North Tees & Hartlepool and South Tees Foundation Trusts Group Model: Community Research

March 2024

Contents

The Healthwatch Tees Valley Network

Healthwatch is the health and social care champion for those who use GPs, hospitals, dentists, pharmacies, care homes or other health and care support services.

As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services.

We are entirely independent and impartial, and any information shared with us is confidential.

The **Healthwatch Tees Valley Network** comprises of the following local Healthwatch:

- Darlington
- Hartlepool
- Middlesbrough
- Redcar and Cleveland
- Stockton on Tees

Other local Healthwatch organisations contributed to the report, as individuals who live in their geographic area occasionally access University Hospital Tees services. These are:

- County Durham
- North Yorkshire

Executive summary

North Tees & Hartlepool and South Tees Hospitals NHS Foundation Trusts have come together under a 'Group Model' to improve healthcare across Tees Valley, North Yorkshire, and County Durham. The joint trusts will hereby be referred to as University Hospitals Tees. This report summarises the findings of a community engagement project led by the Healthwatch Tees Valley Network, which gathered feedback from patients, carers, and the wider community to help the hospitals focus on areas for improvement.

Key Themes:

- **Quality of Care:** Positive experiences were noted, but long waiting times and poor communication caused frustration for many.
- **Hospital Facilities:** People felt the buildings and equipment were outdated, with uncomfortable waiting areas and some cleanliness issues.
- **Access to Services**: Common challenges included long waits, parking difficulties, and lack of public transport. Digital tools were appreciated by some but not suitable for all.
- **Hospitals Working Together:** Reducing waiting times, improving communication, and making services more accessible—especially for those living further away—were top priorities.

Service Priorities:

People want quicker emergency care, shorter waiting times, and access to essential services in every local hospital. For children, women, and mental health services, there is a need for modernised facilities and better support.

Key Recommendations:

1. Ensure consistent, high-quality care across all hospitals.
2. Modernise hospital spaces to improve patient comfort.
3. Reduce waiting times in emergency and surgery services.
4. Improve access for rural areas through better transport and local services.
5. Strengthen communication so patients are fully informed about their care.

Next Steps:

The feedback will be shared with hospital leaders to guide improvements, and ongoing community involvement will ensure these changes meet patient needs.

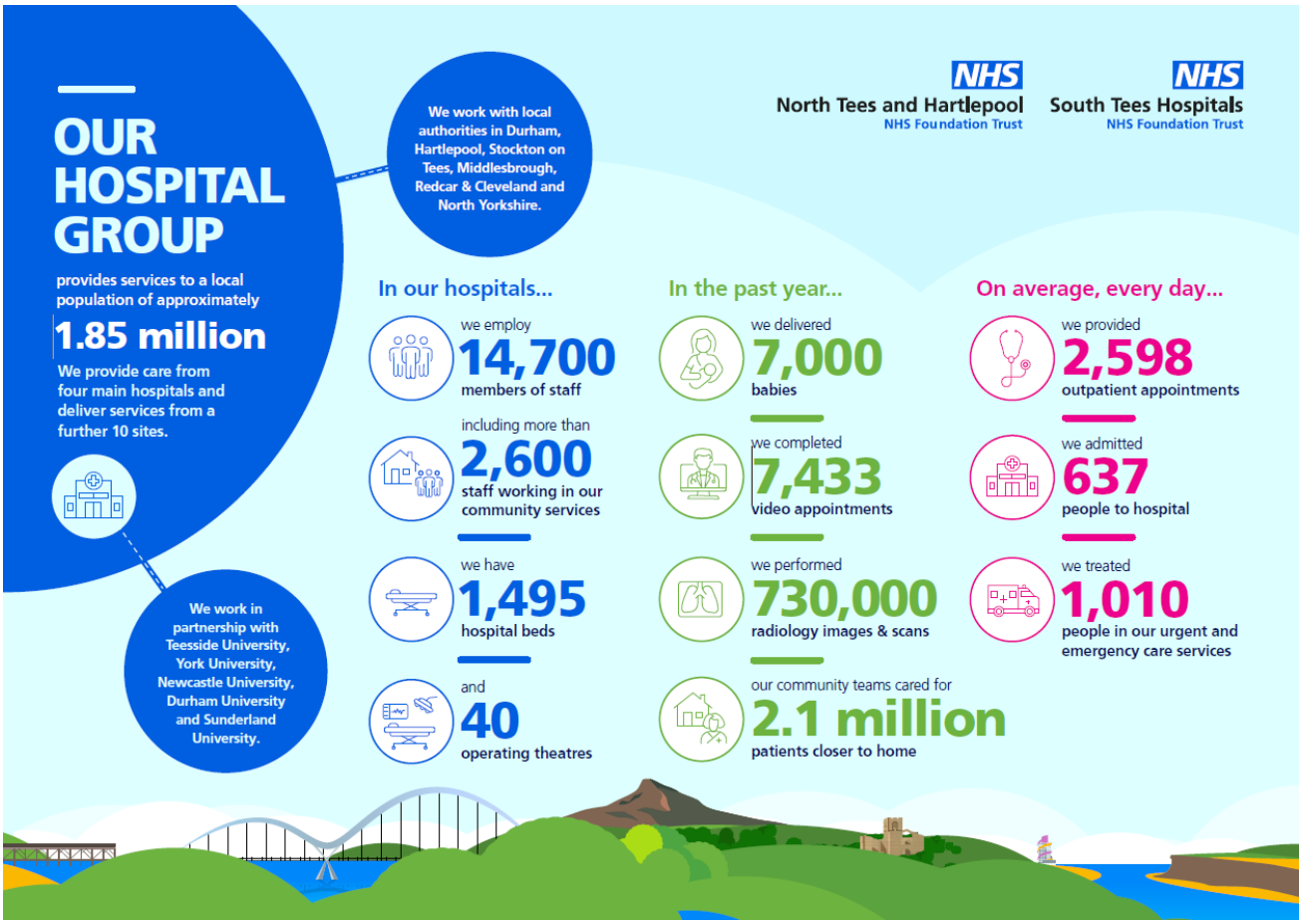
Prepared by:

Healthwatch Darlington on behalf of the Healthwatch Tees Valley Network, Healthwatch County Durham and Healthwatch North Yorkshire

Background

North Tees & Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust have embarked on a formal partnership to establish a unified **Group Model** which aims to enhance the delivery of healthcare services across the Tees Valley, parts of North Yorkshire, and County Durham. The partnership is referred to in this report as **University Hospital Tees.**

The infographic below illustrates the scope of University Hospital Tees services.



This community research project aims to assist University Hospital Tees in assessing and improving the healthcare services they deliver across the North Tees and South Tees regions by representing public opinion and experiences regarding the local healthcare system.

The **key objectives** of this work is to engage the populations served by University Hospital Tees with the objective of:

- Engaging local communities served by both Trusts to gather insights on the Group Model.

- Understanding the vision of the Group Model from the perspective of patients, carers, and the broader community.
- Prioritising areas of work based on feedback from the population served.

The engagement is designed to capture the diverse perspectives of local populations on the Group Model, covering:

- Children and young people's services.
- Clinical support services.
- Community and outpatient services.
- Surgical services
- Urgent care and emergency services
- Women's services

Other service areas were raised by those we engaged with, such as mental health services, specialist care services and the ambulance service. The Healthwatch Tees Valley Network recognises that not all health and care services are under the remit of University Hospital Tees, nor were all health and care services included in the remit of this report. We have retained such feedback where given, as it is important to reflect patient, carer and potential service user experience of how the wider system impacts their experience.

This will help inform the Trusts' future vision and priorities.

The scope of the work covers the Tees Valley and reaches into parts of North Yorkshire and County Durham.

Key research areas

A set of standardised questions were agreed with University Hospital Tees with the aim of more fully understanding public opinion which would then inform and shape the future hospital offer.

Research areas:

- Current public experience of healthcare services.
- The group population need from an accessibility and travel perspective.
- The group population need in terms of digital accessibility.
- How the two trusts working together as University Hospital Tees could impact patient and carer experiences.
- The group population need around communication expectations and how the Group Model can shape its interaction with the local public.

The purpose of the survey questions and focus groups was to gather current experiences. The Tees Valley Healthwatch Network encourages University Hospital Tees to continue to involve local populations in the next steps of potential solutions and changes to ensure the Group Model is successful and delivers optimum care to the populations it serves.

Each local Healthwatch, both collectively and individually offers support to University Hospital Tees to help make this happen.

Methodology

The Healthwatch Tees Valley Network conducted community research through various methods to ensure broad and inclusive engagement.

