



*The NHS in Darlington,
Durham and Tees*



NHS Better Health Programme

Engagement with the Voluntary and Community Sector Report



November 2016

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1. Background to 100 conversations:

The NHS Better Health Programme (BHP) committed to having conversations with over 100 voluntary and community sector groups and organisations across County Durham, Darlington and Tees Valley. The aim was to have these 'conversations between August and the end of October 2016 as part of the BHP Phase 3 Engagement plan to inform the formal public consultation options.

NHS Better Health Programme particularly wanted to encourage smaller community-based groups and organisations to engage in conversations about the NHS Better Health Programme representing the following: .

- Groups whose members identified themselves as having 'protected characteristics,' as defined in current equalities legislation (sex, disability, race, age, religion & belief, sexual orientation, gender reassignment, pregnancy & maternity)
- Groups that may meet regularly but do not normally choose, or have the opportunity, to engage in discussions around this type of health issue.

This work will enable NHS Better Health Programme to build a full picture of the needs of all parts of the community, particularly groups that experience health and wellbeing inequalities and enable members of those groups and communities to influence the health services they use.

2. The structure for voluntary and community sector engagement

VONNE as a regional infrastructure organisation representing and supporting the voluntary sector with significant reach over the BHP area acted as the lead body and worked with other CVS/ LDA (Local development agencies), Healthwatch and key special interest group organisations as '**Delivery Partners**' to support delivery of the 100 conversations across County Durham and Tees Valley. The delivery partners were as follows:

	Partner Organisation	Area delivered	Interest group
1.	Redcar & Cleveland Voluntary Development Agency (RCVDA)	Redcar & Cleveland	Mixed
2.	Catalyst Stockton	Stockton & Hartlepool	Mixed
3.	Women's Commissioning Support Unit hosted by Women's' Resource Centre	Durham & Tees Valley	Women's groups
4.	East Durham Trust	East Durham	Mixed
5.	Stroke Association	Durham & Tees Valley	Stroke
6.	Tees Valley, Durham & North Yorks Neurological Alliance (TVDNYNA)	Tees Valley, Durham & North Yorks	Neurological conditions
7.	Age UK Darlington	Darlington	Older People
8.	Healthwatch Darlington	Darlington	Mixed
9.	Middleborough Voluntary Development Agency (MVDA)	Middlesbrough	Mixed
10.	Durham Community Action (DCA)	Co. Durham	Mixed
11.	Darlington Association on Disability (DAD)	Tees Valley & Durham	Learning Disability

Each delivery partner identified smaller community and voluntary sector groups within the target communities and approached those groups about having a discussion with their members/participants. The final list of groups was agreed with VONNE and the NHS North of England Commissioning Support Communications and Engagement Team. (See full list at Appendix A).

Groups participating in a discussion were offered a 'supported' conversation facilitated by the local delivery partner organisation. A facilitators engagement pack including information about the NHS Better Health Programme, advice on how to facilitate the discussion and information on how to feedback the responses from the discussion group was developed with input from VONNE and key representatives of delivery partners. Darlington Association on Disability (DAD) were commissioned to produce an Easy Read presentation for delivery partners engaging people with learning disabilities.

Facilitators from each local delivery partner attended briefing sessions organised by VONNE working with the BHP Communications and Engagement Team. Each delivery partner was issued with an NHS Better Health Programme engagement pack and briefed accordingly. Standard feedback templates were agreed to ensure the format of feedback was standard across all partners.

The facilitated discussions with groups then took place between August and November 2016 either at one of the regular meetings of the group or at a special separate meeting in venues that were accessible and local to the group and interpreters and support provided where required. Once the discussion had taken place, each delivery partner organisation provided VONNE with numbers of the people who were involved in the discussion and the key feedback from the discussion on the feedback template provided by NECS.

99 group conversations had taken place by mid November 2016 with 1,172 participants providing their feedback. The profile of group's participants in terms of equality and diversity was as follows:

Carers = 4% Children, Families and Young People =7% Disabled People = 12% Gender Specific Groups: Women= 15%
Men=3% General /Mixed =15% LGBT= 2% Long Term Conditions =11% Older People =12% Young People =10%

People of a Particular Ethnic / Racial Origin = 9%

VONNE has managed the collation of the conversation feedback notes via delivery partners and produced this feedback report summarising and analysing the feedback from the 99 conversations so far. Appendix A sets out the full list and profile of groups engaged and Appendix B contains each individual feedback form for each group.

3. NHS Better Health Programme – 100 Conversations Executive Summary Feedback:

Top 3 Issues:

The top 3 key issues that the majority of groups identified are summarised as follows (see section 4 question 5 for further summary feedback on issues):

1. Travel and Transport

There was widespread concern about transport issues for families and carers visiting their relatives in specialist hospitals if these were to be further away from their homes than current arrangements. There was also concern about the lack of availability and cost of hospital parking in general.

There was concern about the capacity of ambulance services in transporting patients to specialist hospitals greater distances than currently as there was a common view that ambulance services were already under significant pressure and struggling to maintain a responsive service.

2. Communication, capacity and skills across services

Pressures on GP and Community Services

There was a significant amount of feedback on the current challenges for patients in accessing GP services and difficulties in getting appointments and a strong view than planned changes to provide more care out of hospital and closer to patient's homes would exacerbate this problem.

There was also a common view that community services and social care were under significant pressure and unable to cope with demand currently and that this needed to be addressed before any new arrangements were put in place.

Greater communication between services

There was a commonly expressed concern about lack of or poor communication currently and that improved communication between services at hospital, GP and at wider community services level needed to be put in place along with increased capacity locally for BHP to work.

Staffing levels and skills

There was a view that staffing levels needed to be improved and staff needed the right skills for the BHP model to work, both in hospitals and in the community. The NHS needed to train and recruit appropriate staff and this should be a priority in these changes.

3. Awareness, education and access & support for minority and interest groups

Awareness & education

There was a strong view that there was a need to educate the public as to what health services to use and when and that before these changes take place an education campaign needs to take place. People needed to feel confident in new systems.

There was also a view that professionals need to learn from those who have lived experience of ill health, care and accessing services.

Access for minority groups and interest groups:

There were significant concerns expressed about barriers such as language, physical access and lack of support mechanisms such as interpreters for a range of minority groups and staff experienced in supporting people with particular needs such as learning disabilities.

4. Key summary feedback from conversations:

Below is a summary analysis of the majority of the feedback from the conversations including a selection of representative quotes. The full feedback can be found at Appendix B (click on relevant question links at bottom of excel spreadsheet to access all responses to a particular question).

Question 1 Do you understand the issues raised in the video?

The majority of groups said they understood the issues being raised.

