



Building a sustainable future for the Friarage Hospital

Consultation Report

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Contents

1.	How to read the report	5
1.1	Interpreting the consultation findings.....	5
1.2	Terminology and clarifications.....	6
2.	Executive Summary	7
2.1	Introduction	7
2.2	Consultation approach overview	9
2.3	Consultation response overview	10
2.4	Key findings	11
3.	Consultation programme.....	21
3.1	Background.....	21
3.2	Detailed public consultation approach.....	24
3.3	Response to the consultation.....	26
3.4	Consultation response methods	27
4.	Consultation findings.....	37
4.1	Proposed vision	37
4.2	Options for the future of local urgent care	58
4.3	Criteria for the vision and proposed options	86
4.4	Important aspects of care.....	98
4.5	Access to and from hospital	111
4.6	Other options and ideas	139
4.7	Respondent and participant profiles.....	144
4.8	General feedback about the consultation	162
	List of figures	165
	Appendix 1: Standard survey questions	172
	Appendix 2: Leafleting evidence	181
	Appendix 3: Public focus group guide	187
	Appendix 4: VCSO focus group guide.....	190
	Appendix 5: Public consultation event presentation slides	193

1. How to read this report

1.1 Interpreting the consultation findings

Surveys

- 1.1.1 This report contains results from two quantitative surveys conducted in relation to the consultation for building a sustainable future for the Friarage Hospital in Northallerton. One survey was conducted face-to-face with residents of the districts of Hambleton and Richmondshire with quotas set on age group, location and sex. The other was an online consultation survey open to all residents of the districts and local interest groups, with an alternative option of completing the survey via a paper copy.
- 1.1.2 This report contains several tables and charts that present consultation survey findings. In some instances, responses may not add up to 100%. There are several reasons why this might happen:
- The question may have allowed each respondent to give more than one answer
 - Only the most common responses may be shown in the table or chart
 - Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
 - A response of between 0% and 0.5% will be shown as 0%. Where there were no respondents in a category, this is indicated by -.
- 1.1.3 As the online and paper survey was completed by respondents themselves (self-completion), not all respondents have answered all the questions. Therefore, the base size (the number of people answering a question) for that survey varies by question.
- 1.1.4 This report includes subgroup analysis that has been undertaken to explore the results provided by different groups to the consultation surveys. This includes subgroup analysis by sex, age group, disability, caring responsibilities, association with the armed forces, district, and distance to the Friarage Hospital. It should be noted, however, that the base size can be small for some groups, particularly for some age groups in the online and paper survey, so these differences should be interpreted with caution. Where this is the case, this is indicated in the report.
- 1.1.5 Differences that are statistically significant according to the z-test at the 95% confidence level are highlighted in the commentary. The z-test is a commonly used statistical test used to highlight whether differences in results are 'significant'. By this we mean that we can say with 95% confidence that we would see a difference if all people in the group took part in the consultation. It should be noted that the percentages shown in the subgroup analysis reflect the proportion of the subgroup who answered the question and gave a particular response. When reporting subgroup differences, respondents who said 'prefer not to say', 'don't know' or 'other' in relation to the protected characteristic questions have been excluded from the figures.
- 1.1.6 For the analysis of some questions, some response options have been grouped together to provide a level of agreement. For example, in some instances 'strongly agree' and 'agree' have been grouped and shown as 'agree overall'.

- 1.1.7 For the analysis of open-end responses, comments were read through and a coding frame was developed for each open-end question based on themes emerging. This then allowed for categorisation of the themes.

Qualitative feedback

- 1.1.8 When interpreting feedback from the focus groups and public consultation events, it is important to remember that these findings differ from those collected via a survey methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants or attendees (i.e. those who attended a focus group or event). These findings are not meant to be statistically accurate, but instead are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, something not possible to achieve via a survey. For example, if the majority of participants in a focus group hold a certain opinion, this does not necessarily apply to the majority of the population.
- 1.1.9 Discussions from the focus groups were digitally recorded and notes made to draw out common themes and useful quotations. Notes were made at the public consultation events to capture feedback from attendees and these were also thematically analysed.

1.2 Terminology and clarifications

- 1.2.1 Throughout this report, those who took part in one of the surveys are referred to as 'respondents'.
- 1.2.2 Those who took part in focus groups are referred to as 'participants'.
- 1.2.3 Those who attended a public consultation event are referred to as 'attendees'.
- 1.2.4 South Tees Hospitals Foundation Trust is referred to as the 'Trust'.
- 1.2.5 NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group is referred to as the 'CCG'.

2. Executive Summary

2.1 Introduction

- 2.1.1 Enventure Research carried out independent analysis on the responses received to the public consultation for building a sustainable future for the Friarage Hospital in Northallerton.
- 2.1.2 This executive summary sets out the background to the consultation, the responses received and the key findings from the formal consultation between 13 September 2019 and 17 January 2020.
- 2.1.3 More information about the background to the consultation can be found in section 3.1 of the report.
- 2.1.4 NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG), in partnership with South Tees Hospitals NHS Foundation Trust (the Trust), launched the consultation on Friday 13th September at the North Yorkshire Overview and Scrutiny Committee and it closed on Friday 17 January 2020.
- 2.1.5 Originally the consultation was due to close on 6 December. Due to the general election held in December 2019, the consultation period was extended, and two public consultation events were re-arranged for early January.
- 2.1.6 The proposal presented for consultation comprised a vision for the future of the Friarage Hospital in Northallerton (see **Figure 1**) and two options regarding the opening hours of the Urgent Treatment Centre based on site (see **Figure 2**).

Figure 1 – Proposed vision for the future of the Friarage Hospital

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

Figure 2 – Options for the opening hours of the Urgent Treatment Centre

Option 1 – 24/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 24 hours, 7 days a week.

Option 2 – 16/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 8am to midnight, 7 days a week

Both options also include:

- A consultant delivered acute medical service, admitting to 6:30pm on weekdays and 4:30pm on weekends
- Repatriation of patients to the Friarage Hospital for care closer to home
- Elective (planned) surgery for day case and short stay inpatients.

2.1.7 The CCG and the Trust used six key criteria to develop the proposal. These took into account feedback from the public from a programme of public engagement in 2017. These were:

- safety/quality
- accessibility
- feasibility
- affordability
- clarity for the public (where to go and when)
- opportunity for integration.

2.1.8 The proposal takes into account national policy, advice and guidance on the provision of clinically safe, high quality services, and is in line with the NHS Long-Term Plan.

2.1.9 Key messages about the consultation were shared with the public during the consultation process. These were:

- The Friarage Hospital will not be closing
- Nine out of ten people will continue to receive healthcare in Northallerton
- The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future

- The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required
- The aim is support older people with care closer to home where possible
- The aim is to meet the needs of the changing population.

2.2 Consultation approach overview

2.2.1 The consultation was multi-faceted aiming to engage with as much of the local population as possible and comprised the following:

- A consultation survey that was conducted as an on-street face-to-face survey with residents of Hambleton and Richmondshire, with quotas set to achieve a sample that was representative of the area in terms of age group and sex.
- A self-completion consultation survey that could be completed online or in a paper format. The online survey was promoted on the CCG's and the Trust's website and paper copies were handed out with pre-paid envelopes at the public consultation events, libraries, pharmacies and GP practices in the districts.
- Four focus groups with members of the public, broadly representative of the area in terms of age group and sex. These were independently moderated by researchers from Enventure Research using a tailored focus group guide. Groups were held in Northallerton (two), Richmond (one) and Stokesley (one).
- Eight focus groups organised and held by Voluntary Community Sector Organisations (VCSOs).
- 13 public consultation events held in market towns in Hambleton and Richmondshire.
- Meetings with special interest groups.
- Public meeting held by Snape Parish Council.
- Three meetings with Trust staff, to which 48 staff attended.
- Other submissions in written form, such as emails, letters and formal responses.

2.2.2 The consultation was promoted via widespread leafleting, newspaper, radio and television promotion, extensive social media coverage and targeted communication with stakeholders.

2.2.3 A full consultation document, a consultation summary document and a consultation background video were available on the CCG's and the Trust's websites, along with other supporting documents including a list of frequently asked questions.

- 2.2.4 Enventure Research was commissioned to assist with the survey design, conduct fieldwork, and analyse and evaluate the feedback from the consultation and provide a comprehensive report on the findings.
- 2.2.5 More information about the consultation approach can be found in section 3.2 of the report and more information about the response methods can be found in section 3.4.

2.3 Consultation response overview

- 2.3.1 In total, during the consultation there were 2,064 instances of engagement with the public through the surveys, focus groups, events and via other written submissions. **Figure 3** shows the breakdown of this figure by response method.

Figure 3 – Number of responses/participants/attendances by response method

Response method	Number of responses/participants
On-street face-to-face survey responses	601
Online and paper survey responses	1,011
Easy Read questionnaire responses ¹	16
Focus groups moderated by Enventure Research	29
VCSO focus groups/meetings	81
Public consultation events	326
TOTAL	2,064

- 2.3.2 Some members of the public may have engaged in the consultation process more than once, for example they might have taken part in the survey and attended a focus group or meeting or attended several meetings.
- 2.3.3 **Figure 3** does not include interaction with the consultation such as social media posts, comments, emails, phone calls, meetings organised by parish councils, meetings with Trust staff, Freedom of Information (FOI) requests, formal responses, letters to editors or meetings with special interest groups.
- 2.3.4 Three meetings with Trust staff were held on 17 September 2019, 23 September and 13 December where staff were able to ask questions and express their views. In total 48 members of staff attended meetings.
- 2.3.5 The CCG and the Trust have a duty to listen to and take due regard of all submissions made during the formal consultation process. The analysis in this report incorporates all information provided to Enventure Research by the CCG and the Trust, as well as information about discussions at focus groups provided by VCSO organisations and information collected by Enventure Research through surveys, focus groups and public consultation events.
- 2.3.6 All feedback to the consultation outlined in this report is anonymous in line with the Market Research Society's Code of Conduct and the General Data Protection Regulation. Organisations that carried out focus groups and meetings or provided a formal response have been named, as have individuals who provided a formal response on behalf of an organisation.

¹ These were all completed by participants who took part in a focus group organised by the Northallerton and the Dales Mencap Society.

2.4 Key findings

- 2.4.1 A summary of the key findings from the consultation is outlined below and overleaf. Detailed findings are provided in **Chapter 4**.

- 2.4.2 Percentages shown relate to the number of people who answered each question.

- 2.4.3 **There is a fondness for the Friarage Hospital, with other hospitals viewed negatively in comparison**

There was a perception at the focus groups and public consultation events that the Friarage Hospital is a friendly and welcoming hospital that provides high quality and person-centred care. In comparison, it was felt that the James Cook University Hospital and the Darlington Memorial Hospital are larger hospitals and the care received there does not feel as personal, and patients do not rate their experience of those hospitals as highly as they do of the Friarage Hospital.

- 2.4.4 **Opinion about the proposed vision is split**

Half of on-street survey respondents (50%) felt the proposed vision failed to meet their needs, which was larger than the proportion who felt it met their needs (36%). In comparison, a larger proportion of online and paper survey respondents said the proposed vision met their needs (53%), which was larger than the proportion who said it failed to meet them (43%).

Opinion about the proposed vision was also split amongst focus group participants and public consultation event attendees.