Engagement methods

- **Surveys:** Distributed online via SmartSurvey and as hard copies for those digitally excluded. Specific groups were targeted as well as the general public via social media and e-newsletters.
- **Focus Groups:** Targeting specific demographics that University Hospital Tees serves, such as ethnic minorities, older people, young people, men's health, and more. These sessions were held face-to-face where possible, with alternative options including one-to-one telephone appointments available. Question prompts can be found in Appendix Three. Focus groups were held in:

Place	Number of attendees
Redcar Primary Care	7
Starfish – Stockton	9
North Tees Hospital	15
Tesco – Stockton (Drop-In)	10
Billingham Library	4
Ayresome Court (Stockton)	2
Argyle House	8
Friarage Hospital	4
Healthwatch Hartlepool	11
James Cook University Hospital	4
Total	74

- **Listening Event:** An opportunity to hear in person from Stacey Hunter, Joint Chief Executive Officer for North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust about the positive ways of working across the locality and for attendees to share their views. 80 people attended this event.




- **Community Outreach:** Encouraging participation in further involvement opportunities and the sharing of information about the Trusts.

Timescale

Responses to **surveys** were gathered from 10th April 2024 to 15th August 2024.

Focus groups were delivered throughout July and August 2024.

Demographics

Diverse populations were engaged, including patients, carers and local communities, to enable University Hospital Tees to better understand the vision for the model going forward and prioritise key areas of work.

A full demographic breakdown can be found in Appendix One.

Geographic representation

Tees Valley area	Activity	Participants
County Durham	Survey	25
Darlington	Survey	18
Hartlepool	Survey and Focus Group	84 inc. 11 from focus group
Middlesbrough	Survey Focus Group	49 4
North Yorkshire	Survey Focus Group	25 4
Redcar and Cleveland	Focus groups Survey	22 19
Stockton on Tees	Focus groups Survey	48 109 inc. 24 from focus group
	Total participants	**383**

Survey insights and recommendations for future engagement

After completing the work, we have identified insights that could improve future engagement. During the initial online survey, we noticed many people completed the demographic information but stopped at the first question which we believe was due to observing the complexity and length of the survey. This led to a significant drop-in participation.

To address this, we developed a simplified version of the survey, which we used for online responses and focus groups. This made it easier for people to participate and resulted in higher completion rates.

For the first survey, **459** people accessed it:

- **296** people partially completed the survey.
- **163** people fully completed it.
- **162** responses were left blank, indicating that people did not continue past the first page.

In contrast, the simplified shorter second survey, accessed by **81** people, had:

- **54** people partially completed it with richer data
- **27** people fully completed it.
- Only **25** responses were completely blank.

The simplified version had fewer blank responses (25 vs 162), showing it was more accessible. To improve future surveys, we recommend collaborating earlier in the design phase to make questions clearer and reduce incomplete responses. This will help collect richer data and boost engagement

Key themes

A detailed analysis of findings summarised here can be found in Appendix Two. Here we present the key themes of our community research which were common throughout all areas of the Group Model. Its is notable that feedback provided highlighted there is not a 'one size fits all' result. Individual patients and carers have differing needs and whilst one solution may suit certain groups, the needs of others will differ. The provision of options and choices to patients and their carers is important.

1. **Current delivery of services – quality of care:** The patient experience was mixed. Positive experiences were often tied to specific departments or the dedication and professionalism of individual staff members, while negative experiences were linked to systemic issues such as long waiting times (the most frequently raised concern) and poor communication.

"The emergency department staff were incredible. They were efficient and compassionate, even under pressure."

2. **Patient and carer experience of the hospital environment:** The physical condition of hospital facilities was frequently mentioned. Patients highlighted outdated equipment, uncomfortable waiting areas, uncomfortably hot wards and cleanliness issues as areas needing improvement.

"The hospital felt very run-down. It's hard to feel positive about your care when the environment is so outdated."

(See next section for highlights of feedback on individual service areas)

3. **Accessibility:** The most common concern was about long waiting times and difficulties in securing appointments, with parking difficulties, financial requirements and the lack of public transport, also featuring regularly as barriers. The narrow criteria for public transport was seen as prohibitive, and concerns were expressed around waiting times for an ambulance.

"I had to wait months for an appointment, and by the time I was seen, my condition had worsened."

4. **Digital accessibility:** While most people have access to digital technology there are valid reasons why a digital only approach is not feasible for everyone, including cognitive and physical barriers, cost, training and connectivity. The patient having a range of accessibility options including digital, was considered most important.

5. **Trusts working together:** Our community research highlighted the three key areas for the Group Model to focus upon were:
    a. Improving waiting times across all services.
    b. Better communication (as outlined in point 6).
    c. Supporting patients and their carers with transport and parking needs (for example, patient centred transport and addressing lack of parking provision).
6. **Communication:** Communication issues were a recurring theme, and many felt that better communication could have improved their overall experience. Much of the communication concerns could be addressed through adherence to the Accessible Information Standard and ensuring hospital records are correctly flagged to meet the differing communication needs of patients and their carers. There is no 'one size fits all' approach to communication. For example, some prefer email contact whilst others rely on post. Good communication for our participants included:
    a. Being informed about treatment plans, any changes to those plans, and discharge procedures in a way that could be easily understood.
    b. Keeping patients informed about what to expect next, for example when they will receive results, and communicating those results on time and in easy-to-understand formats, so the patient is clear on what it means for them.
    c. Being given information throughout treatment in a format they can understand and provided with the communication support they need (adherence to the Accessible Information Standard).
    d. Taking the right approach for the patient and their carer rather than the administrative needs of the hospital. For example, video consultations are appropriate for many, but some struggle, and in these cases, options should be provided.
    e. Keeping notice boards relevant and up to date.
    f. Follow the Accessible Information Standard which sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
    g. Warm, knowledgeable, respectful and helpful one to one communications from healthcare professionals.

"I was left in the dark about what was happening next. No one explained the treatment plan, and I felt very anxious."

Services: key themes

In this section public feedback is provided by service. Many participants had experiences of more than one service and more than one location, and therefore it was not always possible to match comments to specific services. Where it was possible we have done so. Further detail can be found in Appendix Two which contains full details of the information in the section.

Service priorities

The top three overall areas participants wanted prioritising for change:

1. Urgent and emergency care.
2. Waiting times.
3. Essential services in every local hospital.

Children and young people's services (areas of priority)

- Modernise wards.
- Improve waiting times.
- Better communication with Easy Read type information.
- Trained staff for specific needs such as deafness and autism
- Regular health check-ups and vaccination services
- More mental health support.
- Greater community collaboration.

Clinical support services (areas of priority)

- Improve waiting times.
- Develop the use of AI in diagnostics.
- More flexible appointment times
- Quicker reporting and access to scans and investigations.
- Standardised quality control to improve the reliability of results.
- Enhanced staff technology and people training.
- Better patient educational materials.
- Local access to pharmacy, radiology and diagnostics.
- Better complaints process.

Community and outpatient services

Positive feedback: appointments on time, free parking, clean and accessible premises, reassuring and considerate staff, effective community services, district nurses, personalised approach.

Concerns: waiting times, system not 'joined up', accessibility for those in rural areas or those requiring specialised outpatient care, transportation, need for better access to services closer to home.

Areas of priority:

- Waiting times.
- Video appointments for those who can.
- Support of frail and older adults closer to home
- More compassionate, knowledgeable, experienced staff.
- Increased time community nurses can spend with patients.
- Invest in technology to assist community.
- More health care visitors.
- Better communication.

Medicine (areas of priority)

- Waiting times
- Better access to vaccinations for shingles, covid-19 and influenza.
- More emphasis and support for the MMR vaccine.
- Recruitment of consultant workforce to ensure patient safety.
- Early detection and early isolation of infectious diseases.

Mental Health Services (concerns)

- Availability and quality of services at University Hospital of Hartlepool.

Specialist care

Positive feedback: staff with good communication skills, James Cook oncology team

Concerns: not enough staff, poor communication, inattentive staff, cancelled or rearranged appointments, poor follow up after treatment, uncomfortably hot wards, limited availability of specialist services in local hospitals.

Surgical services

Positive feedback: staff with good communication skills, North Tees anaesthetics team, theatre staff, aftercare, waiting time, reassuring staff, North Tees surgical team, University Hospital of Hartlepool pre-operative assessments and smooth surgery experiences.

Concerns: delays in receiving surgery, care coordination, medical records not being reviewed by healthcare professionals, telephone consultations.

Areas of priority:

- Waiting times.
- Staff supervising junior staff to ensure correct standards are maintained.
- Reduction in cancellations
- Pre assessments undertaken at home, by a district nurse.
- Better explanations to patients re procedures, to enable consent.
- Building intelligent operating rooms to improve efficiency and safety.