Some BME groups required a translator to explain the content, for example:

'We discussed the slides and NHS BHP leaflets via the Chinese Association facilitator who translated questions and responses. We shared the NHS Leaflets in Mandarin and Cantonese. The Association members present stated that they had not heard of the Better Health Programme and were not aware of a review of how services are provided.'

A group of older people and people with learning disabilities had difficulties both hearing and understanding the video. However DAD's Easy Read presentation was used with the majority of groups with learning disabilities.

The AAPNA group of older Asian males who have early onset dementia facilitator feedback was as follows: 'As would be expected their understanding of the details was less than other groups, but they understood the basic principles'

BID Services Deafened Adults group said 'Video is very interesting but all I need is a BSL interpreter'

We had some feedback that the leaflet was hard to understand and we had a comment that Mental Health is not covered in the leaflet or the video.

'There should be a separate consultation on mental health services and where they will fit into BHP. This is a very specific subject and not covered by Better Health Programme'

In terms of feedback from Gypsies and travellers groups the point was made that 'Literacy is an issue within this group which needs to be recognised in both the Better Health Programme proposals and the consultation/engagement process. They do not on the whole understand that they can be involved in discussions about health services. They feel information leaflets are not for them and so this needs to be explained to them'. Direct feedback from these groups included:

'Lots of words in the leaflet. Not very good if you have trouble reading'

'Don't understand some of the words.... trauma.... clinicians.....? '

'What exactly is a hub?? '

DASH (Durham Association Social Housing) Vulnerable Women's Group facilitator feedback was: 'Generally most of the group said understood what the video and leaflet talked about but it didn't really apply to them' Direct feedback from the group included:

'Most of what the BHP talks about doesn't affect me as it is community services provided by other organisations that I access and hardly anything mentioned in the video'

Question 2. What effect do you think it will have for your hospital services?

Common issues raised:

Travel:

There was widespread concern about travel times to hospital for appointments if they were to be further away. Challenges for those who don't drive including cost and lack of public transport/hospital transport/volunteer drivers were highlighted in addition to parking and access issues for those who do drive.

'Further to travel if the specialist hospital is further away or if the hospital where you continue your care is further away, how will family support you?'

'People/patients can feel isolated if specialist centre is too far away to visit'

'Car parking is horrendous in hospitals as well as paying to park'

'It is difficult to travel further and costs more money when we rely on a pension.'

'James Cook is bordering on inaccessible for people with complex neuro needs because of lack of transport, parking difficulties and repeated cancelled appointments'

Concern was widely expressed around families trying to visit- distances and access to transport & car parking fees:

'Local hospitals are important to people living in the local area. Families/patients can get to them easily. Having people who care being able to visit can vastly improve life chances. Patients do not feel isolated or depressed. '

'Visiting important for families, carers and patients; how practical is it to expect people to travel the hour each way it often takes to get to James Cook or North Tees from Hartlepool'

Concerns were expressed about distances to access emergency care and the strain on ambulance services already overstretched:

'Paramedics – they need to know travel distances and where to send people. Paramedic's knowledge is extremely important and they also need to be available to transport you.'

However, some groups felt that as long as you could be triaged in an ambulance, it would not matter if you had to travel a bit further.

Services:

Below are a selection of comments on the perceived impact on hospital services:

There were a number of concerns expressed around the potential loss of A & E departments at local hospitals, particularly from Darlington groups:

'Don't wish to lose the local hospital'

There was concern from a number of groups based in Hartlepool about the further reduction of services and therefore viability of Hartlepool Hospital

'It will see a continuation in the decline of our ability to access Hospital provision within Hartlepool.'

'Local Hospital was high quality, valued and easy to reach but repeated reviews have seen more and more activity transferred to North Tees leaving Hartlepool unsustainable. North Tees poor and difficult to reach without own transport.'

There was concern that NHS hospitals were already overstretched and have staff shortages and these proposals could make things worse:

'More pressure on staff and resources'

'What happens if no specialist beds available'

'How will this happen if there is no more money?'

'Accident and emergency is a concern if you have to wait 12 hours to be seen'

'Hyper-specialisation will deskill a lot of secondary care staff who will not look after the person as a whole.'

However, some felt that specialist hospitals would improve services:

'Specific specialist help would be improved - The group liked the fact and hoped that in future parents would still be able to stay with a child in specialist care.'

'If the hospital is properly staffed then having consultants there 24/7 could be a good thing.'

'It is very important/good idea to have centralised services and experts.'

'Older people do end up bed blocking as can't go home. If there had been proper respite care rather than hospital for my mother it would have been so much more suitable. My mother ended up in hospital for 6 months. I hope BHP will improve care for elderly people and bring them home for care.'

Public Awareness & Information:

There was a common view that there needed to be a public awareness campaign and more information on where to go and how to access different services. Wide view that the current range and complexity of services was hard to navigate:

'People will need to be educated about where to go for which services as many still struggle when to use 99 and 111 or walk in centre or urgent care centres and when they are open and when not open'

'People don't know where to go now so how will new system be different and how will you inform people so they know when they are in crisis?'

'The group felt that it would be important for the Community to know the details of the changes when they are decided with translated leaflets etc. Older people particularly would need to know and this will have to be through other methods than just leaflets as reading is an issue.'

'Gypsies and travellers only know and use A&E departments. They do not understand the wider health provisions and will not be engaged by traditional methods'.

'Lots of barriers caused by culture, language, childcare, transport'

Question 3. What effect do you think it will have for your GP and community services?

Discharge

There were a number of concerns expressed about continuity of care and support on discharge and the need for greater capacity in the community if people were to be discharged earlier:

'Specialist centres – how would you cross over into Local Authority areas? You would have to make sure that there is knowledge and liaison between medical teams, discharge teams and community resources. It is difficult already going into hospital in another area as resources do not link up when you get out as information is not shared. This could make it worse.'

'Communication between hospitals and community services is not good now so with extra pressure how will it cope.'

'What happens to patient records and referral systems, already seem to be struggling under current workload, can they really cope under new system? NHS doesn't have a good track record getting IT systems to work'.

'If medication can be gained from local pharmacists – particularly on discharge this would speed up the process as people have experienced discharge delays due to waiting for medicines being dispensed by hospital pharmacy.'

'The group was very concerned about older people being released from hospital without the appropriate support. It was felt that the move to support people within their homes would be a positive move with the caveat that this support would have to be properly co-ordinated between hospitals, GPs and social care services.'

'Need qualified staff to provide quality care in local area and they need to look at how this provision is currently met as some of this is not happening.'

'People can't survive at home without proper facilities like ramps, beds, shower aids. They need to be well looked after. They are sending people home when home isn't ready. This is not a good idea. Resources must be in place for your discharge.'