- 2.4.5 **Positivity for the vision centred around the Urgent Treatment Centre treating children, the provision of safe care and the repatriation of patients to the Friarage Hospital**

Focus group participants at one of the groups were pleased that the Urgent Treatment Centre treated children and thought that the proposed model would provide safe and efficient care to the local population.

Some public event attendees were reassured, having seen the proposed vision and heard CCG and Trust representatives present it, that the model was safe and sustainable in the long-term, and felt that it was realistic given the current staffing challenges the Trust had experienced.

There was some positivity amongst event attendees about the repatriation of patients, whereby they are brought back to the Friarage Hospital from other hospitals to receive ongoing care and treatment closer to home when it is safe to do so.

2.4.6 Some felt reassured as a result of attending an event that the hospital was not closing and had a sustainable future

Some public consultation event attendees had heard that the hospital was either closing or facing severe reductions in services and said that they were reassured to hear this was not the case from presentations by CCG and Trust representatives. They were also reassured that the proposed vision had been designed by clinicians to be sustainable in the long-term. This led to a suggestion that more information about the vision, the background to it and all the associated facts and figures should be provided to the public to restore public confidence that the care model provided at the Friarage Hospital is sustainable in the long-term.

2.4.7 Those with disabilities, long-term illnesses and health conditions were more likely to think the vision did not meet their needs

In both surveys, respondents who had disabilities, long-term illnesses and health conditions were more likely to say that the proposed vision failed to meet their needs than those who did not have them (55% compared with 48% in the on-street survey and 46% compared with 37% in the online and paper survey).

2.4.8 It was felt that the vision would put more pressure on alternative services that are struggling to cope

There was a worry expressed at the focus groups and public consultation events that there will be additional pressure placed on other A&E departments if the A&E department at the Friarage Hospital remained closed. It was highlighted that the James Cook University Hospital had recently missed its A&E waiting time target, and this led to concern about lengthy A&E waiting times to be seen in an emergency. This was also highlighted in the comments captured in the surveys by 11% in the online and paper survey and 3% in the on-street survey.

A formal response received from the County Durham and Darlington NHS Foundation Trust concluded that the proposed vision would mean additional attendances at their A&E department. Furthermore, a formal response from the North East Ambulance Service NHS Foundation Trust acknowledged that there had been a negative impact for the A&E departments at the James Cook University Hospital and at the Darlington Memorial Hospital, and that this had caused issues with ambulance handover times.

Concerns about the impact of the vision on other hospitals were also mentioned at the focus groups held by the Northallerton and the Dales Mencap Society and the Stokesley and District Community Care Association.

2.4.9 It was felt by some that the proposed vision provided a scaled down service at the Friarage Hospital and there were worries about a perceived reduction in services overtime at the site

In the comments provided by on-street survey respondents and online and paper survey respondents, a common theme mentioned was that the vision provided a scaled down service that did not meet the needs of the local population (13% in the on-street survey and 35% in the online and paper survey).

This was reflected in feedback from focus group participants and event attendees, some of whom felt that there had been a slow reduction in services provided at the

Friarage Hospital over time, highlighting the closure of the A&E department and changes made to the children's and maternity services in 2014.

The opinion was expressed at some of the events that the financial challenges in the NHS will further negatively impact the services provided at the hospital

2.4.10 There was some cynicism about the Trust's staffing issues, with questions about whether every option in relation to recruitment had been explored and there was a perception that the changes had been made at the hospital for financial reasons

In the comments about the vision from online and paper survey respondents, 9% thought that better management of the hospital was required to make it a better place to work and that its finances should be better managed to recruit and retain staff.

At the focus groups and public consultation events there was some cynicism about the Trust's staff recruitment and retention issues, with some questioning how the Trust can recruit sufficient staff at the James Cook University Hospital but not at the Friarage Hospital. This led to a query about whether the Trust had explored every option in relation to recruitment. There was a perception that many qualified doctors and nurses would want to work in Northallerton, as it was in a beautiful area.

Some event attendees thought that the staff recruitment and retention issues were symptomatic of a lack of long-term planning both from the Trust's point of view and within the NHS in general. There was also a perception that there had been a high turnover of staff at the Trust in the past, which could have been caused by staff not feeling valued and low morale. Recent regular changes in leadership at the Trust were also mentioned, which led to a belief that this had impacted the Trust's ability to effectively plan ahead to address the staffing issues.

Some event attendees had assumed that the proposed changes to the services based at the Friarage Hospital were underpinned by financial pressures, but once they had heard the presentations from CCG and Trust representatives, they realised this was not the case.

2.4.11 However, there is some acceptance about the staffing issues the Trust faces

There was some acceptance and recognition at the focus groups and public consultation events that the Trust was facing staff recruitment and retention issues, which meant that an A&E department providing safe care was not sustainable at the hospital. Some highlighted general staffing issues within the NHS that they thought were a result of a lack of investment in staff training and the pressure that working long hours puts on staff.

2.4.12 Concerns were expressed about the accessibility of other A&E departments due to the travel distances and time, the impact this might have on patient safety, and there is a wish to be treated close to home in familiar surroundings

Accessibility of services was covered in the surveys, focus groups and public consultation events, as well as featuring in other consultation feedback, such as emails, letters and formal responses.

Both surveys found that large proportions of people would find it hard to travel to the James Cook University Hospital and Darlington Memorial Hospital during the day and at night. Six in ten on-street survey respondents (58%) said it would be difficult to travel to the James Cook University Hospital during the day and 63% at night. Four in ten (40%) said it would be difficult to travel to the Darlington Memorial Hospital during the day and 52% at night.

Three quarters of online and paper survey respondents (75%) said it would be difficult to travel to the James Cook University Hospital during the day and the same proportion felt it would be difficult at night. Six in ten (60%) reported it would be difficult to travel to the Darlington Memorial Hospital during the day and 67% at night.

When asked for comments about the vision, 39% in the on-street survey and 35% in the online and paper survey mentioned that it was difficult to travel to alternative sites.

The surveys also found that people who had disabilities, long-term illnesses and health conditions were more likely to find it difficult to travel to the two alternative sites than those who did not.

Concerns about the accessibility of the James Cook University Hospital and the Darlington Memorial Hospital were also frequently expressed at the focus groups held with the public and by VCSO organisations, at the public consultation events and in letters and emails received by the CCG. Discussions about accessibility included:

- Concerns about the distance of alternative A&E departments and the time it takes to travel there, particularly in adverse weather conditions and in heavy traffic, and the impact that this can have on patient safety. It was highlighted that there are particular access issues for those living in remote and rural areas.
- Long journeys by ambulance to alternative sites could compromise patient safety, as patients need the right treatment at the right time in an emergency.
- Many people, particularly those who are elderly, disabled and vulnerable might not be able to drive to access alternative sites and there is a lack of public transport options.
- There is a need for more ambulance cover if patients are not able to access alternative sites by themselves.
- There is a desire amongst patients to be treated close to home so they can travel to a facility easily, have peace of mind that they were being treated in familiar surroundings, and be close to their friends and family, which is beneficial for their mental wellbeing.
- As well as services being easy to access, it is also important that it is easy for patients to get home following their treatment.

- Travelling a longer distance to access services costs more and this can adversely affect those on low incomes in particular.

2.4.13 There is a general lack of awareness about what an Urgent Treatment Centre provides and of the GP out of hours service

Public consultation event attendees highlighted that there was uncertainty about what conditions could be treated at an Urgent Treatment Centre, when it was appropriate to attend there, who can attend there, and what the difference was between it and an A&E department. At the same time, many attending events said they had not been aware that there was a GP out of hours service at the Friarage Hospital. It was suggested that if the public was more aware of both what the Urgent Treatment Centre provides and the presence of the GP out of hours service at the Friarage Hospital, they would be more comfortable about the changes in service provision at the hospital.

2.4.14 There is general public uncertainty about where to go and when in relation to health matters

Focus group and event attendees highlighted a lack of awareness about what healthcare services were available locally and where. This led to a suggestion that the CCG could provide more clarity about who the public should contact and where they should go if they had health concerns or suffered an accident.

The NHS 111 service was discussed at some of the events, with praise for its ease of use, but negative experiences were also mentioned in regard to response times and the advice provided. However, it was highlighted that not everyone was aware of the service and that it could be better promoted, so that fewer patients attended A&E departments as their first port of call when they could be treated by an alternative and more appropriate service.

2.4.15 There is a widespread preference for Option 1 (24/7 Urgent Treatment Centre), as patients worry about not having a facility open overnight locally if they or a family member become unwell or suffer an accident

The majority of respondents in both surveys expressed a preference for Option 1 (78% in the on-street survey and 64% in the online and paper survey). When asked whether Option 1 met their needs, larger proportions in both surveys said it did (72% in the on-street survey and 69% in the online and paper survey) than said that Option 2 met their needs (28% in the on-street survey and 27% in the online and paper survey).

Large proportions in the surveys also said that Option 2 failed to meet their needs (49% in the on-street survey and 63% in the online and paper survey).

When asked for their comments about Option 1, common themes included that it was a good option (18% in the on-street survey and 11% in the online and paper survey) and that being open for 24 hours was better than being open for 16 hours (16% in the on-street survey and 36% in the online and paper survey). In relation to Option 2, many survey respondents expressed concerns that illness is unpredictable and felt that 24 hour a day care is required by the local population (53% in the on-street survey and 26% in the online and paper survey), that they did not like the option and that it was not viable (10% in the on-street survey and 29% in the online and paper survey).

This was echoed by those completing the Easy Read survey, who all (n=16) expressed a preference for Option 1 over Option 2. At the focus groups and events, it was felt by some that since injury or illness could occur overnight, a facility available locally that was open 24 hours a day was required. There was a feeling that its 24 hour availability would give the local population peace of mind. Some, however, questioned why Option 1 was being considered in the consultation if it might not be sustainable in the long-term. They worried that if Option 1 was taken forward in the short-term, in the long-term the opening hours of the Urgent Treatment Centre would have to be reduced anyway.

The majority of participants in the focus groups organised by the voluntary and community sector organisations expressed a preference for Option 1 over Option 2.

2.4.16 However, there is some support for Option 2 (16/7 Urgent Treatment Centre), particularly when people realise how few patients use the facility overnight and that it is more sustainable in the long-term

There was some support amongst survey respondents for Option 2, with 28% saying it met their needs in the on-street survey and 27% in the online and paper survey.

Focus group participants on the whole were very negative about Option 2, although some could see the reasoning behind why it might be more sustainable in the long-term. However, there was more positivity about this option amongst event attendees. Notably, whilst many had attended the events with a clear preference for Option 1, for some this attitude shifted once they had gained a better understanding of the wider issues from the video and presentations by CCG and Trust representatives. There was also a concern that Option 1 might not be sustainable in the long-term given its impact on staff morale and the further staff recruitment and retention issues it might cause. In addition, many did not realise how few patients attended the Urgent Treatment Centre overnight and that some of them could be treated elsewhere, such as by the GP out of hours service or at another time, such as when the facility would be open under Option 2. A few felt that the resource needed to care for so few patients overnight would be better spent elsewhere.

There was also a suggestion at some of the public consultation events that the Urgent Treatment Centre's opening hours could be flexible based on expected patient demand. For example, on weekends and in the winter when there were more patients requiring treatment overnight it could be open 24 hours a day, but at other times it could close overnight.