Urgent and emergency services

Positive feedback: A&E department at University Hospital of North Tees, James Cook University Hospital emergency department staff.

Concerns: waiting times, poor communication.

Areas of priority:

- Waiting times
- Support for people with autism, ADHD and mental health issues.
- Better communication re treatment
- Sensory waiting areas for neurodiverse and those with learning disabilities.
- Providing easy read leaflets.
- Redevelop waiting area spaces to be less busy, warmer and more spacious.
- Strengthen primary care services.
- Enhance the professional skills of emergency care staff.
- A and E is reopened at local hospitals.
- Improved data platforms to share medical history.

Women's services (areas of priority)

- Waiting times to access services and then subsequent treatments.
- Maternity services are preferably available at home.
- Strengthen health education for pregnant women and their families.
- Updating maternity wards.
- Ban smokers near entrances, smoking cessation for pregnant women.
- Make services available at James Cook
- More support for women struggling through menopause
- Improved technology for maternity and IVF services.
- Full maternity care at Hartlepool.
- Education on perimenopause and menopause and options
- Develop mental health support for women.
- Deaf awareness for all staff.

Recommendations

Analysis of feedback from our community research of the current healthcare offering, reveals both strengths and challenges within the North Tees & Hartlepool and South Tees Hospitals NHS Foundation Trusts. We have summarised priority areas below to support the development of the University Hospital Tees Group Model, which when addressed, will make a significant difference to the experience of health care in our local communities.

1. **Strengthen consistency in care:** Ensuring consistent quality of care across all departments and hospitals is crucial to improving overall patient satisfaction. Standardised clinical guidelines and care protocols across all hospitals in the Group Model will ensure that all patients receive the same level of care, regardless of the facility they visit. Regular training of healthcare professionals across all hospitals will ensure support of these standardised protocols.
2. **Modernise facilities:** Investment in updating hospital environments, especially waiting areas and outpatient departments, would improve the patient experience. Ensuring that all hospitals have access to essential diagnostic tools, modern facilities, and adequately staffed departments is critical in the future model.
3. **Reduce waiting times:** Addressing long waiting times, particularly in emergency departments and for scheduled surgeries, should be a priority.
4. **Enhance accessibility:** There is a clear need to improve access to services, particularly for rural populations, through better transport options and local service availability. Providing an option of remote consultations for those in rural or geographically distant locations will increase access to expert advice.
5. **Digital accessibility:** Ensure that options are given to patients to choose whether they are able to access and use digital media as their communication method with healthcare support. Commit to never having a digital only approach.
6. **Improve communication:** Develop a robust communication plan which commits to:
    a. Enhancing communication between departments across all hospitals and patients, to ensure clarity in treatment plans and discharge instructions.
    b. Ensuring electronic health records are accessible across all healthcare locations: patient information must be available regardless of where they seek care, enabling better coordination and continuity of care.
    c. Ensuring the Accessible Information Standard is adopted and used across all services.

d. Ensuring the excellent level of care demonstrated by your best staff is mirrored across all teams through having patient and carer communication a focal point in tools such as appraisals and supervisions.

By focusing on these areas, University Hospital Tees can work towards delivering more equitable, efficient, and patient-centred care across all its facilities.

Regular feedback and continued engagement with patients and carers will be essential in achieving these goals.

Next steps

The insight gained from this engagement will be shared with the North East and North Cumbria Integrated Care Board and University Hospital Tees trusts. The Healthwatch Network is committed to supporting University Hospital Tees in the delivery of the agreed recommendations and any further work to understand public needs with regard to potential changes in provision of healthcare.

The Healthwatch Tees Valley Network will continue an ongoing dialogue with the populations served by University Hospital Tees to reflect the impact of changes made.

Report Responses

North East and North Cumbria Healthwatch Network

"I was really encouraged by the responses we received for the engagement. I found it to be a collection of rich and really valuable intelligence. I am confident the data will support the vision of the University Hospital Tees and the ambition of their clinical boards. Experience with Healthwatch for over 10 years makes me confident in the level of responses, as when you reach a certain level of responses there normally is no additional intelligence as the numbers grow but rather repeat information that corroborates the information already held."

Christopher Akers-Belcher
Regional Coordinator - North East & North Cumbria Healthwatch Network
Chief Executive - Healthwatch Hartlepool

University Hospitals Tees

"Thank you for the Group Model Community Research completed last year across the Healthwatch Tees Valley Network and with wider partners. We acknowledge and warmly welcome the feedback from our local communities on our services and the focus areas for improvement.

The group model presents our two trusts and local population with a unique opportunity to strengthen our collaborative offer to deliver high quality patient care which is

*accessible and equitable across our geography. The group operating model ethos is **patient first**.*

Our five clinical boards, established in May 2024, are continuing to gather local intelligence, working alongside senior clinicians and operational leaders to shape the future of our group clinical strategy expected to be ready in April 2025. The feedback from Healthwatch has been instrumental in shaping our future direction and informing our priorities for improvement.

In response to the Healthwatch report feedback and recommendations (page 14 of your report) we are committed to:

Healthwatch recommendations and our group commitments:	**Demonstrated by:**

Recommendation: Strengthen consistency in care
 	
Our commitment: we will develop standard models of care across the group to ensure that no matter where you live within the group population, you will receive the same standards of care.
	• This is demonstrated by our agreed group clinical quality priorities, focusing upon the same high standards of clinical effectiveness, patient safety and patient experience no matter which hospital you access.
	• From early 2025, we intend to pilot six early implementer single services over a 12-18 months period which will focus on:
	  ○ Standardising patient pathways;
	  ○ Joint waiting lists; and
	  ○ Single point of access.
	• This will ensure we are delivering equitable care across the group, maximising the use of our estate, equipment and shared expertise across our workforce. The learning will be shared across our group model and ultimately extended across all our services.

Recommendation: Modernise facilities **Our commitment:** The group estates strategy will be closely aligned with the clinical strategy to provide accessible facilities in the right place to serve our patients. Our future estate will consider a range of options for a new build and continue to improve existing facilities across the group, whilst taking into consideration the health needs of our population and our ambitions to meet our net zero carbon commitments.	• Ongoing work and refurbishment of key sites. • Development of the strategic outline case (SOC) which will inform the future direction of the estate over the next 5-10 years. (SOC expected May 2025).
Recommendation: Reduce waiting times in key areas **Our commitment;** By working collectively we aim to share best practice, resource, capacity and expertise across our workforce.	• Report as a group our position for waiting times and other key performance indicators • Create resilient services by pooling resource and capacity • Recruit jointly as a group to enable a workforce that can work across both Trusts flexibly enhancing our workforce offer.
Recommendation: Enhance accessibility **Our commitment:** We will utilise our current partnerships working alongside Local Authorities to understand how we can enhance our transport links to local services	• We will further extend, where appropriate, our video consultation offer for individuals who would like to access this service and avoid unnecessary transport.
Recommendation: Digital accessibility **Our commitment**: We will deliver digitally enabled services which provide exceptional care, quality and safety for our patients, a single view across the Group of information for our clinicians, with collaboration at our core.	• Creation of our group Digital Strategy • Maximise the use of the NHS app • Maximise the use of kiosks within our hospital settings • Enabling the scaling up of hospital at home offer and delivery of the integrated community diagnostic hub.

	• Single electronic patient record system across the group (expected 2027)
Recommendation: Improve communication **Our commitment:** We are committed to continually enhancing our communication offer listening and responding to feedback from patients, staff and key partners.	• We dedicate to sharing regular updates via our stakeholder engagement plan. • We will deliver updates via a number of accessible assets where appropriate including video, audio, social media etc. • We will commit to ensuring that patient and stakeholder voice and inclusion is key to our communications and engagement work.

"Furthermore we are aware that a proportion of the feedback relates to services that are provided by other parts of the NHS or other partners. While we do not directly deliver these services, we know that effective partnership working in the areas below will help us to collectively address the feedback from our communities:".

Healthwatch feedback and our group commitments:	**Demonstrated by:**
Feedback: Partnership working **Our Commitment:** Working with partners such as the voluntary care sector, local authorities, social care and mental health will be key to meeting the needs of our local population. Whilst we do not specifically deliver mental health services, vaccine role out or hold responsibility for ambulances, our clinical ambitions will only be successful if we deliver joined up pathways of care.	• Delivery of the integrated single point of access in community services working jointly with partners for those patients presenting with co morbidity and complex needs. • Working with ambulance services to design future pathways into accident and emergency. • Working with the voluntary sector for our proposed frailty at place model. • Working with mental health teams to strengthen our offer across all boards particularly in older people services.