Access to Community Services

Common concerns were expressed about access to community services and the lack of capacity currently:

Bad communication & availability of community services

People are already struggling in the community with very little support

GP already at full capacity who will run these hubs?

Community services very inconsistent. People have experienced poor after care and felt until this was addressed nothing else would improve and bed blocking would continue.

Community care is at breaking point already.

'My GP knows nothing about Stonham or rest of voluntary sector groups. No communication now so will it be better because of BHP or will it just be about hospital and GP services again?'

Community staff are so pushed for time how will they manage so many more people.

'Not enough of the right community services. Want more day services to help with mental health issues.'

'It was generally felt that if other services could be accessed from their GP surgery or the "hubs" then they themselves and their families would find it easier to access them. They would also welcome other trained clinical staff taking on GP roles.'

'What community services? Local voluntary groups falling away daily, who is going to deliver all of this care?'

'Lots of problems not medical, how do these changes impact on those? What are Community services, not just NHS staff.'

A number of Hartlepool group respondents felt that The One Life Centre in Hartlepool was ineffective and 'should be closed and put better services in the hospital'

'Rural areas, Throston, Seaton etc how are they supposed to access support? Where are the clinics are we closing Hartlepool Hospital only to open 2nd class local facilities'

However, groups felt accessing appropriate health services in local GP surgeries and "hubs" was considered to be a positive and welcome move if capacity was strengthened:

'Hopefully will help more access nearby as most people who have had a stroke are unable to drive so local hubs would be better'

'The changes will hopefully see linkages with appropriate services such as physios/OT's, voluntary and community groups such as the Staying Put Agency (equipment for the home etc) and smaller community groups/charities and self-help groups'.

'Need to involve expertise of the voluntary sector who often provide needed support for marginalised community members such as our community members'

'More pressure on voluntary services even though there has been loads of cuts on the wrong services already'

'A lot of people come to voluntary sector for care as it is not there elsewhere. Voluntary sector hasn't got the money to pick this up'

'Anything that makes getting several people together in one place for my autistic child is a benefit'

'Does GP service know all the community services to be able to signpost? I struggled to find the women's refuge'

'Where is the link with social care, GP surgeries full of elderly'

'Hindu men are too proud to ask for help and so obtaining these services in the community would be good. The Hindu Centre used to have sessions for measuring cholesterol levels, diabetic nurses etc, but these stopped sometime ago. This is also true if men are discharged from hospital – often they will not identify themselves as needing support or help. Professionals need to understand this'

Access to GP Services:

The majority of groups felt that access to GP's was already challenging and could get worse if BHP proposals were implemented:

'Transport was a huge issue; some women have to change buses at least twice in order to get to an appointment (rural)'

'Longer waiting times for appointments'

'It is already problematic accessing GP and community services – it will make things much worse!'

'GP's should be the first port of call but you cannot get an appointment for 3 weeks'

'They were concerned that overstretched GPs could not cope with extra services unless extra staff are employed – and not just clinical staff, but also administrative staff who could run effective appointment systems'

'Currently there are difficulties getting appointments with GPs, so if there isn't investment in getting new GPs and surgeries in general then it is difficult to know how this will improve services.'

'There is an initiative to train 25% more doctors nationally, but these won't be fully trained for another 7 years, so what happens to this programme until then.'

'Could have more pressure on our GP's but if our GP knows where to signpost to these community services this could benefit patients'

'Members stated that they struggle to get timely appointments now and are concerned that it would take longer to get an appointment'

'Six attempts to gain appointment to see named GP'

'Surgeries can't cope now, how will they cope with increased role under these plans?'

'GP is really not proactive now. Usual prescriptive messages but absolutely no awareness of services available outside of the practice so people can make a choice, decision or help themselves'

'Gypsies and travellers need to be engaged carefully and appropriately so that they use facilities such as GP surgeries'

'Triage at GP practices: The group made this a first priority because they believed services should be streamlined from GP practices'

'What will happen after Brexit? Local surgeries have 3 Spanish and 1 Hungarian GP's'

Question 4. What impact (positive or negative) do you think changes to hospital, GP and community services might have on you, your family, carers and your wider local community?

A representative selection of feedback and comments from groups is set out below:

'There is confusion at the moment as to what the roles of different NHS services are e.g. walk-in centres, urgent care centres, one-life centre, and GP surgeries. More details on the changes need to be given before views and opinions can be given. For example, if a person has been admitted to the regional trauma centre what happens when the person is recovering? At what stage are they transferred back closer to home – if at all? And what provisions will be made for family and carers to visit the person if they don't live locally? If this is not considered many patients may end up with no visitors from family and friends which may have an impact on their recovery'

'Lots of worries about travelling to and from appointments. Concerns about parking and petrol costs. Ambulance issues already, this will make it even worse'

'The changes may mean more travel to and from specialist hospitals for both the patient and their families. In urgent care situations there would be less of an impact as those attending suggested they would want to be treated in the best place possible – wherever this was located. However they will have to be convinced that decisions by paramedics etc will be the appropriate ones'

'Isolation from age, chronic illness, living alone, not having access to a car, create a situation where you dread appointment letters because of the extreme amount of energy and cost it takes to attend'

'Everyone felt that the new changes would only add to the pressure for carers and families as they will be expected to pick up the slack with hospital visits and community transport. Who will fight for those who don't have families?'

'BME communities know how to get to local hospital but are not confident using public transport anywhere else'

'Transport and expense also came up as to how people will be able to visit regularly and that without regular family support a lot of patients will suffer emotionally'

'Transport, transport, transport! High profile failures of ambulance services across the borough don't breed confidence in a system that offers casual reassurance that all will be well if you need to travel a bit further for treatment. How often is the A19 gridlocked?'

'The group were supportive of providing support and services either into people's homes or within easy access as long as these services were planned, integrated and delivered by appropriate staff. The benchmark of current provision of social care in people's homes is skewing people's confidence in this move, i.e. people cannot distinguish between 10 minute calls from carers and provision of community health services'

'The group agree that it will be a positive to have appropriate services provided both in community settings and in people's homes provided that there is sufficient support available and that family and carers are also supported. People in the community will accept these changes if they prove to be beneficial'

'More strain on community services. Who's going to look after the hubs and keep them in order? Travel expenses to a specialist hospital, especially for families on low income. Communication is poor at the moment'

'Hindu - Social services and care services need to be reviewed alongside this Programme. Social services do not have a good reputation in some communities so there would be some distrust of these services linked to discharge from hospitals. The experience of some of the group was that either they did not know of any home support services or that these services were limited. Also older people like to have the same and familiar carer for their welfare'

'Care at home :I think for people like myself with different background who has no relatives around themselves would be more difficult if they are supposed to be treated at home as they might not have any family to support them during the time when they don't receive immediate care''

'Carers will have much more work to do, people will be out of hospital sooner so the pressures on carers will be greater, especially following initial discharge'

'The consensus here was that no-one would really mind if anything worked properly. Everything is about cutting services to save money but if it was reinvested to make community services work better no-one would mind and would save money longer term. People just want to know what they need to be doing and the lack of meaningful communication means people are very frustrated at how much time it takes to get the right person who is able to make a decision'

'Given there is documented evidence about the difficulty of recruiting medical professionals to the North East, and therefore difficulty in keeping staff current; there were concerns regarding (1) are we designing a new system that is set to fail from the start and (2) how will medical staff in the NE be kept current?'