2.4.17 There was a request for more data to be shared with the public about the Urgent Treatment Centre and the consultation options

There was some cynicism at one of the focus groups that the numbers of patients seen overnight did not tally with participants' recent experience or anecdotal evidence that they had heard.

At the public consultation events the need for more information to be made available to the public about the following was highlighted:

- Details about the cost difference between the two options and what money saved on Option 2 would be spent on

- More information about the patients attending the Urgent Treatment Centre overnight, what conditions they have and whether they could be treated elsewhere or at another time
- Figures for overnight attendances during the winter, in case there is an increase
- Information about why Option 2 is more sustainable in the long-term.

It was suggested that if the public is presented with more information such as the figures of overnight attendances at the Urgent Treatment Centre and clear reasons why Option 2 is more sustainable, this might shift the public's attitude towards Option 2. This was corroborated by observations at the events where many attendees changed their mind to support Option 2 when they had heard presentations from CCG and Trust representatives.

2.4.18 Agreement that the criteria used were the right ones was split, with a particular focus on the need to include future demand as the population changes

Although larger proportions of survey respondents agreed that the criteria were the right ones, the margins between agreement and disagreement were small. In the on-street survey 33% agreed and 29% disagreed, and in the online and paper survey 41% agreed and 39% disagreed. One of the most common reasons for disagreeing in both surveys was that the criteria did not take into account the geography and demographics of the area. Respondents highlighted that the distance for some people to travel to alternative sites is significant and there are many elderly and vulnerable people who are not able to find transport to alternative sites (22% in both surveys).

There was some praise for the criteria at the events that they were clear, easy to understand, well-thought out and seemed to align with patients' and the public's priorities.

There was a general consensus at the focus groups and public consultation events that safety and quality of services was important, and for some these were a given in the NHS. Some suggested that in order to provide safe care to the local population, the Urgent Treatment Centre should be open 24 hours a day so that people could be seen if they felt unwell or suffered an accident overnight. Safety and quality were also considered to be important criteria by some at the VCSO focus groups.

It was highlighted at the focus groups and events that the population in the area was increasing with new housing developments planned in the local area, as well as the population also ageing. This led to discussion that the criteria should have taken into account future demand for services caused by these population changes.

2.4.19 Quality and safety of care are seen as important to many, but accessibility of services is also important

Both surveys asked respondents what the most important things to them were if they or someone they care for is unwell and needs to be in hospital. In both, quality and safety of care was most frequently selected (77% in the on-street survey and 82% in the online and paper survey). However, large proportions also felt that access to and

from hospital was important (73% in the on-street survey and 68% in the online and paper survey).

At the focus groups and public consultation events many agreed that quality and safety of care is most important. However, it was felt that accessibility of services was also important, and some linked it to safety, as they felt that in an emergency patients needed treatment quickly and if the travel time to access the care was long it could compromise their safety.

Accessibility of services was also mentioned as being important in the majority of the VCSO groups.

2.4.20 Negative experiences of car parking were reported at alternative sites, and it was suggested that parking could be expanded to meet the extra demand that the changes to the services at the Friarage Hospital will have on them

Focus group participants and public consultation event attendees expressed concerns about the availability of car parking spaces at the Darlington Memorial Hospital and the James Cook University Hospital, with personal experiences shared of not being able to find a space. It was highlighted that this can cause patients undue stress and worry when attending hospital. It was suggested at the events that the parking facilities at the two alternative sites should be upgraded and expanded to allow for the extra demand of more people accessing the A&E departments as a result of the Friarage Hospital's A&E department remaining closed.

2.4.21 Some would like to see the patient transport system reinstated, which used to operate between the Friarage Hospital and the James Cook University Hospital

Given the repeated concern about the lack of public transport options for travelling from the local area to the James Cook University Hospital, it was suggested at the public consultation events that the shuttle bus that used to operate between that site and the Friarage Hospital should be reinstated. It was felt that this would be of particular benefit to those who were elderly, vulnerable and did not drive, and could help people overcome their reservations about the proposed changes.

2.4.22 There is a desire to see the A&E department reopened at the Friarage Hospital

A common theme in the surveys, focus groups and public consultation events was a wish and an expressed need for the A&E department to be reopened at the Friarage Hospital.

One in ten (11%) on-street survey respondents said that they preferred neither option and 18% of online and paper survey respondents said the same. In online and paper survey respondents' comments about Option 1, 22% mentioned a preference for a full service A&E department. A need for the A&E department to be reinstated was also mentioned in 13% of on-street survey respondents' comments and 18% of online and paper survey respondents' comments in relation to the criteria.

When asked in the surveys if there were any other options that should be considered, reopening the A&E department with 24 hour major care provision was

the most common theme amongst on-street survey respondents (48%) and online and paper survey respondents (53%).

A desire for the A&E department to be reopened at the Friarage Hospital was also stated at the focus groups and public consultation events. Some stated that the local area required a full service A&E department, given the population's current and expected needs and the distance to alternative sites. A few felt that an Urgent Treatment Centre was a poor substitute for an A&E department and others suggested that the CCG and the Trust ask central government for more funding to recruit sufficiently qualified staff to be able to reopen the A&E department. However, some, particularly at the events, appreciated why reopening the A&E department was not a viable and sustainable option given the staffing issues.

Some of the VCSO focus group participants also expressed a wish for the A&E department to be reopened.

2.4.23 **Some concerns about the consultation process were expressed**

The following concerns about the consultation process were expressed at focus groups and public consultation events:

- The consultation did not include an option for the A&E department to reopen. Some participants and attendees expressed disappointment and surprise as they thought the changes in service provision were temporary but they were now being told they were permanent. There was also a concern that the public had not been consulted about the permanent closure of the A&E department. This led to some questioning the point of the consultation and saying that it undermined confidence in the consultation process.
- Concerns about the consultation document designed by the CCG and the information presented were raised by the Consultation Institute and the Richmond Town Council working group.
- Some event attendees raised concerns that the public consultation events were not well attended and had not been well publicised. However, an extensive campaign using social media, websites, leaflets and posters promoted the events and some events were advertised in the local press. It should be noted, however, that the CCG and the Trust were not able to carry out much promotion of the consultation in the pre-general election period.
- The timing of the public consultation events was also highlighted as a concern by some, with many of them held during the day on weekdays. However, two events took place in the evening in Northallerton and Stokesley and there was a drop-in event on a Saturday morning in Northallerton, which gave those who worked full-time during the week a chance to attend an event.

3. Consultation programme

3.1 Background

- 3.1.1 A shortage of key emergency staff has affected South Tees Hospitals Foundation Trust's (the Trust) ability to provide safe 24 hour, high quality accident and emergency (A&E) services, anaesthetic overnight cover and critical care services from the Friarage Hospital in Northallerton (the hospital).
- 3.1.2 To be classified as an A&E department a service must be led by consultants and have 24 hour access to resuscitation facilities, with associated support from anaesthetists.
- 3.1.3 The Trust had been raising concerns about workforce shortages since 2017, particularly amongst anaesthetists, and had been working on developing a sustainable model for the future of services at the Friarage Hospital in partnership with NHS Hambleton, Richmondshire and Whitby CCG (the CCG), with a plan to undertake a consultation with the public.
- 3.1.4 However, in March 2019 the Trust suspended A&E services at the hospital due to patient safety concerns brought about by the inability to provide safe anaesthetic cover at both the James Cook University Hospital and the Friarage Hospital sites.
- 3.1.5 In March 2019 an Urgent Treatment Centre was opened in place of the A&E department which provides 24 hour care to patients, including treatment for children with minor illnesses.
- 3.1.6 Due to national workforce shortages, the Trust does not believe it will be able to permanently recruit to the posts needed to reopen the A&E department with 24 hour critical care and support from anaesthetists. Therefore, re-instating A&E services at the Friarage Hospital is not seen as deliverable or realistic and this has been confirmed by the CCG Governing Body and has been discussed with NHS England at the strategic review of service change.
- 3.1.7 In 2017, the Trust and the CCG undertook a programme of public engagement that included a series of public engagement events in Hambleton and Richmondshire, a survey and various meetings with local interest groups and voluntary and community sector organisations (VCSOs). This engagement sought the views from the public and stakeholders about what was most important to them in relation to their care and treatment.
- 3.1.8 Clinical working groups comprising senior leaders and clinicians from primary care, the ambulance service, the Trust and the CCG then developed a vision and model for the future of the Friarage Hospital and options for the future of local urgent care, based on six criteria. These six criteria were:
- safety/quality
 - accessibility
 - feasibility
 - affordability

- clarity for the public (where to go and when)
 - opportunity for integration.
- 3.1.9 Using these criteria, a proposal for the future of the Friarage Hospital was developed that consisted of a vision and options for the future of local urgent care options based at the Friarage Hospital.
- 3.1.10 The Trust and the CCG hope that the vision will ensure the Friarage Hospital's sustainability for the next 10 to 15 years, as well as make sure that local people are able to access the right care as and when they need it. The vision is summarised in **Figure 4**.

Figure 4 – Proposed vision for the future of the Friarage Hospital

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

- 3.1.11 As part of this vision, there are also two options for the future of the Urgent Treatment Centre based on site at the hospital. These are summarised in **Figure 5**.

Figure 5 – Options for the opening hours of the Urgent Treatment Centre

Option 1 – 24/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 24 hours, 7 days a week.

Option 2 – 16/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 8am to midnight, 7 days a week

Both options also include:

- A consultant delivered acute medical service, admitting to 6:30pm on weekdays and 4:30pm on weekends
- Repatriation of patients to the Friarage Hospital for care closer to home
- Elective (planned) surgery for day case and short stay inpatients.

- 3.1.12 The proposed model of services would mean that 90% of people who were being cared for at the hospital previously would have continued to be so. However, it would mean that in the future critical care patients would have to be treated at the James Cook University Hospital or an alternative site.
- 3.1.13 The proposed model takes into account national policy, advice and guidance on the provision of clinically safe, high quality services, and is in line with the NHS Long-Term Plan.
- 3.1.14 The CCG and the Trust wanted to give all local people, staff, patients, carers, partner organisations and other stakeholders the opportunity to provide their views on the proposal. Therefore, a public consultation was conducted from 13 September 2019 to 17 January 2020.
- 3.1.15 The consultation was launched at the North Yorkshire Overview and Scrutiny Committee on Friday 13 September. At the meeting representatives from the CCG and the Trust presented the consultation aims and processes to members of the committee.
- 3.1.16 Originally the consultation was due to close on 6 December. Due to the general election held in December 2019, the consultation period was extended, and two public consultation events were re-arranged for early January.
- 3.1.17 Key messages about the consultation were shared with the public during the consultation process. These were:
- The Friarage Hospital will not be closing
 - Nine out of ten people will continue to receive healthcare in Northallerton
 - The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future
 - The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required
 - The aim is to support older people with care closer to home where possible
 - The aim is to meet the needs of the changing population.
- 3.1.18 Enventure Research was commissioned to carry out independent analysis of the responses received to the public consultation, moderate focus groups, facilitate at public consultation events, and provide an independent report.

3.1.19 This report sets out the findings from the public consultation to shape the future of key services at the Friarage Hospital in Northallerton.

3.1.20 A final decision on the future of the hospital and the options will be made by the GP Governing Body in spring 2020.