Taking this work forward through the University Hospitals Tees Clinical Strategy

"Our five Clinical Boards Urgent and Emergency, Medicine, Surgery, Women and Children's and Community have reviewed and welcomed the findings of the Healthwatch response.

Each board will collectively commit to shaping proposals taking into consideration the high level Healthwatch feedback to:

- *Reduce waiting times*
- *Standardise care and align pathways and practices*
- *Maximise the use of our estate*
- *Provide care as close to home as possible*

Some of our current clinical ambitions for the next five years include:

- *Scaling up our hospital at home service*
- *Delivery of women's health hubs in partnership with key stakeholders*
- *Driving down waiting times for planned care through our maximising elective hubs and surgical clinical proposals*
- *Enhance our critical care bed base*
- *Become a centre of excellence for rehabilitation services*
- *Delivering an integrated single point of access delivering place based services.*

Whilst we still have more work to undertake, moving forward we will continue to work with our colleagues and Healthwatch across the group to further shape clinical and operational plans.

We commit to running ongoing engagement exercises to strengthen our accountability to our local population and to ensure that we are effectively embedding our community voices into the design and development of our future services.

Thank you again to the Healthwatch Tees Valley Network, the partner Healthwatch teams in County Durham and North Yorkshire and to the members of our local communities who gave their time and insight to develop this important and impactful report. We look forward to working with you as partners in taking these recommendations forward".

Stacey Hunter
Chief Executive of University Hospital Tees
South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust

Acknowledgements

The Healthwatch Tees Valley Network, Healthwatch County Durham and Healthwatch North Yorkshire thanks all focus group and survey participants who have helped us to gather this valuable feedback.

The information you have provided is vital in helping us to ensure the voice of service users influence the improved delivery of health and care services and is greatly appreciated.

Appendix One: Demographics

How old are you?

17 or younger	18 – 20	21 – 29	30 - 39	40 to 49	50 - 59	60 or older	Did not respond
14	**6**	**26**	**51**	**51**	**69**	**97**	**38**

How would you describe your gender?

Male	Female	Non-binary	Prefer not to say	Did not respond
108	**198**	**2**	**7**	**36**

Could you tell us more about your/their physical or mental health conditions? (Please tick all that apply)

Cancer, HIV, diabetes, chronic heart disease / circulatory conditions, high blood pressure, respiratory conditions (asthma), epilepsy, digestive conditions (e.g. irritable bowel syndrome (IBS) and Crohn's disease)	**163**
Difficulty using your arms or using a wheelchair or crutches	**67**
Sight and/or hearing loss	**38**
Anxiety, depression, and eating disorders	**72**
Autism Spectrum Disorder (ASD), which includes Asperger syndrome, and Attention Deficit Hyperactivity Disorder (ADHD), Learning impairments e.g. dyslexia and processing issues	**22**
Down syndrome and cystic fibrosis	**8**
Prefer not to say	**21**
None	**46**
Other	**32** Alzheimers, Urological, ophthalmic, neurological, cholesterol, post-menopausal issues, Parkinson's, acute

	illness, dementia, arthritis, digestive condition, post surgery frailty, born deaf, frailty, gallstones, gluten intolerance, osteoarthritis, stroke, knee injury, MS, musculoskeletal, macular degeneration, FASD, breast lump, perforated appendix, stroke

Are you currently…?

Single (never married or in a civil partnership)	**68**	Divorced or civil partnership dissolved	**24**
Widowed	**29**	Did not respond	**9**
Married or domestic partnership	**157**	Prefer not to say	**6**
Separated	**3**		

What is your ethnic group?

White Includes British, Northern Irish, Gypsy, Irish Traveller, Roma or any other white background	**264**
Mixed or Multiple ethnic groups Includes White and Black Caribbean, White and Black African, White and Asian or any other Mixed or Multiple background	**22**
Asian or Asian British Includes Indian, Pakistani, Bangladeshi, Chinese or any other Asian background	**9**
Black, Black British Caribbean or African Includes Black British Caribbean, African or any other Black background	**6**
Did not respond	**10**
Prefer not to say	**9**
Other (Chinese)	**1**

What do you consider your religion to be?

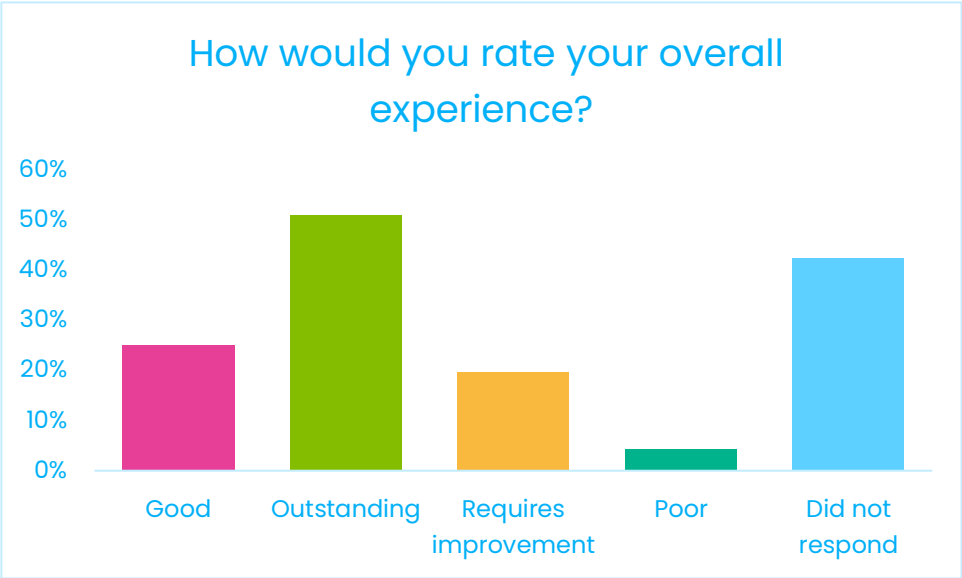
No religion	Christianity	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	Did not respond	Prefer not to say
99	**152**	**6**	**5**	**1**	**4**	**1**	**2**	**10**	**16**

Appendix Two: Detailed analysis

This section provides a detailed analysis of feedback from the focus groups and survey responses from patients, carers and other stakeholders. There are six sections based upon the engagement structure: Services, Accessibility, Digital accessibility, Trusts working together, Communication and Additional feedback. Where we have been able to provide quantitative data we have done so, however this was not always possible due to the mixture of focus groups and surveys and open ended questions.

1. Services

Many survey participants had accessed more than one service and more than one hospital, we asked them to rate their overall experience:



The main reasons for an **outstanding** or good experience was the professionalism warmth and friendliness of staff, good communication - being kept informed of treatment, and the promptness of delivery of healthcare.

Reasons for poor or **requires improvement** ratings were waiting times both foran appointment date and within the waiting room waiting for their appointment, frequent cancellations, telephone appointments, lack of understanding of those with neurodiverse needs, and poor aftercare.

59 survey respondents had their **treatment transferred** between North Tees and South Tees hospital sites. A similar picture of experience was reported with **17%** rating their experience outstanding, **61%** good, and **22%** poor or requires improvement. More effective communication to the patient and the care giver of

what was happening, and better trained staff with knowledge of the process and ensuring the logistics were in place to cater for individual needs would have improved the experience.

Service priorities

When we asked survey participants to tell us what clinical areas or departments within the Group Model should be prioritised for change, they responded comprehensively across all areas from screening to palliative care, eye care to urology. The most common responses were:

- **36** said urgent and emergency care.
- **20** waiting times.
- **15** oncology.
- **13** neurology.
- **9** said Communication and Education.
- **8** said they wanted to keep access to all services in every hospital so they could always have treatment in their nearest hospital.
- **8** orthopaedics.
- **7** care for the elderly.
- **6** Otorhinolaryngology
- **41** Other (Parking, Neurodevelopmental education/awareness, ME, CFS, Access, Cardiovascular, streamlining services, ICU, Palliative care, Epidemiology, eating disorders, stroke, preventive care, pain, sleep and salary equality)

Whilst many responses within our survey and our focus groups were general across different departments and different hospitals, where we were able to identify services, we have outlined feedback given below. We asked what worked well, what needed change, and what should be prioritised.

Children and young people's services

We asked survey participants to let us know what they thought were **areas of priority** for children and young people's services, for example paediatrics. They told us:

- Wards need an update; they are dated and need better play spaces and sensory rooms in inpatient and outpatient settings.
- Waiting times need attention.