All in One Youth: Young people:

Positive: There will be better care due to specialist clinicians being together in one place. Also all modern equipment will be located in this hospital.

Care for patients will be continuous with all professionals aware of the persons needs. There will be a smooth transition from hospital to home.

Extended GP and Community Services are a positive and will be beneficial as long as funded and integrated.

Family Help Network:

Positive – The community hubs could have a more person centred approach and community spirit. Could stop using up hospital time and money. Have people from different organisations on hand instead of getting treated at hospitals and then getting signposted to them.

More services in the community will mean people do not have to travel as far for less serious appointments and follow ups.

Negatives:

Hospitals: The issue of distance. Too far to travel leads to a decline in health during travel and leads to higher death rates. Makes it difficult for family and friends to visit if the hospital is further away. Transport is a big issue.

What about single people with children, if they need to go to hospital, how will they arrange childcare for other siblings etc.

Community Services & Hubs - If not planned appropriately and funded then GPs and other professionals will become stressed.

Question 5. General Comments:

'The BHP is idealistic and not realistic'

'If there is not enough staff or money now it does not matter what they say in the video it won't work'

'Many felt cynical':

- Felt it has all been suggested before

- decision had already been made
- Felt to be unrealistic

'People don't use A&E properly now so how will they learn where to go for what and in which circumstances. When you are in a crisis situation your brain doesn't think logically but just about specific factors so it needs to be simple to remember'

"In theory it sounds like a wonderful idea...but in practice", the group were very doubtful as they felt that there is a lack of infrastructure to support the local community and communication is not effective'

'Most of the group felt that there was a danger of not treating the whole patient if services became too specialised and that often there is a need for multiple specialisms in the treatment of a patient. They all expressed concerns about the ability to resource services at all levels, i.e. specialist, community hospitals and GP services as there was consensus that current GP services are fully stretched but that local community hospitals are under used'

'Lack of funding is a worry as there doesn't seem to be money attached to BHP'

A Number of people expressed a view that people who don't turn up to appointments should be fined.

Carers have to work and caring has an impact on their life and health. BHP need to consider the impact it will have on carers. Not enough is done to support carers'

Access to services

'Voluntary Sector provide a lot of unseen and unsupported services for people with mental health issues and barriers. Mental Health voluntary support groups should receive mainstream funding'

'Understanding for Mental Health should be an integral aspect for BHP as it underpins the rest of our health. There are real problems with lack of access to Mental Health Services. Particularly crisis situations'

'People feel generally frustrated at being able to get around and access services when visually impaired'

'NHS service should be accessible and they are not for everyone. Will the specialist centres and community services put accessibility as a priority please?'

Travel:

'Transport is still not going to be good as the shuttle bus can take up to 2 hours to get to the hospital depending which one you go to and you have to remember that you have to travel to either Peterlee or Hartlepool hospital before hand to catch the shuttle bus. One lady gave an example of when her husband had to go to Hartlepool hospital for a week, the cost was £6 per day (£42) in total'

'Whoever dreams up these schemes does not have to catch 3 buses to attend an appointment. Living alone on a state pension is terrible when you need monthly injections at hospital to stop you from going blind. Wish they would do it at my GP's'

'When undergoing chemo transport is critical as we can't drive afterwards and we don't all have family and friends close by to take us. Getting a bus after a session can make you very ill waiting around in the cold and damp'

'Long waiting times for ambulance'

Hospital:

'Lots of people wasting time in A&E now because they can't get an appointment or don't know where else to go'

'The NHS cancels appointments to stick to targets and this is very frustrating for people who rely on others for transport, especially if the person has had to take time off work. Accessing hospital transport is nearly impossible even if you live alone. One person in the group had 5 appointments cancelled and then was told off by the clinician for not being seen for nearly a year instead of 6 months.'

'There should be more right to choose where you can have your baby. I had to fight for a home birth and had to be assertive to get it. I was told if there was no midwife cover then I would have to go to hospital which is not what I wanted. I have more than one child so know the process'

Discharge procedures need to be improved with family considered more and professionals (hospital staff, social care staff, district nurses) working together more than they are currently. People are scared of the gaps in discharge, but if the changes mean that

patients are transferred from hospitals to “home” or community provision in a manageable way and not when there is no support available then it will be good. If it also stops early re-admissions particularly from older people then this would be a positive. Experience of this stroke group is that often those with strokes often have to be re-admitted to hospital and this again begins with another trip to A&E. If an alternative pathway could be established through community or GP services or even through the specialist stroke ward, then this would be a positive change. Also if the after-care for people with strokes is put in place through community services then people would prefer to stop at home rather than be re-admitted to hospital.

As soon as the treatment is finished (Chemo) there is no support after for the patient and hopefully BHP can implement this by liaising with other sectors

Don't want to see Hartlepool downgraded further or closed (this was raised by a number of groups)

Integration/communication between health and care services:

‘No reality between Physical and Mental Health services. Poor understanding of co-morbidities and how many appointments you have to attend’

‘The group were keen to express their experiences over complete breakdown of the relationship between Health and Social Care, publicity was all about integrated care. They felt reality of integrated services was a long way off unless the NHS stopped gate keeping and stopped the messing about with service redesign just to suit commissioners’

‘Need to link social care with health care far better and this includes digital data systems’

‘GP: There is too much emphasis on duplicating everything from hospital clinics. GP's repeat blood tests for diabetes done at the hospital. These could be done at local level and shared. Nothing is done to prevent or stop you deteriorate, annual reviews would at least give you some chance to consult with a GP’

‘All systems and procedures need to be reviewed and integrated including the 111 telephone system’

Community Hubs:

'Hope this is not just about cost-cutting but a real realignment of services which can be properly staffed and importantly, co-ordinated'

Recognising services had to be re-shaped the group felt aggrieved that Hartlepool was not given what they needed. One of the key priorities for this group was access to specialists closer to home, either at the hospital or clinics at the One Life Centre but only if the NHS ran the One Life Centre, not as it was now.