3.2 Detailed public consultation approach

3.2.1 The consultation was launched on 13 September 2019 and closed on 17 January 2020. It was originally planned to end in December 2019 but was extended due to the 2019 general election.

3.2.2 The consultation consisted of the following:

- A consultation survey that was conducted as an on-street face-to-face survey with residents of Hambleton and Richmondshire, with quotas set to achieve a sample that was representative of the area in terms of age group and sex. In total 601 interviews were conducted by professionally trained interviewers. Interviews took approximately eight to ten minutes to administer.
- A self-completion consultation survey that could be completed online or in a paper format. The online survey was promoted on the CCG's and the Trust's websites and paper copies were handed out with pre-paid envelopes at the public consultation events, libraries, pharmacies and GP practices in the districts. The survey took respondents around ten minutes to complete. In total 1,011 completed survey responses were received. The survey was also available in an Easy Read format and 16 Easy Read surveys were received back.
- Four focus groups with members of the public, broadly representative of the area in terms of age group and sex. These were independently moderated by researchers from Enventure Research using a tailored focus group guide (see appendices). In total 29 participants attended these focus groups.
- Eight focus groups organised and held by Voluntary Community Sector Organisations (VCSOs) with 81 people from protected characteristic groups. VCSOs were encouraged to take part by being offered donations of £150 in exchange for conducting a focus group.
- 13 public consultation events with 326 attendances from the public held in market towns in Hambleton and Richmondshire.
- Three meetings with Trust staff, with 48 attendees.
- Meetings with four special interest groups.
- Other meetings, such as a meeting organised by Snape Parish Council, to which 59 people attended.
- Other feedback in the form of emails, letters, telephone calls, social media posts and comments, Freedom of Information (FOI) requests, letters to editors and formal responses.

- 3.2.3 For more information about the consultation response methods see **section 3.4**.
- 3.2.4 A questionnaire was developed in partnership with the CCG and the Trust (see **Appendix 1**). The questionnaire was adapted for the on-street survey and the online and paper survey, with variations of some of the questions also used in the focus groups and at the public consultation events to elicit feedback.
- 3.2.5 A range of methods were used to promote the consultation and encourage engagement:
- Leafleting – flyers and posters were distributed across the locality and many local businesses agreed to display posters. See **Appendix 2** for more information about leaflets and posters.
 - Local media – 14 dedicated advertisements were placed in the local press promoting the consultation, as well as six mentions on local radio, 67 mentions online and in print, and two mentions on television.
 - Social media – 24 different social media messages were developed and posted twice a day on Facebook and Twitter from the start of the consultation. These included generic messages encouraging participation in the consultation and specific messages promoting the public events. In addition, there were nine promoted (paid for advertising) posts on social media targeted at particular demographics to encourage participation in the consultation.
 - Websites – dedicated pages were set up on the CCG and Trust websites. These provided access to consultation materials, such as the consultation documentation and video, access to the online survey and other information, such as timings and locations of the public consultation events.
- 3.2.6 High level stakeholders and partners received a briefing on the consultation in August 2019 and a media release was circulated to the press announcing the start of the consultation in September 2019. High level stakeholders also received a briefing around the extension of the consultation period due to the general election and an update on the consultation process and emerging themes in December 2019.

3.3 Response to the consultation

- 3.3.1 In total, during the consultation there were 2,064 instances of engagement with the public through the surveys, focus groups, and public consultation events. **Figure 6** shows the breakdown of this figure by response method.

Figure 6 – Number of responses/participants/attendances by response method

Response method	Number of responses/ participants/attendees
On-street face-to-face survey responses	601
Online and paper survey responses	1,011
Easy Read questionnaire responses ²	16
Focus groups moderated by Enventure Research	29
VCSO focus groups	81
Public consultation events	326
TOTAL	2,064

- 3.3.2 Some members of the public may have engaged in the consultation process more than once, for example they might have taken part in the survey and attended a focus group or meeting or attended several meetings.
- 3.3.3 **Figure 6** does not include interaction with the consultation such as social media posts, comments, emails, phone calls, meetings organised by parish councils, meetings with Trust staff, Freedom of Information (FOI) requests, formal responses, letters to editors or meetings with special interest groups.
- 3.3.4 Profile information for survey respondents, focus group participants and public consultation event attendees, where available, is provided in **section 4.7** of the report.
- 3.3.5 Three meetings with Trust staff were held on 17 September 2019, 23 September 2019 and 13 December 2019 where staff were able to ask questions and express their views. In total 48 members of staff attended meetings.
- 3.3.6 The CCG and the Trust have a duty to listen to and take due regard of all submissions made during the formal consultation process. The analysis in this report incorporates all information provided to Enventure Research by the CCG and the Trust, as well as information about discussions at focus groups provided by VCSOs and information collected by Enventure Research through surveys, focus groups and public consultation events.
- 3.3.7 All feedback to the consultation outlined in this report is anonymous in line with the Market Research Society's Code of Conduct and the General Data Protection Regulation. Organisations that carried out focus groups and meetings or provided a formal response have been named, as have individuals who provided a formal response on behalf of an organisation.

² These were all completed by participants who took part in a focus group organised by the Northallerton and the Dales Mencap Society.

3.4 Consultation response methods

- 3.4.1 The consultation comprised several different response methods to ensure a wide as reach as possible amongst the local population. These are detailed in this section of the report.

On-street survey

- 3.4.2 An on-street face-to-face survey was conducted with residents of Hambleton and Richmondshire aged 16 and above by a team of Interviewer Quality Control Scheme (IQCS) trained fieldworkers, using hand-held tablets to capture responses.
- 3.4.3 The on-street survey employed the questionnaire that was developed by Enventure Research, the CCG and the Trust. Interviews took no longer than 10 minutes for an interviewer to complete with a respondent. The questionnaire can be found in **Appendix 1**.
- 3.4.4 A target of 600 interviews was set, 300 in each district. In total, 601 interviews were achieved. **Figure 7** shows the number of completed interviews achieved in the districts of Hambleton and Richmondshire.

Figure 7 – Number of interviews in on-street survey by district

District	Number	Percentage
Hambleton	300	50%
Richmondshire	301	50%
TOTAL	601	100%

- 3.4.5 Sampling points were chosen in the districts based on high levels of footfall and covered the town centres of Leyburn, Masham, Northallerton, Richmond, Stokesley and Thirsk. No quotas were set by town. **Figure 8** shows the breakdown of interviews achieved by town.

Figure 8 – Number of interviews in on-street survey by town

Town	Number	Percentage
Leyburn	27	4%
Masham	27	4%
Northallerton	193	32%
Richmond	247	41%
Stokesley	54	9%
Thirsk	53	9%
TOTAL	601	100%

- 3.4.6 Quotas for the survey were set on age group and sex based on mid-year population estimates for North Yorkshire, to provide a sample that was broadly representative in terms of those demographic characteristics.
- 3.4.7 **Figure 9** shows the original quotas for age group and sex and the breakdown of the achieved sample by those characteristics.

Figure 9 – Quotas for sex and age group for on-street survey

Characteristic	Quota	Achieved no.	Achieved %
Sex			
Male	300	299	50%
Female	300	300	50%
Other	0	2	0%
Age group			
16-24	46	52	9%
25-34	78	59	10%
35-54	193	190	32%
55-64	106	115	19%
65+	178	185	31%
TOTAL	600	601	100%

- 3.4.8 The full respondent profile for this survey can be found in **section 4.7** of the report.
- 3.4.9 Based on a total population of 144,378 for Richmondshire and Hambleton districts (2018 mid-year population estimate according to ONS), a sample of 601 respondents gives results that are accurate to approximately +/- 4% at the 95% confidence interval. This means with a result of 50%, we can be 95% sure that if we interviewed all residents then the result would be between 46% and 54%. However, it should be kept in mind that by district the error of margin is larger.

Online and paper survey

- 3.4.10 During the consultation period an open survey was available for Hambleton and Richmondshire residents to complete anonymously to provide their views about the proposed model and the options for the opening hours of the Urgent Treatment Centre.
- 3.4.11 This survey was available online and in paper format and comprised the same questions as the on-street survey. The survey took no more than 10 minutes for respondents to complete.
- 3.4.12 The online survey was promoted on the CCG's and the Trust's website.
- 3.4.13 Paper copies of the survey were handed out at the public consultation events, libraries, pharmacies and GP practices in the districts. Pre-paid envelopes were provided with the paper surveys so that respondents could post back their completed surveys to Enventure Research for processing at no cost to them.
- 3.4.14 Respondents to the online and paper survey were self-selecting, so the survey results will generally reflect the views of those who were aware of and engaged in the consultation topic. This is likely to include the views of service users, carers, staff and other stakeholders who hold an opinion and, whilst this feedback is important, it should not be seen as a reliable, representative reflection of public opinion.
- 3.4.15 In total, 1,011 responses were received to the online and paper survey. 701 responses were received online (69%) and 310 in paper copy (31%).
- 3.4.16 In the survey respondents were asked to provide their postcode sector. These were then used to map responses to the districts of Hambleton and Richmondshire. There

were some cases where the district could not be determined because the postcode district or sector provided by respondent covered both Hambleton and Richmondshire. These were coded as 'Either'. Some responses came from outside of the two districts and were coded as 'Other'. Some respondents did not provide a valid postcode, and this was coded accordingly. **Figure 10** shows the response breakdown by district.

Figure 10 – Number of responses to online and paper survey by district

District	Number	Percentage
Hambleton	551	55%
Richmondshire	155	15%
Either	183	18%
Other	60	6%
No valid postcode provided	62	6%
TOTAL	1,011	100%

3.4.17 **Figure 11** shows the breakdown of responses by age and sex for the online and paper survey.

Figure 11 – Number of responses to online and paper survey by sex and age group

Characteristic	Number	Percentage
Sex		
Male	309	31%
Female	660	65%
Other	4	0%
Prefer not to say	38	4%
Age		
16-24	15	1%
25-34	74	7%
35-54	270	27%
55-64	246	24%
65+	378	37%
Prefer not to say	28	3%
TOTAL	1,011	100%

3.4.18 The survey was also available in Easy Read format. In total, 16 Easy Read surveys were completed and submitted.

Focus groups with the public

3.4.19 Four focus groups were moderated by Enventure Research in the districts of Hambleton and Richmondshire. Participants were recruited to the groups to be broadly representative of the local community in terms of age and sex.

3.4.20 A focus group guide was used to moderate the groups that followed the same themes as the surveys and public consultation events. The guide can be found in **Appendix 3**. Participants watched the consultation background video at the beginning of the groups before providing their views and opinions.

- 3.4.21 In total, there were 29 participants across the four groups. **Figure 12** shows the details of the groups including location, date and numbers of participants. The profile of participants who took part in the groups can be found in **section 4.7** of the report.

Figure 12 – Details of the focus groups moderated by Enventure Research

Town/village	Date	Venue	No. of attendees
Northallerton	Monday 14 October 5.45pm-7.45pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	7
Richmond	Monday 21 October 6.45pm-7.45pm	Richmond Town Hall, Market Place, Richmond, DL10 4QL	7
Stokesley	Monday 4 November 6.15pm-7.15pm	Stokesley School, Station Road, Stokesley, TS9 5AL	8
Northallerton	Thursday 21 November 6.15pm-7.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	7
TOTAL			29

- 3.4.22 Feedback from the focus groups is reported as broad themes across all of the groups, apart from where there were stark differences between the attitudes of different groups.