"Greater use of digital technologies to improve the accessibility and efficiency of services, especially in remote areas, and ensure that children have timely access to quality medical consultations and monitoring."

- Providing easy read information and leaflets to all children so they can be involved and understand their care.
- Improving staff training for specific needs such as deafness and autism **…" staff are very task orientated rather than using the communication skills I would expect a nurse to have".**
- Regular health check-ups and vaccination services

"Promotion of early childhood development and preventive health care, including vaccination, nutritional guidance, growth and development monitoring, oral health, etc., to ensure that children have access to necessary health promotion services at all stages of development."

- Provision of more mental health support, including much quicker diagnosis and treatment of mental disorders such as anxiety, depression and ADHD.
- Collaboration with schools, community organisations and social welfare agencies to promote the health of children and adolescents.

Clinical support services

We asked survey participants to let us know what they thought were **areas of priority** for clinical support services, for example pathology, pharmacy, diagnostics, and radiology.

- Improve waiting times.

"There should be no reason why pharmacies close for 1 hour lunch break in any sites. "

- Developing the use of AI in diagnostics.
- More flexible appointment times
- Quicker reporting and access to scans and investigations.
- Standardised quality control standards to improve the reliability of results.

"Diagnosis is too slow."

- Enhanced staff training to keep abreast of the latest technological advances and best practices, as well as communication skills and empathy.
- Better patient educational materials that explain the test procedure, the meaning of the results, and next steps.
- Local access to pharmacy, radiology and diagnostic to avoid patients having to travel to hospital sites for basic investigations.

"Better pharmacy services and access to medication, not all pharmacies stock all medications due to prohibitive costs, that should not be a barrier for the patient."

- Establish a better patient feedback mechanism to resolve patients' dissatisfaction and problems and improve satisfaction.

Friarage Hospital (radiology/diagnostics) patients told us they appreciated the efficiency in specialist diagnostics, such as radiology services.

Community and outpatient services

We asked survey respondents to let us know what care or services they would prefer to **receive at home**, if they were available, and it was safe to provide. The most common responses were:

- Phone calls or video consultations where there was no requirement for a physical examination to avoid the need for follow ups in outpatient services.
- Physio.
- Rehabilitation and recovery services.
- District nurse role where patients were too poorly or too frail to attend healthcare venues.

General focus group feedback was **positive** where appointments were on time, there was free parking, the premises were clean and accessible, and the staff were reassuring and considerate. Effective community services, especially the district nurses, were highlighted at the University Hospital of Hartlepool

"The district nurses from Hartlepool were fantastic; they provided excellent care and were very supportive."

Richardson Hospital in Barnard Castle was praised for its community-focused care and personalised approach.

"Richardson Hospital has a real community feel, and the staff are very caring."

Focus group **concerns** were around the length of time to wait for an appointment and in cases where the patient had multiple care needs, that the system was not 'joined up'.

We were told that accessibility to community and outpatient services could be a challenge, particularly for those in rural areas or those requiring specialised outpatient care. Transportation issues were frequently mentioned, as well as the need for better access to services closer to home.

We asked survey participants to let us know what they thought were **areas of priority** for community services, for example hospital at home, health care visitors, virtual ward.

- Waiting times and prompt attention to patients.
- Video appointments for those who can.

"Face to face, but it all depends on what the issue is, I have been very happy with some phone appointments when something has to be discussed, and quite a few times a video appt would have been fine. Even e-mail exchange at times. it depends on the issue."

- Support of frail and older adults closer to home

- More staff who are compassionate and know what they are doing and are experienced enough to be left on their own.
- Increase the time community nurses can spend with patients.
- Invest in technology to assist community workers (for example, improvement of signal and connectivity issues).
- More health care visitors.
- Better communication.
- Work together to ensure equitable distribution of health resources and services, especially for marginalised groups and people living in rural areas.

Medicine

We asked survey participants to let us know what they thought were **areas of priority** for medicine services, for example infectious diseases.

- Waiting times
- Better access to vaccinations for shingles, covid-19 and influenza.
- More emphasis and support for the MMR vaccine.
- Recruitment of consultant workforce to ensure patient safety, for example, haematology.
- Early detection and early isolation of infectious diseases.

Mental Health Services

There were concerns about the availability and quality of mental health services at University Hospital of Hartlepool.

"Mental health support at Hartlepool needs significant improvement; I had to wait a long time for an appointment."

Specialist care (oncology, cardiology etc.)

Feedback within specialist care was very much dependent upon circumstance, some praised the staff for putting them at ease, talking them through the procedure and supplying a comprehensive report – all making their experience a positive one. Others stated that there were not enough staff and communication was an issue with inattentive staff, cancelled appointments or rearranged, poor follow up after treatment, and wards were uncomfortably hot.

James Cook University Hospital received high praise for its specialist services, particularly in oncology and cardiology.

"The oncology team at James Cook provided exceptional care during my treatment, and I felt fully supported."

Some hospitals, like Friarage, were noted for limited availability of specialist services, requiring patients to travel to other facilities for care. This was inconvenient for many, especially those in rural areas.

Surgical services

Survey participants told us about many positive experiences in surgical services:

"Healthcare professionals took time and effort to establish anaesthetics that would be safe for me to use."

"The North Tees anaesthesiologist was fantastic when I needed an op to put in a SPB Catheter."

"The care given by theatre staff was very reassuring."

"Amazing team. Got an infection but was quickly sorted. Aftercare was also good."

"I have been very impressed with the waiting time from seeing a consultant to the joint replacement surgeries. Each surgery has been done using a spinal anaesthetic and the anaesthetists have been very reassuring and explained what is going to happen."

University Hospital of North Tees patients appreciated the care during surgeries, particularly mentioning the professionalism of the anaesthetics team and post-operative care. The 'amazing' porters got a mention too.

"The surgical team at North Tees was excellent, and I felt well cared for throughout my procedure."

University Hospital of Hartlepool patients mentioned efficient pre-operative assessments and smooth surgery experiences.

"I had my joint replacement surgery at Hartlepool, and the process was very smooth from start to finish."

We asked survey participants to let us know what they thought were **areas of priority** for Surgical and anaesthetic services, for example operations.

- Waiting times.
- Surgery procedures not cancelled due to lack of beds and staff.
- Continuously improve and innovate minimally invasive surgical techniques to reduce surgical trauma, shorten recovery time and reduce the risk of complications.
- Optimisation of robot-assisted surgery

"Surgery and emergency care to be provided at local a hospital, where access for support visits from family etc. is possible by taxi or public transport. James Cook hospital is too remote from rural areas and smaller towns."

- Staff supervising junior staff to ensure correct standards are maintained.
- Reduction in cancellations
- Ensuring BSL interpreters available for consent and procedure.

- Pre assessments undertaken at home, such as bloods and blood pressure, by a district nurse.
- Better explanations to patients re procedures, ensuring patients know what they are consenting for.
- Building intelligent operating rooms, integrating advanced imaging, monitoring and communication systems to improve surgical efficiency and safety.

Long waiting times were the main areas of **concern** across several hospitals. Patients reported delays in receiving surgery, which they felt had led to a worsening of their condition.

Care coordination was seen to be 'patchy' with a feeling medical records were not being comprehensively reviewed by healthcare professionals. Patients felt they had to repeatedly go over the same ground as their clinician had not read their notes. Telephone consultations, particularly with those who felt they needed examination for things such as gait and balance were seen as a barrier to good care.

Urgent and emergency services

We asked survey participants to let us know what they thought were **areas of priority** for urgent and emergency care, for example Accident and Emergency.

- Waiting times

"The ability to see a GP could reduce number of people incorrectly using Urgent Care."

- Support for people with autism, ADHD and mental health issues. **"I can't describe how unbearable it is."**
- Better communication re treatment
- Sensory waiting areas for neurodiverse and those with learning disabilities.
- Providing easy read leaflets about service and wait times, treatment and appointments.
- Redevelop waiting area spaces to be less busy, more warm and spacious waiting areas so people can socially distance of they need to but less sterile feeling
- A significant number of responses called for the re-opening of Hartlepool Accident and Emergency.
- Strengthen primary care services, direct non-emergency patients to clinics or family doctors, and reduce non-emergency flow to emergency rooms.
- Establish a closer referral network between community health centres and emergency rooms.
- Basic care whilst waiting. **…" collapsed whilst going to the toilet and there was nobody to help pick me up", "people go for hours and hours with**

nothing to eat or drink which is not good for the patient or anyone with them."

- Enhance the professional skills and teamwork of emergency care staff to ensure that they can work together quickly and effectively during emergencies.
- A and E is reopened at local hospitals.
- Improved data platforms to share the patient's condition and medical history. Greater facilitation of information sharing and collaboration between different emergency services and hospitals.