'It is better to recover in own home but only when care is there and presently it is not'

'What about a mobile community care hub like the mobile library?' (rural group)

'Many more services should be in the community as part of a prevention programme that relates to the needs of real people, not hospital numbers'

'Before the actual changes take place the support in the community around discharge and support in the home and community needs to take place. Also GP services needs to be improved so that people have confidence in the changes'

'We definitely need more nurses out in the community who can keep an eye on older people better and not let things deteriorate badly before people are treated. If this could happen people would not need to go to hospital so much'

'Could do with more mobile services visiting the Dales rather than having them in one place. Minor injuries for example could you have one session each day or a couple of days at each GP surgery and then move it around the area'

'The One Life Centre was a good idea but at the moment is better off shut. All they do is call an ambulance anyway which is often not needed. They pass the buck all the time and never give you any respect.'

'The walk in centre at Peterlee is not functioning properly at the moment. Services are moving to the general hospital'

Question 6. From your discussion, what three things did group members think were most important?

Facilitators worked with the groups to draw out the three main things the groups felt were most important. Key representative feedback is set out below and primarily falls into three categories:

1. Transport and travel

Transport for carers and families – need to ensure that there are adequate schemes in place if changes are made

Travel for patients and family members is the most important issue that needs to be looked into as a priority.

If hospitals are changed to specialist hospitals this will ultimately lead to longer travelling time for family members and carers. This needs to be considered as older and vulnerable people may suffer due to this (with no visitors etc) which would prolong their recovery.

Joined up transport system which include public buses, community transport to include vetted taxi firms and plenty of free parking is essential if looking at putting things into central hubs

Local people are resilient and realistic and know about travel but feel they can't travel any further than they do now without it being detrimental to the final outcome, especially in an emergency situation (Teesdale)

Not everyone drives, has access to a car or can be given a lift so consider these people

Transport – reduction in parking costs.

Parking is expensive at hospitals and often no spaces

Transport for Relatives to visit and then people going home after a stay in hospital if not near home.

Transport, Hartlepool might only be 6miles from James Cook but it's a 45 mile round trip

Transport for family members and numbers of ambulances

Travelling or parking can both be very difficult at present. Will this be taken into consideration with future plans?.

Public transport is ok during the day but not on evenings and weekends so what happens when you need services then?

Patient transport is important for people who don't drive or have people to drive them there.

Taking my autistic daughter on public transport would be impossible unless I had support.

Epilepsy Group: Hospital transport is inaccessible and unreliable if you cannot drive. No-one could afford a taxi to James Cook and back.

Ambulance Services:

Ambulance services are already under great pressure

Transport for patients – Need to ensure there is a strong service and enough ambulances

Ambulance service? Will it be able to cope? What will happen to the golden hour?

Need to improve waiting times.

Currently the way the ambulance service is manned, will they have enough vehicles to manage, especially if they are taking people further away?

Ambulance services need to be reviewed in light of delays experienced.

Concerns regarding the ambulance service and how far it has to come, paramedics are out of the area and don't know roads and farm tracks.

More funding for the Air Ambulance was mentioned every time as it is not core but local people feel it should come from central funding (Teesdale)

The presumption is that James Cook Hospital will be the Regional Trauma Unit and be developed further. Makes sense to centralise equipment/staff, but still a concern about travelling from outlying areas. Ambulance and other transport services need to

be developed appropriately. Also invest in paramedics – aware voluntary organisations used (St. John’s ambulance etc.), but are these trustworthy?

Speed that people would access the right treatment from the right staff was seen as a good step forward on paper, lots of concerns as to whether this can be done, but the idea was met with positivity.

Most people who have been through domestic abuse and moved to a place of safety have no car and worry if they will be recognised on public transport. This needs consideration if the person has mobility barriers or other health needs as travel and access are vital in helping that person gain the treatment and service when required.

2. Communication, capacity and skills across services

Hospital:

Actually being able to staff the specialist hospitals 24/7 realistically and efficiently

Only if all hospitals have appropriate equipment, staffing and access to patient details will this work.

Hospitals deal with medical needs but not with emotional or social needs. Social interaction for those following a stroke is very important

Future of A&E at DMH

Future of Hartlepool Hospital & poor service at North Tees

Communication and continuity of care:

Communication, can the services between hospitals, rehab, community services and GPs stand up to the huge increase in demand that will be needed.

Great communication between services – joining up services

Improve communication between services and increase capacity locally and in the community first

Sharing data is essential but it has to be confidential and only with people who are delivering the health care

This was referred to a number of times as the group felt that communications within the NHS were hopeless, faulty and bordering on dangerous because of buck-passing and lack of accountability.

Lack of communication with family and friends at all levels of the pyramid. Lots of organisations working together – they need to communicate better as it is poor already without the additional load this new systems will bring.

Community capacity and resources:

Concerns regarding care in the community or discharged to home without adequate support, will there be enough trained staff to make the proposals work

Accessibility and availability especially with GP's and aftercare. After care – there should be uniformity of care. Quality standards of care.

Have community services in place before changes are made to get rid of the backlog and to have them running successfully before trailing new things

Integration of support services (social care, GP services, community services and voluntary/charitable and self-help groups) should be planned before the changes occur.

There also needs to be far greater awareness of what parity means and community staff need mental health awareness training. At the moment mental and physical health are kept apart and separate so there is always a delay in getting appropriate care.

Proper follow ups following a stroke. Good physio at home. Need consistency of staff, we often see different people every day

The use of community centres to provide appropriate health and social care services is supported by this group and they would use these services.

In Teesdale- Local people go to the Richardson for specific treatments but feel it should be a community hub

Pressures on GP and Community Services

After care services and discharge procedures need also to be a priority.

Older people in particular should not be discharged from hospital without correct support in place.

Continuity of care from hospital to home should be a priority in the proposals.

Moving out from Hospitals into the community means more people like care coordinators or nurse practitioners need to be available and able to make decisions quickly for prescriptions, supplies, equipment or aids or liaise with other services.

Community resources are already under a lot of pressure. They can't cope with more people without extra funding and resources

Can social care cope with increased demand of early discharge patients?

Involve third sector and social services so centre around patient needs first

GP's:

Would they be able to cope, would these proposals make the wait for an appointment worse – could IT help (but issues re lack of coverage in East Cleveland)

Much about the changes made sense but the group felt unless GP practice capacity was addressed, the system would implode

Can GP's cope with additional responsibilities and still offer a service to patients?

A reduction in waiting times for GP appointments – easier access.