VCSO focus groups

- 3.4.23 The CCG invited 170 local voluntary and community sector organisations (VCSOs) to hold their own focus groups with individuals from protected characteristic groups, as these individuals are likely to be affected by the proposed changes at the Friarage Hospital.
- 3.4.24 A focus group guide and a reporting template were designed by Enventure Research and provided to these organisations to assist with conducting the groups and providing their feedback. A copy of the guide can be found in **Appendix 4**.
- 3.4.25 Discussions in each group focused on the same themes and topics as the focus groups moderated by Enventure Research. At some of the focus groups the consultation background video was shown to participants, but not in all of them.
- 3.4.26 Donations of £150 were made to each organisation who held a focus group. The organisations that took part were:
- Stokesley & District Community Care Association
 - Northallerton Over Fifties Forum (NAOFF)
 - A1 Community Works Ltd.
 - Darlington Mind
 - North Yorkshire Youth Ltd.
 - Northallerton and the Dales Mencap Society
 - Samaritans Northallerton
 - Bedale Community Minibus

3.4.27 Organisations which held focus groups represented the following protected characteristic groups:

- Age – older people
- Age – younger people
- Disability – mental
- Disability – physical
- Carers

3.4.28 In total 81 people attended focus groups held by voluntary and community sector organisations during the consultation period.

3.4.29 Feedback from these groups is reported separately for each organisation.

Public consultation events

3.4.30 In total, 13 public consultation events were held in towns and villages in the districts of Hambleton and Richmondshire. **Figure 13** details these meetings, including their locations, dates and numbers of attendees.

Figure 13 – Details of the public consultation events

Town/village	Date	Venue	No. of attendees
Northallerton	Friday 20 September 2019 10.15am-12.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	26
Stokesley	Wednesday 25 September 2019 6.15pm-8.15pm	Stokesley School, Station Road, Stokesley, TS9 5AL	9
Catterick	Monday 7 October 2019 2pm-4pm	Catterick Village Booth Memorial Institute, 32 High Street, Catterick, DL10 7LD	28
Middleham	Monday 14 October 2019 2pm-4pm	Middleham Key Centre, Park Lane, Middleham, DL8 4RA	20
Richmond	Monday 21 October 2019 4.15pm-6.15pm	Richmond Town Hall, Market Place, Richmond, DL10 4QL	29
Bedale	Friday 1 November 2019 10.15am-12.15pm	Bedale Hall, North End, Bedale, DL8 1AA	30
Northallerton	Monday 11 November 2019 6.15pm-8.15pm	The Golden Lion Hotel - Mowbray Suite, 114 High Street, Northallerton, DL7 8PP	35
Leyburn	Friday 15 November 2019 10am-12pm	Wensleydale RUFC, Cawkill Park, Wensley Road, Leyburn, DL8 5ED	6
Catterick Garrison	Monday 18 November 2019 12.30pm-2.30pm	Catterick Leisure Centre, Gough Road, Catterick, DL9 3EL	7
Thirsk	Friday 22 November 2019 10.15am-12.15pm	East Thirsk Community Hall, Hambleton Place, Thirsk, YO7 1DN	7
Hawes	Monday 25 November 2019 2pm-4pm	Dales Countryside Museum, Station Yard, Burtsett Road, Hawes, DL8 3NT	12

Town/village	Date	Venue	No. of attendees
Northallerton (drop-in)	Saturday 11 January 2020 10am-12pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	72
Northallerton	Friday 17 January 2020 10.15am-12.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	45
TOTAL NUMBER OF ATTENDANCES³			326

3.4.31 At the beginning of each meeting (except for the drop-in session), the consultation was introduced by a representative of the CCG and then attendees were asked to watch the consultation background video. Following the video, a representative from the Trust presented the proposed model, the criteria and the proposed options for the future of local urgent care. A copy of the presentation slides can be found in **Appendix 5**. At the drop-in session, the video was played on a loop and attendees were encouraged to watch it before they asked questions of staff and participated in the consultation.

3.4.32 Snape Parish Council also held a public meeting with local residents on Thursday 9 January 2020 in the evening to discuss the consultation, which 59 people attended.

3.4.33 At the public consultation events (except for the drop-in event in Northallerton) five key questions were posed to attendees and they were invited to give their opinions and views in relation to these questions at roundtable discussions. On each table there was a facilitator to moderate the discussion and a scribe to take notes. **Figure 14** shows the questions that were posed to attendees.

Figure 14 – Questions asked to public consultation event attendees

Q1. What do you think about our vision?

Q2. Are we using the right criteria when we consider the future model?

Q3. What do you think of our options and the different UTC opening hours?

Q4. If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

Q5. Are there any other options we should consider?

3.4.34 Notes from each table at each event were then collated for analysis and the common themes were drawn out to highlight attendees' attitudes and opinions in relation to the consultation. These themes are discussed in this report.

3.4.35 Questions raised at these events were compiled into a question and answer document which was made publicly available on the CCG website.

³ It should be noted that some members of the public attended more than one meeting and so may be counted more than once in the figure.

- 3.4.36 Evaluation forms were provided to attendees of the public consultation events, asking them for their feedback on the events. Responses from these are detailed in **section 4.8** of the report.

Strengths and weaknesses of consultation response methods

- 3.4.37 Each response method has strengths and weaknesses, which should be kept in mind when considering the feedback. These are detailed in **Figure 15**.

Figure 15 – Strengths and weaknesses of each consultation response method

Response method	Strengths	Weaknesses
On-street face-to-face survey responses	Robust sampled approach with quotas set to be representative of the area in terms of age group and sex to allow for subgroup analysis by demographic characteristics.	Provides the views of those who have not engaged with the consultation and become informed by listening to the video, reading supporting documents and listening to clinicians. Could contain views from those who are not affected by the proposal. Does not provide in-depth insight into responses.
Online and paper survey responses	Most likely to be responses from those most affected by the proposal.	Responses will tend to be those who have the strongest opinions about the proposals and might not necessarily reflect the views of the local population.
Focus groups moderated by Enventure Research	Provides in depth insight into the views of local people and those likely to be affected by the proposal. Participants recruited to reflect the local population in terms of age group and sex. Discussions digitally recorded for later playback and thematic analysis.	Only provides the views of a select number of people recruited and may not necessarily reflect the views of the local population. Not designed to quantify opinion in the same way as surveys.
VCSO focus groups	Provides in depth insight into the views of people who will be most affected by the proposal. Groups structured to ensure protected characteristic groups are represented in the	Only provides the views of a select number of people recruited and may not necessarily reflect the views of the local population. Discussions captured in note form only, not allowing for in

Response method	Strengths	Weaknesses
	consultation feedback.	depth analysis around sentiment. Not designed to quantify opinion in the same way as surveys.
Public consultation events	Open to all local people to attend to listen to a presentation from clinicians and watch a video to provide them with sufficient background information to make an informed choice about the proposal.	Demographic characteristics not reflective of local population. Discussions captured in note form only, not allowing for in depth analysis around sentiment. Not designed to quantify opinion in the same way as surveys.

Meetings with Trust staff

- 3.4.38 Three meetings with Trust staff were held on 17 September 2019, 23 September 2019 and 13 December 2019 where staff were able to ask questions and express their views.
- 3.4.39 In total 48 members of staff attended these meetings.

Meetings with special interest groups

- 3.4.40 The judicial review outcome in 2019 required the Trust to engage with five special interest groups. These were Save the Friarage, Age UK, Healthwatch, Parkinson's UK and Headway.
- 3.4.41 Two meetings with Save the Friarage took place during the consultation period on 28 October 2019 and 3 December 2019. Four members of Save the Friarage met with representatives from the CCG and the Trust.
- 3.4.42 A meeting took place between representatives from Age UK, the CCG and the Trust on 7 November 2019.
- 3.4.43 CCG and Trust representatives met with the Healthwatch Chief Executive and Operations Manager on 16 December 2019.
- 3.4.44 A meeting with Parkinson's UK took place on 20 January 2020, with 12 attendees. This meeting took place after the consultation period had ended and so feedback from the meeting is not presented in this report but will be presented by the CCG separately.
- 3.4.45 Between 24 September and 19 December 2019, the CCG made seven attempts to engage with Headway by letter, email and telephone. No response was received, so no feedback about the consultation was provided by them.

Other meetings

- 3.4.46 Snape Parish Council chaired a meeting on 9 January 2020 with the local community to give feedback on the consultation. It was attended by 59 members of the public and representatives from the Trust and the CCG.
- 3.4.47 A Malton and Thirsk Area Constituency meeting took place on 10 January 2020 and representatives from the CCG and the Trust provided an update on the consultation process.

Social media

- 3.4.48 Facebook posts (not including paid for posts) from the CCG and Trust reached 218,020 people and 112,213 people engaged with them in some form through likes, comments, shares and clicking links.
- 3.4.49 In total 126 posts appeared on Twitter, which contained 57 unique messages. Tweets through Twitter from the CCG and Trust reached 52,264 people and generated 224 engagements through comments, likes, shares and direct messages.

Emails and telephone calls

- 3.4.50 Six emails from members of the public were received that were related to the consultation and two phone calls were received by the CCG which provided feedback on the consultation.

Freedom of Information (FOI) requests

- 3.4.51 Four Freedom of Information (FOI) requests were received which were related to the consultation.

Letters to editors

- 3.4.52 Two letters to editors appeared in the press.

Formal responses

- 3.4.53 Formal consultation responses were received from:
- Richmond Town Council
 - Leyburn Medical Practice Patient Participation Group
 - Rishi Sunak MP
 - Caroline Thurlbeck, Director of Strategy, Technology and Transformation at North East Ambulance Service NHS Foundation Trust
 - Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust.

Healthwatch North Yorkshire

- 3.4.54 Healthwatch North Yorkshire conducted an online survey about the consultation between October 2019 and January 2020, which received five responses.
- 3.4.55 Healthwatch North Yorkshire also received 54 pieces of feedback between October 2019 and January 2020 about the consultation. The majority of these were received at an outreach engagement event (43), with the others received via social media, email, and meetings.

4. Consultation findings

4.1 Proposed vision

On-street survey

- 4.1.1 Respondents in the on-street survey were shown the proposed vision on a show-card and asked the extent to which it met their needs, their family's needs and the need of anyone that they care for. This vision is set out in **Figure 16**.

