, as long as there is reasonable access to all services in the community*

*Could cause a lot of stress for families*

*I do not think ethnic groups would accept this*

*I feel that these proposals are a disgrace and, again people are not being listened to*

*I think it will be more accessible for carers and those with disabilities. Will need to have translations*



*services for BME and speakers of other languages*

*I think the idea of centralising services would be a disaster to East Cleveland*

*I think the very young and elderly are always the ones who will suffer*

*If we go to Spain or another foreign country, everyone has insurance, sometimes costing £500 for two pensioners. Why is it not the same here? For the immigrants or visitors using the hospitals all over Britain (it cost £3,000 for 2 1/2 days when I had acute bronchitis in Jan 2014)*

*Lack of understanding of what is available and how to access it through social and communication barriers, which will always be an issue*

*Mental health has a very poor service in Redcar and Cleveland*

*Obviously the more centre's of care, the easier patient access, but in balance the plans should work for everyone*

*Only the obvious fear that local elderly and vulnerable people will have about hospital closures*

*Selfish/ideological interests will have to be curbed, the true intent appreciated and agreed*

*The impact would be that vulnerable people will not get the specialist care they need. Some people don't have family. Who tends to their needs when the community carers aren't there*

*The provision must be real, not token. The elderly still retain some provision for single sex (appropriate) cover in sensitive areas*

*This is Britain, maybe ethnic people should adapt to British culture if they choose to reside here*

*To keep changing things is expensive and destroys trust and relationships built up existing services and individuals*

*Use Brotton hospital more*

**No difference (15)**

*I don't think it will have an impact (9)*

*I don't think it would have an impact*

*I don't think it would make any impact on ethnic minority people or other characteristics*

*Shouldn't make any difference, all changes and plans will make services more local (2)*

*The plans as suggested are only going to cause minor changes, because the plans are not of a major*

*nature, we need more*

*Without effective local transport, it will make little difference. Unless, you employ staff with effective communications skills there will be little impact*

### **Disabilities/carers (12)**

*As a 68 year old carer I am concerned that this will increase my 'workload'*

*As an elderly carer with a badly disabled wife (from a stroke 8 years ago), I'd appreciate more of a pro-active effort from the professionals*

*Carers are some of the people who have great difficulties leaving their loved one alone. I take my husband's hearing aid for repair at the local hospital and have to wait for a long time in a queue, sometimes two hours, only to be told I have to leave it to go to James Cook. Something I knew in the first place, only they would not let me leave it*

*Carers will have more of a burden placed on them.*

*Disabled people, as well as elderly are more catered to*

*I think carers have a tough enough job without making things any worse*

*More emphasis on 'caring for the carer' (2)*

*Moving facilities would make things very difficult for disabled people and their carers*

*People with severe sensory loss must be properly accommodated*

*They will result in more pressure on carers as professionals retreat into central facilities*

*With day-care places closing and no alternatives available, more elderly/disabled people are being left isolated and carers are struggling to cope*

### **Language barriers (12)**

*Ethnic minority people might have language barriers and travel problems (5)*

*Have a well experienced medically trained interpreter (4)*

*I cannot see any groups should have problems with changes, except non English speakers who would require a translator*

*The main issue with minorities is language and culture, so you need to address this point now and*

*then*

*There will be big impact on people with no English language who might find it difficult to get to hospital*

**Demographics not important (9)**

*Carers need much more support generally, especially for short-term relief. All people should be treated equally so ethnicity is not important*

*Having lost a brother recently, I would not care what colour or creed was adding to the success of care delivered to patients*

*Hopefully they won't, as I said earlier - local is best. Why even mention specific groups; people are people*

*I don't think it affects minority people*

*Stop segregating people and treat everyone as equal patients*

*There should be no discrimination (3)*

*You shouldn't have to worry about the colour of the people that have to attend*

**Elderly patients (8)**

*As I said, the elderly could have difficulty coping with a new programme*

*As this is often service lead focus, rather than person led care, this often leads to those nearing pensionable age looking after elderly parents; when they really need support themselves. Thus resulting in an increase in poor mental health within the community*

*Elderly people don't need to go to hospital*

*It is difficult for elderly to get used to these changes*

*Older people prefer smaller units with more personal care, many dread going into James Cook Hospital. They should provide better prevention, go back to the old ways of nursing, too many nurses are in it for the money, but don't care anymore. Forget the doctors stations, too much chatter goes on*

*Some people struggle with changes, but surely it will make life easier for most, such as, the elderly*

*There are very few ethnic minority people in our area. Especially in winter people need to meet to*

*have coffee, play cards, dominoes, scrabble (the UBA) type of thing, but for so many, transport is the main problem - especially in winter. Many are nervous to start something new but if friendly caring volunteers could at least be their contact to start with, older people like myself would be able to welcome people when they arrived, but in bad weather I couldn't as I'd possibly have no one to care for me*

*We need less travel*

**Unsure (27)**

*Ask the black and ethnic minority backgrounds about the above*

*Cannot comment really as my experience has been since my husband was diagnosed with vascular dementia, three years ago*

*Cannot say what impact your plans could have*

*I do not know but I am worried it could get worse*

*I don't know (4)*

*I think that time and new practices will tell if new measures help the community*

*N/A (2)*

*No comment (3)*

*Not enough information to know on all groups*

*Not sure (9)*

*This question requires feedback from each of your specified groups in our community (plus many others unspecified) before you can estimate or qualify the impact of your plan*

*Until the services are actually in place, it would be hard to say. Also, this questionnaire presumes some prior knowledge of services and how they do or do not work. In my role in a previous job, I constantly came across people who had a fatal lack of awareness of specific services available to them*

*You can only please some of the people some of the time, but never everyone all the time*

**Other (12)**

*They say that in life the two certainties are death and taxes. Strange how these are the two things*

*that pay no regard to trendy compartmentalisation. The NHS is paid for by taxes and taxes are levied without regard to minority status. The NHS help stave off mortality and morbidity and mortality and morbidity pay no heed to minority status – except in respect of inherited disease. Cut finger... no special treatment. One of these fancy Jewish genetic disorders, African sickle cell disease, got to have regard to 'expert patient' status..*

*Difficult to say as there is insufficient detail. On the whole they don't appear discriminatory.*

*Employ both ethnic people to help*

*Having had a stroke, once discharged from hospital, both my wife and I felt we had been abandoned as far as follow up services were concerned, or information on what services might be available. Fortunately my wife saw an article in the local newspaper and a contact number for the group health through activity/exercise referral programme. I now attend the group each week which has been a lifeline and we feel continued funding is vital for this programme*

*How would the care be audited - people with disabilities probably don't like to make a fuss*

*I am white and abide by this countries rules and regulations, why should it bother anybody whom is doing the same*

*I feel that if everything is centralised then the elderly and carers*

*I'm not sure. As a carer may help has been through Ashwood at Guisborough and carers together*

*Information needs to be given, and be available at all levels*

*It is essential to establish the various constraints that these groups or individuals may be limited by; stamina, diet, communication, family/customary constraints. Full knowledge is essential*

*Redcar has single bed rooms which could be a safety issue for patients after a stroke*

*That won't become apparent until you implement your plans.*

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