The A&E department at University Hospital of North Tees was praised for its efficiency and care.

"Despite being very busy, the staff in the emergency department were attentive and professional."

A focus group told us James Cook University Hospital emergency department staff were compassionate and worked efficiently under pressure.

Amongst the **concerns** shared with us were long waiting times in A&E being a common issue, with patients often waiting several hours without updates on their treatment.

One participant from North Tees reported, **"I waited over five hours in A&E without any updates, which added to my anxiety."**

The need for better communication during long waits was highlighted, as patients felt uninformed and anxious during these times. Lack of communication also caused concern amongst carers who felt unable to plan.

Women's services

We asked survey participants to let us know what they thought were **areas of priority** for women's services, for example maternity.

They said:

- Waiting times to access services and then subsequent treatments.
- Maternity services are preferably available at home.
- Strengthen health education for pregnant women and their families.

"South Tees wards are outdated, not fit for purpose anymore. There is not enough space on the wards, around the beds for women to move around with a baby with all of the stuff they need."

- Updating maternity wards.
- Ban smokers near main entrance and provide smoking cessation for pregnant women.
- Greater understanding of menopause and peri-menopause symptoms.

- Services available at James Cook – travelling to the Friarage can be difficult.

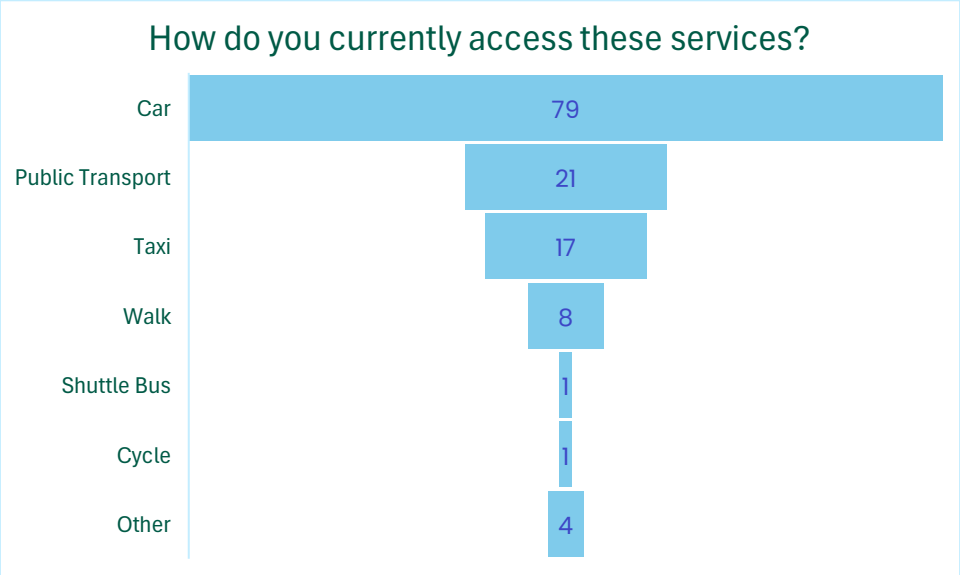
“Promote the "one-stop" maternal health service model, integrate prenatal examination, delivery, postpartum recovery, newborn care and other links, simplify the process, improve the quality of services. At the same time, "consultant-style" services are provided, that is, professional medical advisers are appointed to follow the entire pregnancy cycle and provide personalised guidance and support to pregnant women.”

- More support for women struggling through menopause
- Improved technology for maternity and IVF services.
- Full maternity care at Hartlepool **“having to travel elsewhere isn't good enough”.**
- Education on perimenopause and menopause and options
- Develop mental health support for women.
- Deaf awareness for all staff - Better postnatal services as I had a c section and had issues and was unable to get care.

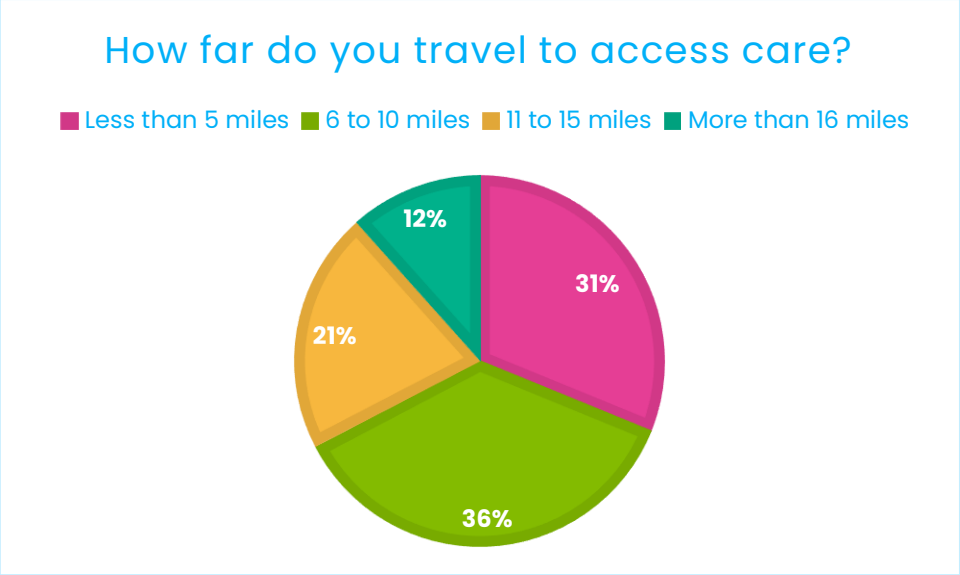
“A holistic approach starting at puberty and going through to menopause- at present feels like each life stage is separate. Problems starting in puberty can have a big impact later in life.”

Accessibility

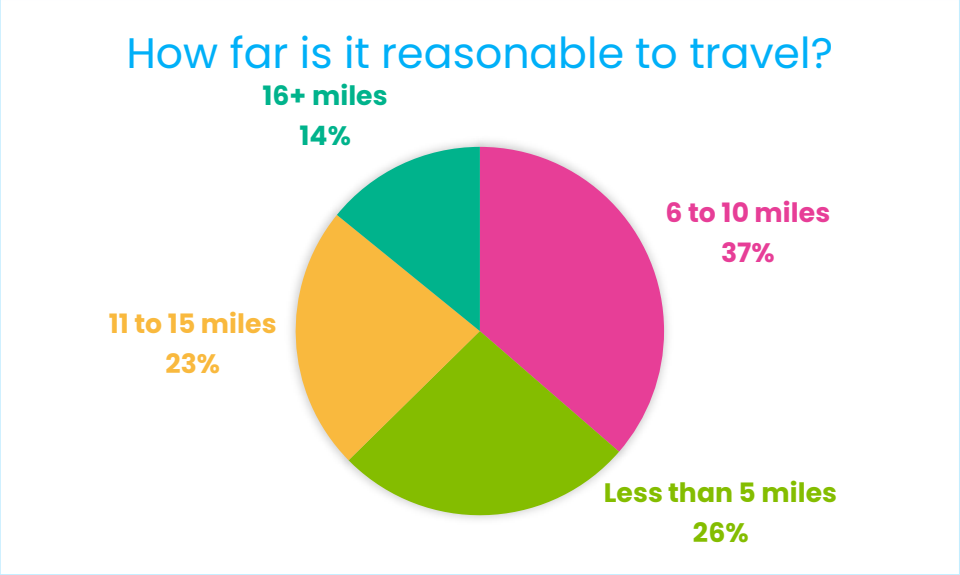
Survey respondents told us how they access services. For those who responded 'Other' they used hospital transport, a family member's car, or had home visits.