Figure 16 – Proposed vision for the future of the Friarage Hospital

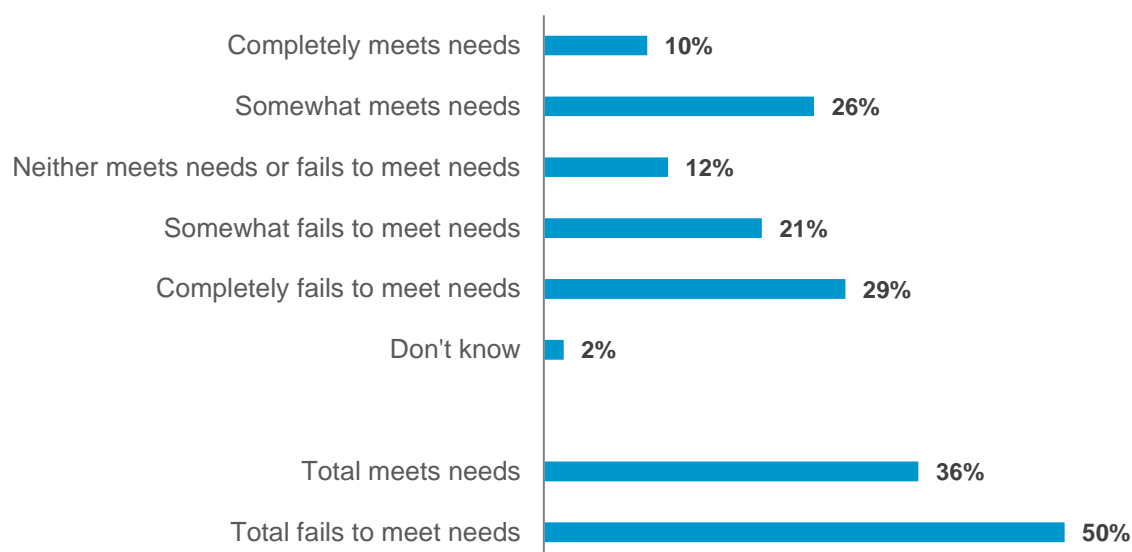
- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

Does the vision meet people's needs?

- 4.1.2 Half of respondents (50%) in the on-street survey said that the proposed vision failed to meet their needs (21% somewhat fails and 29% completely fails), which was larger than the proportion who said it did meet their needs (36% - 10% completely and 26% somewhat). A further 12% said the proposed vision neither met their needs nor failed to meet them. This is shown in **Figure 17**.

Figure 17 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1)

Base: On-street survey respondents (601)



4.1.3 As shown in **Figure 18**, respondents aged 16-24 were most likely to say that the proposed vision meets their needs (56%) and least likely to say it failed to (17%). By contrast more than half of those aged 25-34 (51%), 55-64 (58%) and 65+ (56%) said the proposed vision failed to meet their needs and a large proportion of those aged 35-54 (45%) also said the same. Although a larger proportion of males said the proposed vision failed to meet their needs (53%) than females (45%), this difference was not significant.

Figure 18 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	33%	40%	56%	34%	40%	32%	31%
Neither meets needs nor fails to meet needs	11%	12%	21%	14%	12%	8%	10%
Fails to meet needs	53%	45%	17%	51%	45%	58%	56%
Don't know	2%	3%	6%	2%	3%	2%	2%
Base	299	300	52	59	190	115	185

4.1.4 Respondents who had a disability, long-term illness or health condition were more likely to say that the proposed vision failed to meet their needs (55%) than those who did not (48%), although this difference was not significant. This is shown in **Figure 19**.

Figure 19 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by disability, long-term illness or health condition

Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Meets needs	35%	38%
Neither meets needs nor fails to meet needs	8%	12%
Fails to meet needs	55%	48%
Don't know	2%	2%
Base	137	458

- 4.1.5 As shown in **Figure 20**, respondents living in Richmondshire were more likely to say that the proposed vision failed to meet their needs (54%) than those who lived in Hambleton (44%). Respondents who lived closest to the Friarage Hospital (five miles away or fewer) were also more likely to feel that the proposed vision failed to meet their needs (57%) than those who lived further away (39% to 50%). In line with this, those living within five miles of the hospital were less likely to think that the proposed vision met their needs (27%) than those living further away (39% to 42%).

Figure 20 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by district and distance from the Friarage Hospital

Base: On-street survey respondents (601)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Meets needs	39%	34%	27%	42%	39%
Neither meets needs nor fails to meet needs	13%	10%	13%	16%	9%
Fails to meet needs	44%	54%	57%	39%	50%
Don't know	4%	1%	3%	4%	2%
Base	300	301	134	106	354

- 4.1.6 There were no significant differences seen between those who were associated with the armed forces and those who were not, with the larger proportion in both groups saying that the vision failed to meet their needs. This is shown in **Figure 21**.

Figure 21 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Meets needs	36%	37%
Neither meets needs nor fails to meet needs	16%	10%
Fails to meet needs	45%	51%
Don't know	3%	2%
Base	160	435

- 4.1.7 As shown in **Figure 22**, there was little difference in opinion between those who had caring responsibilities and those who did not, with around half of both groups (51% and 49% respectively) saying the proposed vision failed to meet their needs.

Figure 22 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by caring responsibilities

Base: On-street survey respondents (601)

Response	Caring responsibilities	None
Meets needs	35%	37%
Neither meets needs nor fails to meet needs	11%	12%
Fails to meet needs	51%	49%
Don't know	3%	2%
Base	140	459

- 4.1.8 Respondents were asked their comments about the proposed vision. These were captured verbatim and coded into themes.

Comments about the vision

- 4.1.9 **Figure 23** shows the list of themes ordered by frequency. As shown, 39% of the comments mentioned that the James Cook University Hospital or other hospitals were hard to get to or too far away, which was the most common theme. This was followed by 28% saying that the Friarage Hospital is a good hospital and A&E should be reinstated or the Urgent Treatment Centre should be left as it is. The full list of themes is shown in the figure.

**Figure 23 – On-street survey: Do you have any comments about the proposed vision?
(Q2) Coded responses**

Base: Respondents who gave an answer (469)

Theme	Frequency	Percentage
Hard to get there / too far to travel to James Cook/other hospital(s)	182	39%
The Friarage Hospital is a good hospital already / we need to keep the A&E/UTC open - leave it as it is/as it was	129	28%
A scaled down service not meeting the (safety) needs of the local people	59	13%
Don't agree with the James Cook University Hospital getting involved and taking over	50	11%
Expensive to get there with poor parking at the James Cook University Hospital/Darlington Memorial Hospital and poor transport services	23	5%
It doesn't make sense with the area demographics - more and more people living/moving to the area / large area coverage including rural areas	20	4%
If it means keeping the hospital open this proposal is better than nothing/best solution in a difficult climate / Option 2 if necessary	18	4%
Sounds good/in agreement	17	4%
Not bothered either way - don't often use hospitals	17	4%
It looks OK	15	3%
The James Cook University Hospital/Darlington Memorial Hospital/ambulance services already not meeting demand/will just add onto the existing pressure on other hospitals/ambulance services	15	3%
Don't have an option / the decision will be/has been made for us / done deal	14	3%
Would provide a better standard of care with specialist equipment etc.	14	3%
Used to it as use both now - presumed that is what is happening now	14	3%
Not very clear how it is changing - don't understand/more transparency/clarity needed/more publicity	6	1%
NHS health services are struggling/it is good to group the resources together	5	1%
Would rather go to Darlington Memorial Hospital	4	1%
I don't believe/not sure if they will do that/implementation	2	0%
Base	-	469

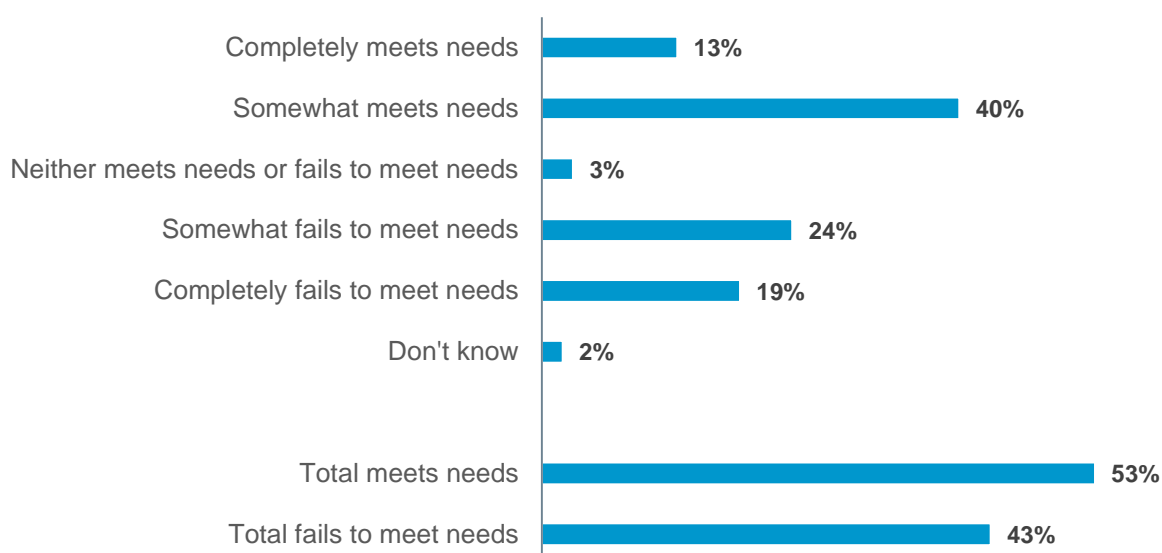
Online and paper survey

Does the vision meet people's needs?

- 4.1.10 Online and paper survey respondents were also shown the proposed vision and asked the extent to which it met their needs, those of their family and anyone that they care for.
- 4.1.11 As shown in **Figure 24**, just over half (53%) said the vision met their needs (13% completely and 40% somewhat), which was larger than the proportion who said it failed to meet their needs (43% - 24% somewhat fails and 19% completely fails) and was also the opposite to the on-street survey, which saw 50% saying it failed to meet their needs and 36% saying it did meet their needs.

Figure 24 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1)

Base: Online and paper survey respondents (1,005)



- 4.1.12 As shown in **Figure 25**, older people aged 65+ were most likely to say that the vision met their needs (61%) and least likely to say they failed to meet them (34%), in contrast to the on-street survey results. Male respondents were more likely than female respondents to say that the vision failed to meet their needs (48% compared with 39%).

Figure 25 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by sex and age

Base: Online and paper survey respondents (1,005)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	48%	56%	40%	42%	52%	46%	61%
Neither meets needs nor fails to meet needs	2%	3%	-	7%	1%	5%	2%
Fails to meet needs	48%	39%	53%	50%	46%	48%	34%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Don't know	2%	2%	7%	1%	1%	1%	4%
Base	308	656	15 ⁴	74	270	246	373

- 4.1.13 As seen in the on-street survey, respondents in the online and paper survey who had a disability, long-term illness or health condition were more likely to say that the vision fails to meet their needs (46%) than those who did not have one (37%). This is shown in **Figure 26**.

Figure 26 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by disability, long-term illness or health condition
Base: Online and paper survey respondents (1,005)

Response	Disability, long-term illness or health condition	None
Meets needs	48%	58%
Neither meets needs nor fails to meet needs	3%	3%
Fails to meet needs	46%	37%
Don't know	2%	2%
Base	416	523

- 4.1.14 As shown in **Figure 27**, as seen in the on-street survey, respondents living in Richmondshire were more likely to say that the proposed vision failed to meet their needs (45%) than those who lived in Hambleton (40%), but this difference was not significant. Respondents who lived furthest away from the Friarage Hospital (11 miles away or more) were more likely to say that the proposed vision met their needs (56%) than those who lived closer (49% to 50%).

Figure 27 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by district and distance from the Friarage Hospital
Base: Online and paper survey respondents (1,005)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Meets needs	55%	49%	49%	50%	56%
Neither meets needs nor fails to meet needs	3%	4%	2%	4%	3%
Fails to meet needs	40%	45%	46%	43%	39%
Don't know	2%	1%	3%	2%	2%
Base	549	154	294	208	485

- 4.1.15 Respondents who were associated with the armed forces were more likely to say that the proposed vision failed to meet their needs (46%) than those not associated with the armed forces (38%).