Getting a GP appointment is already difficult so if all services come into a hub then surely this will make it more difficult?

Emphasis on the community. We can't get in to see a GP at present.

Important to be able to trust doctor and to see the same one. Someone with health issues does not want to be passed around to access all the care that they need.

the group felt strongly that GP's needed more nurse practitioners who you could get to know and who be available to see.

Staffing levels:

It is impossible to implement without more qualified, knowledgeable, experienced and willing staff.

For Better Health to work you will need more better trained, qualified and caring staff in all sectors

Staffing and retention policies to train and recruit appropriate staff should be a priority in these changes.

Staffing – Stress, more pressures on them, fear of a reduction in morale

Essential that the services that are going to be available in the community and at GP surgeries are properly staffed, equipped and accessible to all within a short timescale.

Qualified staff providing care in the local area. Need to ensure that this is sustainable and is working adequately before making changes

Some of the greatest problems in the NHS are lack of suitably skilled, informed staff. Community services could be far more efficient with more pairs of hands who were able to make decisions and get on with the job.

If BHP is to work then more service providers need more holistic knowledge as well as their specialism as most people have more than one condition. This is especially so for cancer patients as often we have conflicting information.

3. Awareness, education, access & information

Awareness & education

Need to educate the public as to what services to use when. We need training for professionals and education for the general public. Professionals need to learn from those who have lived through the experiences.

Before these changes take place an education campaign needs to occur so the general public understands which services are used. People need to feel confident in the new systems – people are scared now that the NHS is failing.

Timescales – people in the community are unaware of these changes so this group suggest that the consultation/awareness raising takes place over a long a period as possible rather than rushing the proposals.

People feel very confused as to what is out there and what they are eligible for.

Education and awareness raising will be critical. We are not sure where to go now and only really pay attention when there is a crisis.

Making it easy to decide where to go in a crisis (GP, hospital, 111)

Education/Training about where to go and when. Who provides what service etc.

Asking for information can be quite intimidating. Supermarket might be good idea to get information from.

Digital records: Need to have option for all information or specific information to be available to be shared across all health providers in a confidential manner so service user doesn't need to repeat their story or information. E.g. mental health needs, medication needs,

People are never given right time and place information to make decisions or manage their healthcare.

A lot of the problems in the NHS are lack of explanation and technical language. People tend to hear different things from different people and become confused over what they should be doing.

Access for minority groups and interest groups:

Information about services which operate after hours is essential especially for mental health and crisis situations for both the service user and the people who are supporting the service user.

Language, physical access, support mechanisms such as interpreters and confidence all need to be central for local health services as many ethnic minority women don't feel able to access local services.

The group said translation from Chinese dialects into English and back is a big concern and acts as a barrier when trying to make appointments with hospitals and surgeries so puts them off trying. The elderly members said they could only access health services if a family member attended with them.

General feedback included requests from the group to consider translation machines in GP surgeries and hospitals for appointment bookings.

Language barriers already take a long time. Language line leaves communities in Darlington frustrated. The dialect used is a much 'posher' one than the communities use and sometimes people feel 'looked down on.' (Bengali focus group)

Ethnic minorities are not sure or aware of breast screening/menopause.

GP full of generic leaflets but if you have a mental health impairment or learning disability such as dyslexia you stand no chance of being able to read any of them. If you ask for something accessible you are ignored because they do not know what that means.

Learning Disability/Autism:

Where a person needs to have their own (paid) support with them in hospital it could cost more than the current support package in place (i.e. to cover staff travel time to/from the specialist hospital or to provide 1:1 support to a person who doesn't always have this).

Will there be enough learning disability nurses available at specialist hospitals.

'If I was in an ambulance I would want my Dad to come with me'.

A number of comments about health professionals being hard to understand (what is said to them) because they talk too fast or they have heavy accent.

It was generally felt all staff (health) and support staff should have some/a better understanding of autism and learning disability

Visual impairment/hearing impairment/deafened

The lack of suitable information and regular information for visually impaired people came out time and time again especially about letting people know what BHP is and what it will do.

‘Doctors don’t know sign language. It’s annoying when appointment letters are not in an accessible format; they won’t email because it’s not safe and secure but will allow online ordering of medication. Email or text notifications would be better for people with visual impairments. Only find out about services through word of mouth.’

Joining up of safe digital information systems is needed to help people who can’t communicate.

Accessing services after 5pm for a visually impaired person has immense restrictions if they don’t have family or friends to transport them as public transport is not available and services are usually a good travel.

Specialist hospitals don’t get it right – for example the eye hospital sent out ordinary letters to people. They do not use the correct format such as audio and Braille.

It may be helpful to be asked, ‘In what format would you prefer to receive the information?’ or ‘How would you like to be contacted?’ – Text reminders of appointments should be used more.

Interpreters are essential for all deafened people regardless of where the service is provided

Plain English - Many deafened people have limited vocabulary so plain, concise and jargon free language is vital during appointments, consultations, treatments etc.

There is a lot of information out there which many deafened service users are unaware of as leaflets, radio campaigns, and posters are unhelpful for deafened community members.

Disability

GP services were generally very hard to access if you had a physical disability and could not wait 3 weeks for a non-urgent appointment.

Epilepsy Group: Always an assumption that you drive but people with uncontrolled epilepsy cannot drive and always have to rely on someone else or public transport which is unreliable. If you have a limited income with a health condition now you are sent round all over by people who do not care or how much it costs.

The group wanted to support other people in similar situations and felt the NHS could do more to refer people to community groups where they could access support and information without fear of being judged.

There is no Neurology Department at North Tees Hospital and the group felt there should be outreach clinic at Hartlepool to help people who could not drive or who lived alone and had no-one to help them get to clinic appointments.

Protect and value the role of carers

Gypsies & travellers

Gap in knowledge and understanding of what health services are available in general by gypsies and travellers. They are aware and use main services such as A&E and maternity services, but are unaware of what support they can get for things like caring for older people, Alzheimer's etc.

Access to care in custody- A lot of discussion about vulnerability, lack of interpersonal skills and lack of eye contact by health professionals led to this priority. Proper healthcare when in custody or on remand was very fragmented and when services felt like it not the person needed it.

Victims of domestic abuse

Many of the domestic abuse service users felt some services needed to be taken to safe hubs as well as community hubs such as smoking cessation to the women's shelter or home visits for counselling if on a protection programme etc.

BME/Dementia/Older

AAPNA (older Asian males who have early onset dementia) This group of users have a high level of trust with their own GPs and are even reluctant to use other GPs in their practices. This is the same for other specialist clinicians they have seen. If changes are made then this group will need extra support in both understanding these changes and in trusting that they are getting the appropriate services.