They then told us how far they currently travelled to access care, with **2 out of three** travelling less than 10 miles:

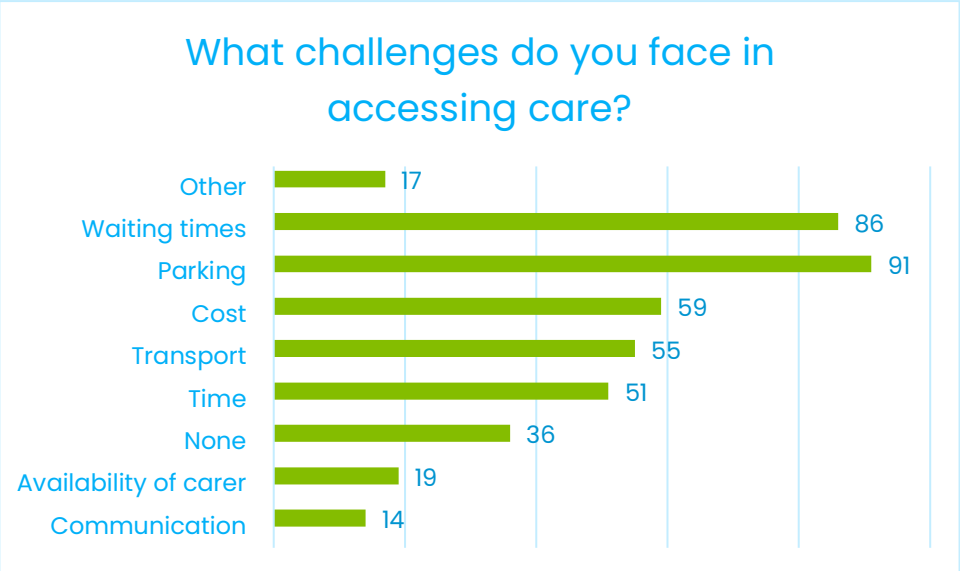


58% of survey respondents said they would be prepared to travel further to access care earlier. Most focus group participants agreed and said they would travel for healthcare **"as is necessary; distance shouldn't be a barrier or cause hardship"**. They wanted healthcare services to be flexible and cater for needs of the person rather than catering for the administrative needs of the hospital.



Where patients required a hospital stay, the needs of **accessibility for visitors** was raised. The thought of being taken to a hospital far away from where they lived and the impact upon their loved ones who would wish to visit had an impact upon the choices people made for their health

We asked survey participants to let us know what **challenges** they, or the person they cared for faced in accessing care.



Parking was the most common challenge. **Waiting times** and **cost** were also both high on the list of challenges. Concerns (James Cook and Friarage Hospitals) were raised around a lack of general car parking as well as blue badge spaces. Focus groups and survey participants described the stress of both being in an emergency and trying to attend an appointment on time when they can't get parked.

The availability of **transport** was also a concern. Hospital transport was considered to be focused on what worked for the hospital, rather than what worked for patients and their

carers. It was also seen as an issue for people from rural areas where we were told that people are less likely to telephone for an ambulance because they don't know where they will be taken, which could be a long way from home and mean they would have no visitors.

Concerns were raised for those who don't have their own transport and may have other barriers to getting to the hospital; believing they may have to travel further afield may cause a lot of anxiety and participants thought this should be an option rather than an absolute as travel to different places can be daunting for some. Public transport is not always possible or feasible, especially for those ill or infirm.

In addition, it was thought people don't necessarily know the circumstances they can claim money back for transport, and some can't afford the initial outlay.

It was hoped that University Hospital Tees would work closely with **public transport**, as currently it is seen as too complicated. Journeys can be excessively long, cancellations and connections can have an adverse impact on journeys, causing stress.

The criteria for **patient transport** was considered too narrow, which often negated it as a realistic option. The process was not considered patient friendly, people are picked up early and can be in hospital all day, and some don't have the good health or stamina to spend that much time at hospital without care. Not all patients have family or friends that can provide support. One respondent told of a cancer patient who didn't access treatment because access was too challenging.

North Tees taxi booking service and providing free passes for Blue Badge users was considered helpful

There were concerns about the ambulance service with long waiting times for an ambulance to arrive.

Respondents also commented upon the lack of out of hours appointments for those who worked full time, busy and noisy waiting rooms for those with neuro divergent needs, the difficulty in managing old and heavy hospital wheelchairs, and those with cognitive issues being given enough time within appointments.

"I was taken to A&E and transferred to the Urgent Treatment Centre. I needed a bed, but none were available. My assessment concluded I was not ill enough for a transfer to another hospital so I was sent home and told to call 999 should I deteriorate. I called 999 and was referred to 111 and then to the GP Out of Hours for treatment."

Concerns were raised that a Group Model could increase the need to travel further, and participants wanted to know how decision makers at board level are made aware of the issues and barriers for patients.

Digital accessibility

9 out of 10 survey respondents had access to their own digital equipment such as a smartphone, laptop, computer or tablet. They told us why they may not be able to use their digital equipment to support their healthcare needs:

- Those with cognitive difficulties have limitations on what they use their digital equipment for. Some conditions include intermittent 'brain fog', concentration issues, memory problems or physical limitations.
- Visual impairment.
- Cost of upgrades to manage latest apps or connection to W-Fi services.
- Would need training on how to use apps or other systems.
- Connectivity issues, and systems 'going down'.

Focus group participants told us they would like to have a range of options to access healthcare, and not be limited to dependence on digital means which can cause inequalities and barriers.

38% of survey respondents said they did not feel they had up to date knowledge on how to access digital NHS support, with **62%** telling us they had used online digital healthcare services such as:

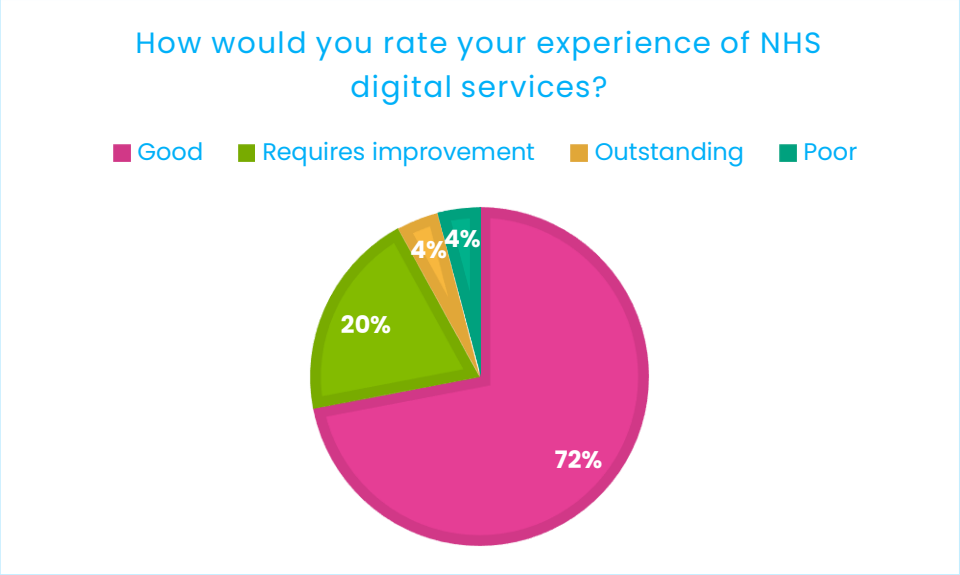
- 111 online.
- NHS app, including appointment reminders and booking GP appointments, ordering repeat prescriptions, viewing GP record, accessing test results.
- E-consult.
- Booking Covid vaccine
- NHS websites.
- Web portal for access to physiotherapy information including videos.
- Mental health support: counselling, therapy sessions, and mental health resources.

This was supported by our focus group participants who considered it important there was a personalised approach with choices to meet all needs.

For those who had used one of these online digital healthcare services, we asked them to rate their experience:

- **72%** rated them 'Good' telling us that they were convenient and easy to use.
- **20%** said they 'Required Improvement', telling us they were difficult to sign up to and navigate, and some services have limited functionality. Some said they were 'forced' to use them as their GP surgery no longer accepted ordering repeat prescriptions over the telephone, but they were too difficult to manage themselves and took away their independence by having to ask friends and family to support them.

This aligns with our focus group feedback where most found digital healthcare services useful for sending and receiving information, accessing GP records, and ordering prescriptions.



28% of survey respondents said they would benefit from the NHS providing them with tablets, with **26%** not sure, and **46%** saying they would not benefit. Our focus group participants said there may be benefits if more support was provided to educate users, for example in reception areas, to show patients and their carers how to access and use the systems.

Concerns

Our focus groups raised concerns around the reliance on digital systems and the consequences of them 'going down' and the inability of NHS services to **work 'offline'** which have been widely publicised in the press through cyber-attacks or benign technical issues.

Issues were also raised around **mobile phone coverage** in remote and rural areas serviced by University Hospital Tees being unreliable.

Trusts working together

Focus group participants told us the areas they thought were important for University Hospital Tees to **prioritise** were:

- **Sharing** information, equipment, staff, resources, rooms.
- Making sure records are **up to date**.
- Using **community hospitals** or other venues to ensure people are seen quicker.
- Having **appointments** on a weekend, and later and earlier for daily appointments.
- Attracting **more staff** to join and encourage them to stay.
- Improving **communication** to patients, in areas such as clinical letters and discharges.
- Using evidence based **good practice** to replicate across services.
- Improving response times to **concerns and complaints**.
- Improving patient and **public voice**, using a lessons learned approach to show how systems are changing as a result of feedback.
- Understanding all **community needs** to recognise what is happening at the patient care level.