⁴ Small base size so percentages should be interpreted with caution.

Figure 28 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by armed forces association

Base: Online and paper survey respondents (1,005)

Response	Associated with armed forces	Not associated
Meets needs	49%	56%
Neither meets needs nor fails to meet needs	3%	3%
Fails to meet needs	46%	38%
Don't know	2%	2%
Base	239	701

- 4.1.16 As shown in **Figure 29**, respondents who had caring responsibilities were more likely to say that the proposed vision failed to meet their needs (45%) than those who did not have them (38%).

Figure 29 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by caring responsibilities

Base: Online and paper survey respondents (1,005)

Response	Caring responsibilities	None
Meets needs	49%	58%
Neither meets needs nor fails to meet needs	4%	3%
Fails to meet needs	45%	38%
Don't know	2%	2%
Base	363	539

Comments about the vision

- 4.1.17 Online and paper survey respondents were also asked their comments about the proposed vision. These were captured verbatim and coded into themes.
- 4.1.18 **Figure 30** shows the list of themes ordered by frequency. As shown, 39% of the comments mentioned that the Friarage Hospital is a good hospital and A&E should be reinstated or that the Urgent Treatment Centre should be left as it is. This was followed by mention that the service has been scaled down, so it doesn't meet the needs of local people (35%) and that the James Cook University Hospital or other hospitals were hard to get to or too far away (35%). The figure shows the full list of themes.

Figure 30 – Online and paper survey: Do you have any comments about the proposed vision? (Q2) Coded responses
Base: Respondents who gave an answer (555)

Theme	Frequency	Percentage
The Friarage Hospital is a good hospital already / we need to keep the A&E/UTC open - leave it as it is/as it was	216	39%
A scaled down service not meeting the (safety) needs of the local people	195	35%
Hard to get there / too far to travel to James Cook/other hospital(s)	192	35%
Expensive to get there with poor parking at the James Cook University Hospital/Darlington Memorial Hospital and poor transport services	73	13%
It doesn't make sense with the area demographics - more and more people living/moving to the area / large area coverage including rural areas	72	13%
The James Cook University Hospital/Darlington Memorial Hospital/ambulance services already not meeting demand/will just add onto the existing pressure on other hospitals/ambulance services	63	11%
Better management of the Friarage Hospital needed – make it a better place to work / better financial management and investment/training/staff recruitment	52	9%
Sounds good / in agreement	43	8%
Not very clear how it is changing - don't understand/more transparency/clarity needed/more publicity	37	7%
If it means keeping the hospital open this proposal is better than nothing/best solution in a difficult climate / Option 2 if necessary	21	4%
NHS health services are struggling/it is good to group the resources together	19	3%
Don't have an option / the decision will be/has been made for us / done deal	19	3%
Don't agree with the James Cook University Hospital getting involved and taking over	17	3%
Would provide a better standard of care with specialist equipment etc.	12	2%
It looks OK	7	1%
I don't believe/not sure if they will do that/implementation	3	1%
Would rather go to Darlington Memorial Hospital	1	0%
Other	10	2%
Base	-	555

Easy Read survey

Do the changes meet people's needs?

- 4.1.19 Easy Read survey respondents were asked if the changes that were being made at the Friarage Hospital met their needs. Nine respondents out of 16 (56%) said they did not, three (19%) said they did and four (25%) said they did not know.

Comments about the changes

- 4.1.20 Easy Read survey respondents were asked if they had any comments about the proposed changes. Six out of 16 respondents (38%) mentioned transport concerns related to travelling to other hospitals, highlighting that not everybody can drive and that the public transport provision from the local area to other hospital sites is poor.
- 4.1.21 Five respondents (31%) felt that the changes being made at the Friarage Hospital do not meet the needs of the community or are not reassuring from a safety perspective.
- 4.1.22 Four respondents (25%) expressed concern about the distance of the James Cook University Hospital from the local area.
- 4.1.23 Three respondents (19%) suggested that receiving care and treatment at a hospital further away was not ideal as it would mean they would not be near their friends and family.
- 4.1.24 Two (13%) were positive about the vision, saying that the changes to services at the Friarage Hospital needed to be made.
- 4.1.25 One (6%) felt that the changes were not ideal for vulnerable groups, such as the elderly and young families.
- 4.1.26 One (6%) expressed the need for the Trust to ensure that services are adequately staffed in a safe manner and are sustainable in the future.

Focus groups with the public

Fondness of the Friarage Hospital based on personal experiences

- 4.1.27 The majority of focus group participants were familiar with the Friarage Hospital and had experience of care and treatment there themselves or through a family member.

I depend on the hospital here for my own conditions, plus I have an elderly father in law and a brand-new addition to the family.

Northallerton 14/10/19

My third son was born via a section performed at the Friarage.

Richmond 21/10/19

- 4.1.28 Participants' experiences of the Friarage Hospital meant it was viewed as a friendly and welcoming hospital, with praise given for the staff and the care provided there. There was a perception that it was an ideal local hospital for a rural location such as Northallerton.

I've had a double bypass at the Friarage, and I can confidently say that it is the best little hospital. It's a proper community facility.

Stokesley 04/11/19

People seem to know you – it's just that local hospital.

Northallerton 21/11/19

Negative perception of other hospitals in comparison with the Friarage Hospital

- 4.1.29 Participants compared the Friarage Hospital and their experience of the care there with other hospital sites, in particular the James Cook University Hospital and the Darlington Memorial Hospital. There was a general perception that staff at the Friarage Hospital were more friendly and provided more personal care than those at other hospitals. Participants from Stokesley, which is closer to the James Cook University Hospital, expressed a preference for care at the Friarage Hospital because they perceived the experience as better.

It feels like James Cook is a factory, but with the Friarage all of the staff know my name.

Stokesley 04/11/19

We want to go to the Friarage. We don't want to go to Darlington, it's a horrible place, a horrible hospital.

Northallerton 21/11/19

They [staff at the Friarage Hospital] made you feel comfortable and they took you along the journey. Whereas the one experience I have of James Cook was very cold and clinical. Quite frankly, you were just a number.

Northallerton 21/11/19

- 4.1.30 A few participants said they felt that other hospitals such as the James Cook University Hospital and the Darlington Memorial Hospital were larger hospitals, serving large metropolitan areas, and that the Friarage Hospital was a more suitable and familiar place for the local population to receive care and treatment.

Something that doesn't come up in the consultation document is the fact that it's a cultural thing. James Cook is fit to serve metropolitan residents – it's fast paced, large, I'm sure it's very competent. But the Friarage is better suited for rural residents, there's a sense of community and familiarity.

Stokesley 04/11/19

James Cook is a city hospital. Darlington's a town. This is a country hospital for country people, and this is where we want to be. But they don't seem to understand that.

Northallerton 21/11/19

Worries about reduction in services at the Friarage Hospital

- 4.1.31 Many participants expressed concern at the groups about the Friarage Hospital experiencing a reduction in services over time, with some in the second Northallerton focus group perceiving that the decline started to occur when the South Tees Hospitals Foundation NHS Trust incorporated the Friarage Hospital in 2002.

I've been here just over 34 years. When we first came, the Friarage was a thriving, popular hospital. It covered everything from birth to death, basically. It then came under the auspices of James Cook and immediately it was indebted. It seemed that from that day onwards the facilities started disappearing, the team that worked there started disappearing, the debts seemed to be building up. Nobody ever talked about Darlington – this place

seemed to be the easiest target for everybody. I think from that day onwards its future was marked.

Northallerton 21/11/19

The problem started when we joined forces with the Trust. We were fine on our own. The first year, we were in trouble.

Northallerton 21/11/19

- 4.1.32 A few feared that services would see further downgrading and reductions in the future, with some worrying that the hospital might eventually close in the future.

There is a real fear that this is just going to open the hospital up to 'snip, snip, snip' and then the eventual closure of the Friarage.

Stokesley 04/11/19

Positivity about the vision – treating children and provision of safe care to the local population

- 4.1.33 Some participants in the Richmond focus group were positive about the vision presented, in particular highlighting that they were pleased that the Urgent Treatment Centre was treating children and that the model will provide safe and efficient care to the local population.

I've got a nearly one year old, and it's quite reassuring that there is now provision for children's services. Because ultimately, if she did have a major illness, I wouldn't go to the Friarage anyway because they wouldn't have the expertise. But for sprains and fractures and things, that could be all done at the Friarage now. So, for me, that's a huge positive.

Richmond 21/10/19

The model they've brought up actually I think is safer than the other model they had before because you are immediately triaged...The paramedic can ring the consultant triage and get immediate advice what to do with that patient. Whereas before you would have the long journey there and then you'd wait for someone to come and see you, and then you might be transferred to James Cook.

Richmond 21/10/19

Negativity about the vision – accessibility of other sites and desire to be treated locally

- 4.1.34 Despite this positivity from some quarters, there was concern expressed by participants that some patients would have to travel to other hospital sites, such as the James Cook University Hospital. There was an expressed desire for healthcare services to be based locally so they are easily accessible to the population. Accessibility of services was discussed in detail at the focus groups and is covered further in **sections 4.4** and **4.5** of the report.

I prefer the Friarage because it's near where I live.

Richmond 21/10/19

It's really disconcerting when you can't get someone locally.

Northallerton 14/10/19

Concerns that vision will have negative impact for other hospitals

- 4.1.35 There was also some concern that the vision and proposed model for the Friarage Hospital would have a negative impact and put pressure on other hospitals, particularly the James Cook University Hospital and Darlington Memorial Hospital. Some participants felt that the A&E departments were already over-stretched and at capacity, which leads to long waiting times for patients. There was also awareness that recently the James Cook University Hospital had not met the target of 95% of patients being treated or admitted within four hours of arriving at the A&E department.

I've been told there's a 30% increase in A&E visits [at Darlington] – I've got friends who work there. They're struggling.

Stokesley 04/11/19

We've had to use all three hospitals in the last six months for various things, and I can tell you now that Memorial and James Cook are not coping. And the nurses, the doctors, the consultants – they all say the same thing. Closing here has had a massive impact on them. It has had a massive impact and they can't cope. Well that's ridiculous, isn't it? James Cook have just missed their A&E targets. Is there any wonder? They've compounded this problem.

Northallerton 21/11/19

James Cook can't cope now. So, if all these people are going to have to suddenly go to James Cook, what is going to happen then?

Northallerton 14/10/19

Cynicism and lack of understanding about the staff recruitment and retention challenges, with suggestions about how these can be overcome

- 4.1.36 There was some cynicism about the staff recruitment and retention difficulties that were mentioned in relation to the vision, with some perceiving that the Trust is able to recruit sufficient staff to work at the James Cook University Hospital and some questioning whether the Trust had done everything it could to recruit staff to work at the Friarage Hospital.

I'd be very interested to see further details of what lengths they've gone to recruit staff over the time period. They say they've known about this for quite some time, but how hard have they worked to try and get people to come and work here?

Northallerton 14/10/19

They don't advertise for staff at the Friarage, they advertise for staff at James Cook.

Northallerton 21/11/19

There were nurses who didn't want to go to James Cook. They were told they either go to James Cook or they lose their job. So, they can't be that understaffed, can they?