5. Lived Experience Case Studies

In addition to the feedback submitted from groups, we had 4 individual case studies submitted from various group sessions as follows:

Lived Experience Individual from LGBT group

Hospital services

Endorsing the general view that communication between Health and Social care was currently at a very low point, Mr A reported on a circumstance over care of terminally ill people whilst supporting a parent through cancer. The NHS did not offer information about therapies or other services. By chance, the family sourced information on services available through Macmillan Cancer Care which also led to a therapeutic intervention that made a huge difference to the overall ability to manage a rapidly deteriorating condition.

The NHS did not offer support at source where families can most benefit from right time and place information. There is no onward referral and the family did not receive any respect for the role they were adjusting to.

Lived Experience - Individual from neurological condition group

Ambulance Patient Transport

Mrs B lives with ME and 4 other co-morbidities, a wheelchair user who lives alone and cannot drive.

She needed regular appointments at a clinic only offered 30 miles from home. She was waiting for ambulance transport to attend the clinic when the Ambulance stopped for an accident en route to fetch her. The Ambulance service contacted her to say they would be late. Mrs B said that was no good and had to contact the clinic to say she had no transport. She was advised to cancel the appointment which she did but the Ambulance turned up anyway. She then received a letter from her GP explaining that as she had not attended the appointment it would be registered as a deliberate 'not attend'.

An appointment was rearranged and the Ambulance transport service arrived 15mins before the appointment time, presuming travel was to the local hospital. They needed 45minutes travel time. They had not read the log before the journey. Mrs B has missed several appointments because of this lack of scrutiny.

She had to chase the issue for some time in order not to be labelled a 'serial offender'.

Lived Experience

Individual from ARC Staying out group

Sensory loss awareness

An 80-year old lady with acute hearing loss had a stroke with short term paralysis on one side. Widowed and not able to drive, the lady tried for 4 days to access a GP by asking a neighbour to help make an appointment to check 'dizzy spells'.

The only appointment for 3 weeks was a telephone appointment. She was unable to use the telephone at that point and was then offered an email contact to arrange an appointment in the future. There was no recognition that she did not have a computer or mobile phone. The receptionist was very unhelpful so the lady gave up.

A week later the lady fell through a dizzy spell and broke her arm.

Lived Experience - Individual from LGBT group

Co-morbidities in young people

A person with adult-diagnosed Type 1 diabetes also had a genetic condition and 2 other co-morbidities with chronic depression. The person had disengaged with NHS services because of poor professional attitudes shown, there was always a level of blame towards obesity. Health care was arbitrary with no connection between physical and mental health. Services were fragmented with communication either non-existent or patients were referred on with no consultation notice or support. Clinic appointments were often made on the same day or cancelled several times yet they were a young person trying to maintain employment.

The person recognised the lack of understanding contributed to poor self-esteem and confidence. NHS professionals needed to be proactive about moving people to recovery programmes which could prevent further diagnoses in later life. There is no impetus to understand the impact of co-morbidity or stop people deteriorating.

Appendix A

Partner Organisation	Combined Feedback Form number	Groups	Description	Beneficiaries	Geographical area	Number of people attended
Redcar & Cleveland VDA	86	Ladies of Steel	Community group initially made up of the wives of steel workers	Gender specific - women	Redcar & Cleveland	10
	91	Living Sober	Addiction Recovery & Family support group	General public - carers	Redcar & Cleveland	12
	93	Dormanstown Community Sport and Social Group	Community Sport and Social Group: Umbrella group for a number of sports with strong disability focus.	General public & Disabled people	Redcar & Cleveland	14
	88	53' Society of Amateur Dramatics	Community theatre group	General public	Redcar & Cleveland	18
	89	Saltburn Scouts Parents Group	Parents Group	Children, Families and Young People	Redcar & Cleveland	10

	87	The Old Co-Op Building Loftus Community Group	Community hub in East Cleveland	General public	Redcar & Cleveland	12
	2	Helping Hands	Luncheon Club	Older Disabled people	Redcar & Cleveland	18
	85	Friends of Westfield Farm	Community group - ecology focus	General public	Redcar & Cleveland	10
	92	Guisborough Bridge Discussion	Mixed	General public	Redcar & Cleveland	16
	4	Saltburn Arts Group	Arts Group	General public	Redcar & Cleveland	15
Catalyst Stockton	14	Epilepsy Outlook	Epilepsy Support	Disabled people	Hartlepool	15
	22	Hartlepool Families First	Young People	Young people	Hartlepool	8
	15	Home Group Project	Homelessness / Ex Offenders	General public	Hartlepool	3
	95	Kev's Club Hartlepool	Learning Disability support/social club	Disabled people (learning & disability) & family carers	Hartlepool	31
	96	Hartlepool Carers	Carers Support Group	Family Carers	Hartlepool	18
	97	Infant Welfare Mothers group	Mothers Support Group	Female parents of young babies/children	Hartlepool	21
	98	Bridges family & Carers Service	Support group (drug & Alcohol)	Family carers & service users (predominantly	Stockton	14

				drug & alcohol)		
	99	Tees Rowing Club	Community sports	mixed	Tees Valley	27
	18	Age UK Teesside	65+	Older people	Stockton	7
	16	Staying Out Group - ARC	Arts/Older People	Older people	Stockton	14
	23	Focus on Vision	Sight Impaired	Disabled people	Stockton	8
	19	LGBT - Catalyst	LGBT	LGBT	Stockton	5
	24	Stockton Over 50s Forum	Over 50s	Older people	Stockton	12
	20	Little Sprouts Cafe	Parents & Children	Children, Families and Young People	Stockton	5
Women's Commissioning Support Unit (delivered by DCA in Durham)	73	Aspire Learning, Support and Wellbeing CIC	Women's Groups	Gender specific - women	Durham	12 females ages 24-69
	79	Wear Valley Women's Aid	Women's Groups	Gender specific - women	Durham	8 females ages 24-58

	77	Diverse women's Network	Women's Groups	Gender specific - women	Durham	11 females ages 25-60
	84	Allington House Young Women's Group	Women's Groups / Youth	Gender specific - women	Durham	4 females
	72	Allington House Women's Group	Women's Groups	Gender specific - women	Durham	5 females
	74	DASH Durham	Women with complex needs	Gender specific - women	Durham	5 females ages 20-39
Women's Commissioning Support Unit (delivered via Catalyst in Tees Valley)	80	A Way Out - Stockton	Women at risk of sexual exploitation	Gender specific - women	Stockton	8
	81	My Sister's Place - Middlesbrough	Women at risk of sexual exploitation	Gender specific - women	Middlesbrough	9
East Durham Trust	39	Dawdon CA Youth Group	Young people 16+. Incl. Disabled people	Young People / Disabled people	Durham	10
	41	Horden Heritage Group	Mixed	General public	Durham	10