We asked survey participants the same question, and the most important area for them was for the Group Model to improve waiting times.

- **72** respondents said any bringing together of the two trusts must have a positive impact on waiting times.
- **55** wanted better communication and sharing of patient records.
- **23** raised the issue of travel and parking needed attention.
- **37** said other (Equality, Technology, Estates, Waste Reduction, Location, Digital/Systems I.T. cohesion, Cancer, maintaining site individuality, Neurodevelopmental pathways, finance and staff care, support, infrastructure, shared vision, culture, integration, job overlap, quality control, performance management, and workforce development.)

Other survey comments echoed the focus group feedback and included having a viable workforce, ensuring the same quality and accessibility of care between sites, more up to date premises, and a proven financial model confirming that money would be saved.

When we asked survey participants what the **main aim** of the Group Model should be, the top three areas were:

1. To **improve clinical outcomes** and ensure care provided is better for the patients
2. To streamline processes, make best use of technology and **ensure care is 'joined up'** for the patient.
3. To **improve waiting times**.

When asked what **benefit** the Group Model would have, most said that they did not feel they were given enough information within this survey to know, or that it would bring no benefit at all. Thise who did have a positive response hoped the Group Model would lead to:

- Improved care and better patient services.
- Reduced waiting lists – being seen quicker.
- Better accessibility with less travel.

We then asked survey participants that by working as a collective Group Model - what did they expect to see **delivered differently** in the future. They said:

- Reduced waiting times
- More specialist care leading to better outcomes.
- Improvements in all areas through improved communication and a more joined up approach.

We asked survey participants how the two trusts could **work better together**. They told us:

- Better aftercare – don't discharge patients too early, resulting in patients being sent back to hospital.
- Better cross Trust communication and sharing of information.
- Consistency of care.
- To understand and listen to patients and also their families
- Speak to patients at every opportunity, inviting patients and carers to meetings at board and executive level to help identify issues that professionals may not consider, helping address problems before they arise.
- More staff: **"my community nurse is always running late ".**

Concerns

Participants shared their concerns of the Group Model.

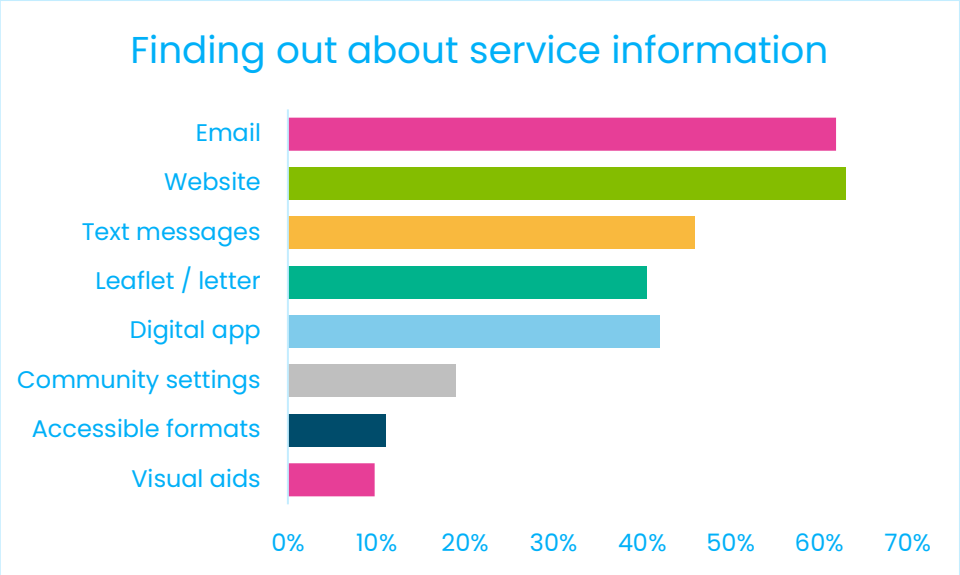
Importantly, feedback counselled that the impact of the Group Model must not be confusing, especially for those with complex needs, older people, and those without family or friends to help them navigate the systems.

In addition, the demographics and geography of the communities served by University Hospital Tees are very different and patient needs vary accordingly and must be addressed. Respondents also cautioned that if there are systemic problems in both Trusts, the Group Model must not worsen them.

Communication

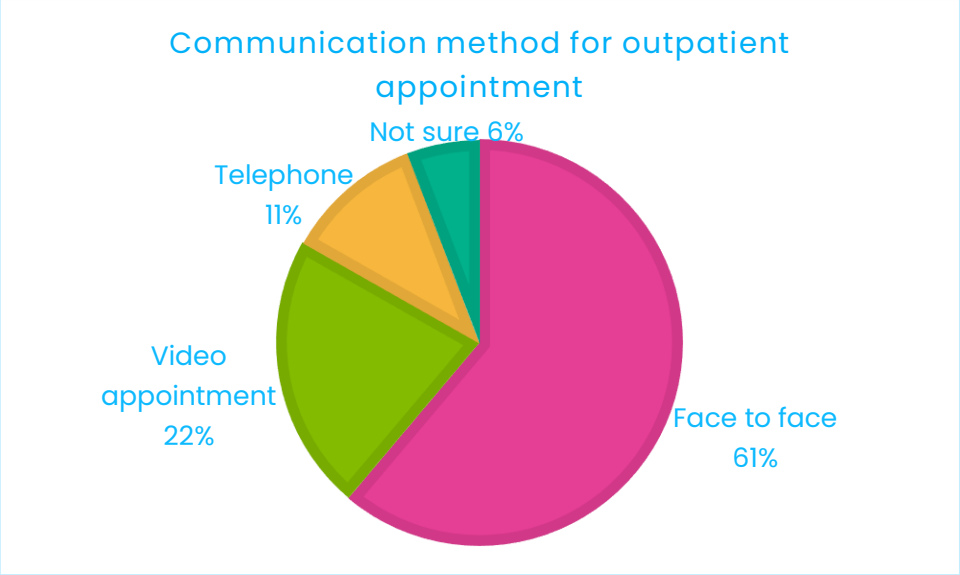
Focus group participants told us finding out information about services through their GP Practice (either a text or a letter), local radio, newspapers and posters in public buildings would be useful.

We asked survey respondents how they would like to find out information about services (Respondents were able to select more than one option). They said:



Participants thought it would be helpful if University Hospital Tees proactively sought feedback on a regular basis to understand what communication methods were working well and which weren't, across all aspects of service delivery, with staff as well as patients, and include digital systems and procedures. For example, the frequency of postal services in some areas serviced by University Hospital Tees only have twice weekly delivery – nothing should be taken for granted and this is not a geography where thinking in terms of generalisations are beneficial.

We asked survey participants what their communication preference was to be seen as an outpatient. The majority wanted it to be face to face:



The focus group shared concerns around:

- Information, such as notice boards and some online information that is out of date and hasn't been taken down or altered.
- Issues getting through on the telephone and being passed around or finding themselves fighting their way through options and switchboards, that regularly lead to unanswered calls.

On a positive note, they remarked that when they did find and speak to the right person either on a call or directly, staff were often very helpful, and felt the more direct conversations worked best. We were told staff generally have a helpful and friendly approach and can 'override' the complicated systems, to provide sensible solutions.

Appendix Three: Focus group questions

Services

1. In the past 12 months which services or departments have you accessed across the Group?
2. Which hospitals have you attended?
3. How would you rate your overall experience?
4. What do you think currently works well?
5. What do you think needs to change or improve?

Accessibility

1. How do you currently access services?
2. What challenges do you face in accessing care (if any)?
3. How far do you travel for care?
4. How far do you feel it is reasonable to travel to access the care that you require?
5. Would you be prepared to travel further to access care earlier?

Digital accessibility

1. Do you have access to digital equipment?
2. Do you feel you have up to date knowledge to access digital NHS support?
3. Have you ever used digital healthcare services online?
4. If so, which ones?
5. How would you rate your experience of using digital healthcare platforms?
6. Would you benefit from the NHS providing devices or tablets whilst in their care

Trusts working together

How can the two trusts work to improve patient care?

Communication

How would you like to find information about services?

Additional feedback

Any other feedback you would like to give or questions you would like to ask?

Healthwatch Darlington Limited
c/o Tandem Hub,
Morton Park Business Training Centre
Morton Park Way
DARLINGTON
DL1 4PJ
01325 380145 or 07525237723
Email: info@healthwatchdarlington.co.uk
Website: www.healthwatchdarlington.co.uk