	42	JPEG (Joint Photography Easington Group)	Primarily older people	Older people	Durham	10
	43	Peterlee Methodist Church Ladies Circle Focus Group	Primarily older women	Older people / Gender specific: women	Durham	10
	37	B12 Group	B12 Deficiency Support	General public	Durham	25
	45	Shotton Women's CREE	Womens' group	Gender specific - women	Durham	20
	38	Blackhall WI	Women's' group	Gender specific - women	Durham	10
	40	Eastlea IT Focus Group	Mixed	General public	Durham	4
	44	Seaham Physical Disability Focus Group	Mixed including members with physical disabilities	Disabled people	Durham	11
	46	Wheatley Hill Mothers Club	Mothers	Gender specific - women	Durham	45
Stroke Association	64	County Durham Stroke Club	Stroke Support Group	Long term conditions	Durham	24
	68	Positive Strokes Club	Stroke Support Group	Long term conditions	Durham	20
	62	Pelton communication group 2	Stroke Support Group	Long term conditions	Durham	7
	63	Communication support group Durham	Stroke Support Group	Long term conditions	Durham	7
	67	Newton Aycliffe Stroke Support Group	Stroke Support Group	Long term conditions	Durham	4
	70	Wingate Craft Group	Arts Group	General public	Durham	13

	71	Wingate Mothers Group	Mothers	Children, Families and Young People	Durham	8
	66	Happy Talk	Stroke Support Group	Long term conditions	Durham	18
	69	Stroke Prevention Group	Stroke Support Group	Long term conditions	Durham	9
	65	Grandparents Durham	Grandparents	Children, Families and Young People	Durham	9
Tees Valley, Durham & North Yorkshire Neuro Alliance (TVDNYNA)	17	TVDNY Pain Group	Neurological conditions	Long term conditions		18
	21	TVDNY multi-neuro FRIENDS group	Neurological conditions	Long term conditions		18
Age UK Darlington	1	Autumn Years	Older people	Older people	Darlington	25
	6	Carers Club	Carers	Carers	Darlington	24
	12	Stroke Club	Stroke Support Group	Long term conditions	Darlington	32
	7	OLGBT	Older lesbian, gay,	Older LGBT	Darlington	5

			bisexual, and transgender			
	13	Veterans Café	Veterans	Older people	Darlington	28
	5	Branksome Lunch Club	Older people	Older people	Darlington	18
	8	Elm Ridge Lunch Club	Older people	Older people	Darlington	24
	9	Corporation Lunch Club	Older people	Older people	Darlington	22
	10	Skerne Park Lunch Club	Older people	Older people	Darlington	5
	11	Zumba	Older people	Older people	Darlington	8
Healthwatch Darlington	3	Chinese Association	Chinese Community	People of a particular ethnic / racial origin	Darlington	7
	48	Bengali Community	Bengali Community/Women	People of a particular ethnic / racial origin/ Gender specific women	Darlington	11
	50	Darlington BME Project - Healthwatch	BME	People of a particular ethnic / racial origin	Darlington	16
	52	Polish Community	Polish Community	People of a particular ethnic / racial origin	Darlington	6

	90	FRenDS - Family Resource Network Darlington	Parents/Families	Children, Families and Young People	Darlington	5
	53	Stepping Stones	Post Natal Group	Children, Families and Young People	Darlington	7
	49	Borrowed Angels – Support Group	People affected by miscarriage, pregnancy loss, still birth and infant loss	General public	Darlington	4
	54	Tea and Toast Group	Mixed	General public	Darlington	7
	51	Ladies Night	Women’s’ group	Gender specific - women	Darlington	7
	47	Baby Lounge	Parents	Children, Families and Young People	Darlington	12
MVDA	56	Breckon Hill Community Enterprise	Mixed	General public	Middlesbrough	11
	60	Tees Stroke Club	Stroke Support Group	Long term conditions	Tees Valley	28
	83	All in one youth project	Young people	Young People	Tees Valley	17
	59	SPARCs (Travellers)	Gypsy Roma Travellers	People of a particular ethnic / racial origin	Tees Valley	9
	61	Tees Valley Chinese Community Centre	Chinese	People of a particular ethnic / racial origin	Tees Valley	43

	57	Hindu Cultural Association	Hindu Community	People of a particular ethnic / racial origin	Middlesbrough	17
	58	Kinship Carers – Middlesbrough	Carers	Carers	Middlesbrough	14
	55	AAPNA Services	BME/ Asian males with early onset dementia	People of a particular ethnic / racial origin / Long term conditions	Middlesbrough	12
	82	Branches	(Substance misuse carers)	Carers	Middlesbrough	11
	94	Straightforward- English for speakers of other languages group	BME	People of a particular ethnic / racial origin	Middlesbrough	12
Durham Community Action (DCA)	76	BID services	(deafened, hearing impaired and some with learning disabilities and deafened)	Disabled people	Durham	6 females
	33	Stonham	Mental health	Disabled people	Durham	5 males, 6 females ages 26-65
	29	North East Autistic Support Toddler Group (NEAS)	Autistic children and their carers	Disabled children & Family Carers	Durham	5 females

	30	Durham and Districts Women's Cancer Support Group	Cancer	Gender specific - women	Durham	8 females ages 49-82
	32	Consett Stroke Club	Stroke	Long term conditions	Durham	5 female, 1 male ages 44-94)
	35	UTASS Young Farmers	Mixed rural	General public	Durham	34 people aged 13-59
	36	West Rainton Wellbeing Group	Mixed	General public	Durham	
	31	St John's Chapel Farmers Cree	Men	Gender specific - men	Durham	8 men ages 60-89
	34	Middleton in Teesdale Men's Cree	Men	Gender specific - men	Durham	19 men ages 61-89
	75	Gypsy Roma Travellers	Gypsy Roma Travellers	People of a particular ethnic / racial origin	Durham	3 females, 4 males
	78	Allington House Visual Impairment Group	Visually impaired	Disabled people	Durham	1 male 11 females

DAD	25	Middlesbrough 1st Women's Group	Learning Disability Women's group	Disabled people & Gender specific - women	Tees Valley	28
	26	Middlesbrough 1st Men's Group	Learning Disability Men's group	Disabled people & Gender specific - men	Tees Valley	18
	28	Durham Peoples Parliament	Disabled people	Disabled people	Tees Valley	10
	27	Darlington Peoples Parliament	Disabled people	Disabled people	Tees Valley	8

Total Attendees: 1,172