Northallerton 21/11/19

- 4.1.37 This led to suggestions from participants about how staff could be managed to provide adequate cover at the Friarage Hospital to reinstate an A&E department. Amongst these suggestions were staff rotas to cover both hospitals, secondments and not giving staff the choice about where they work.

Could you not second people or do it on a rota basis? To me, it's the management, the HR, that are failing here.

Northallerton 21/11/19

Your employees work for the Trust – you tell them where to go. I would've thought that the doctors and nurses would be happy to work at the Friarage one week out of four in a month, and some of the consultants who are winding down towards retirement would love to work there. It's less pressure and a much nicer atmosphere. All it takes is imaginative leadership. There is just a lack of will to solve a difficult problem.

Stokesley 04/11/19

- 4.1.38 Some participants felt that with promotion of the area and the hospital as good places to live and work, surrounded by beautiful countryside, it would make it easier to attract staff to work at the Friarage Hospital.

And if they promoted it properly, if management and HR got their act together, I'm sure people would want to work here and live here. It's a lovely place to work. It's a great hospital. I don't believe this spin, that they're saying that people don't want to come and live and work in this area. I just don't believe that.

Northallerton 21/11/19

When my wife was in the hospital, all the junior doctors that we saw, they all said they would love to work and live here. Every one of them. And I think that speaks volumes.

Northallerton 21/11/19

- 4.1.39 There was a perception that long-term planning within the Trust and the wider NHS in regard to training and recruitment of staff had led to the challenges that the Friarage Hospital was now facing.

The debate about staff shortages...is the result of years of poor planning. You have to plan for current, short, medium and long-term requirements. The underpinning factor is to train the next generation of nurses, doctors, consultants, anaesthetists and medical specialists required in such a large organisation.

Richmond 21/10/19

South Tees complain that they can't get staff. Training establishments complain that they can't find placements. For a very long time there's just been a lack of joined up thinking resulting in the situation that we're in.

Richmond 21/10/19

It just seems to be very short-term. There doesn't seem to be any sort of long-term plan.

Northallerton 14/10/19

Acceptance of the challenges the Trust faces

- 4.1.40 However, there was some acceptance about the challenges the Trust faced in relation to staff recruitment and providing safe care to the local population. Some pointed to general recruitment issues and staff shortages that they thought healthcare services were facing, as a result of under-investment in training and the long hours staff were expected to work.

It is true that there's a problem with [recruiting and retaining] doctors and nurses. They do have a shortage. Not that many people choose to go into anaesthetics, and I think that women don't want to work the longer hours because of young families. They would rather go into working as a GP.

Stokesley 04/11/19

There are probably more issues underlying it. The funding and support probably haven't been there, which ultimately has led to this situation. It's more of a national issue.

Richmond 21/10/19

Confusion and lack of awareness about care the Urgent Treatment Centre provides, as well as uncertainty about where to go and when in relation to health matters

- 4.1.41 There was confusion amongst participants about the changes to services at the Friarage Hospital and these centred in particular around the Urgent Treatment Centre and the services it provides for both adults and children. This led to a wider discussion about confusion over what services are provided, where they are located, and people not knowing where they should go for help when they were sick or injured.

What do you actually mean by 'Urgent Treatment Centre'? It says 'Urgent Treatment Centre for adults and children with minor injuries and minor illnesses'. A minor injury or illness is not 'urgent'. It's kind of like a contradiction – what do they actually provide?

Northallerton 14/10/19

Yes, the numbers are down for those who use the Friarage, but that's because people are confused. They have no idea. I used A&E quite a lot over the years because of mountain biking, and even I'm confused – you have to be really clued up to think about, 'Where do I go?' and, 'Will it be open?'.

Stokesley 04/11/19

Public consultation events

Negative perception of other hospitals in comparison with the Friarage Hospital

- 4.1.42 At the public consultation events, an occurring theme was a fondness for the Friarage Hospital, which was often based on personal experiences of excellent care, as seen in the focus groups. Many compared other hospitals negatively, such as the James Cook University Hospital, with the Friarage Hospital. There were particular concerns over waiting times in the James Cook University Hospital A&E department, parking issues at that hospital, difficulties in finding their way around the hospital and the care provided missing the “human touch”. In contrast, the Friarage Hospital was perceived to be a small, friendly, community hospital that people were familiar with.

Reassured about the future having attended event

- 4.1.43 Some event attendees had heard anecdotally that the Friarage Hospital was either closing or experiencing a large reduction in service provision and some highlighted misinformation that was in the public domain. There were feelings of reassurance when they learnt this was not the case from the presentations provided by CCG and Trust representatives, particularly those at the Bedale and Catterick Garrison events.

Worries about reduction in services at the Friarage Hospital

- 4.1.44 However, as seen at the focus groups, some public consultation event attendees continued to worry that there would be a reduction in service at the Friarage Hospital in the future and some expressed concerns that eventually the Friarage Hospital might even close. Some highlighted previous reductions in care provision at the hospital, such as the closure of the A&E department and the changes made to the children's and maternity services in 2014.
- 4.1.45 There was a feeling at the public meetings that financial challenges the NHS was experiencing would negatively impact both the hospital and the services it was able to provide and local NHS services in general. Some event attendees expressed a hope that more money would be provided to the Trust and the CCG so that high quality services could continue to be provided at the Friarage Hospital. Some felt that smaller hospitals, such as the Friarage Hospital, were often provided with less resources than larger hospitals, which they viewed as unfair.

Positivity about the vision – safe, effective, efficient, sustainable care provided at the Friarage Hospital

- 4.1.46 At the public consultation events opinion about the proposed vision and model was split, with some seeing it in a positive light and others negatively. There were some that praised the vision as well thought-out and clear. They were reassured having heard about the proposed model of care that will be on offer at the Friarage Hospital through presentations provided by representatives from the CCG and the Trust.
- 4.1.47 Some attendees were reassured that the vision meant that care could be provided at the Friarage Hospital that was safe, effective, efficient and sustainable in the long-term.
- 4.1.48 There was a feeling that the proposed vision and model was the most realistic one that could be provided in the current difficult financial climate given the challenges around recruitment and retention of medical staff, which were widely acknowledged.
- 4.1.49 Some attendees in Bedale in particular showed an understanding that the proposed vision for the future was not to save money but to provide safe and high quality care to the public in a way that is sustainable in the long-term.
- 4.1.50 There was a general recognition at the meetings that having adequate sufficiently skilled staff was integral to providing a safe service to patients. It was also widely recognised that providing opportunities for career development was important for staff morale and that staff would stay at the Friarage Hospital if they were provided with these.

Positivity about repatriation of patients to the Friarage Hospital

- 4.1.51 Positivity at the public consultation events in particular centred around repatriation, whereby patients would be brought back from other hospitals where they received their initial care and treatment to the Friarage Hospital, where they would continue to receive care and treatment when it was safe to do so. There was a feeling that this was beneficial to patients and their families, and this was particularly mentioned at the Middleham, Leyburn and second Northallerton events.

Negativity about the vision – accessibility of other sites and safety given the distance

- 4.1.52 Despite some positivity about the vision, there was also some negativity, centred around the same issues raised in the focus groups.

- 4.1.53 A repeated concern at the events was the accessibility of other hospital sites and their distance from the local area, which is covered in depth in **sections 4.4** and **4.5**. This led to concerns about safety if patients could not access the right care at the right time.

Concerns that vision will have negative impact for other hospitals

- 4.1.54 Like focus group participants, some event attendees expressed concerns about the capacity of other hospitals, such as the James Cook University Hospital and worried that the proposed model would increase pressure, particularly on the A&E department. This led to concerns that the proposed model would not be sustainable in the long-term if the James Cook University Hospital could not cope with the increased demand.

Cynicism and lack of understanding about the staff recruitment and retention challenges

- 4.1.55 Some event attendees, particularly at the Bedale event, expressed cynicism about the staff recruitment and retention issues the Trust faces and questioned whether a lack of long-term strategic planning at the Trust was in part to blame. They felt that if the recruitment and retention issues had been addressed in the past, the A&E department would still be open. However, CCG and Trust representatives highlighted that the issue was particularly related to the recruitment and retention of consultant anaesthetists that were required to provide A&E services and that there was a national shortage of them.
- 4.1.56 A few event attendees highlighted that the Trust had been experiencing issues with high staff turnover for some time and this was not only affecting consultant anaesthetists. They had heard stories about a culture of bullying and harassment at the Trust and questioned whether staff working there felt valued, which could be a cause of staff retention issues. Some also highlighted that frequent changes in leadership at the Trust could have affected its ability to effectively plan ahead to ensure it had the sufficient workforce to provide services, including an A&E department at the Friarage Hospital.
- 4.1.57 At some of the events some said that they had assumed that the proposed changes to the services based at the Friarage Hospital were caused by pressure on finances, but once they had heard the presentations from CCG and Trust representatives, they realised this was not the case.

Uncertainty about where to go and when in relation to health matters

- 4.1.58 As seen at the focus groups, some event attendees mentioned that they themselves and the general public did not always understand what healthcare services are provided where and when, as well as who they should contact if they are feeling unwell or have an accident. This led to some suggesting that the CCG could provide more clarity to the public about local NHS services that are available and the times they are open, as well as providing information about who to contact in different scenarios.

More public information is required about the proposed vision and the changes to services at the Friarage Hospital

4.1.59 It was felt at some of the events that the changes to services at the Friarage Hospital and the proposed vision could be communicated more clearly to the public so that they could make an informed decision regarding the consultation. In particular, the need for more information about the following was raised:

- More communication about the changes and what the impact will be for the public
- Explanation about how patients are going to be able to access A&E services further away from where they live and how they will be able to get home
- Details of the cost difference between the two options and what money saved will be spent on
- More information about the background to the decisions made when developing the proposed model
- Information about the services an Urgent Treatment Centre provides, and the differences compared to an A&E department
- Details about the services provided by the GP out of hours service
- Explanation about why the closure to the A&E department was initially classed as temporary and, now it seems permanent, who made the decision and why
- Provide the public with more facts and figures about the patients that are seen overnight at the Urgent Treatment Centre, particularly following the winter in case there is an increase
- Detail about what conditions can be treated at the Friarage Hospital and what cannot, including for children and adults
- Provide more information about why Option 2 is more sustainable in the long-term, as some attendees thought it was only viewed negatively by the public through a lack of understanding.

VCSO focus groups

Bedale Community Minibus

4.1.60 Participants thought that the vision and model needed to be rethought to provide the best care for patients in the face of population changes and increased demands on the NHS.

Darlington Mind

4.1.61 The general consensus from participants was a preference for A&E services to be provided at the Friarage Hospital instead of an Urgent Treatment Centre, particularly given the large rural area the hospital serves.

Northallerton and the Dales Mencap Society

- 4.1.62 This group expressed concerns about the additional pressure the vision will have on the James Cook University Hospital and that patients' safety could be put at risk given the long A&E waiting times at that hospital.
- 4.1.63 There was a worry that people will not be able to choose to stay at the Friarage Hospital to receive care and treatment so they will not be able to be close to home, and their friends and family.
- 4.1.64 Participants questioned why the hospital was no longer a teaching hospital and perceived that when it was, there were no difficulties in recruiting staff.

North Yorkshire Youth

- 4.1.65 The general consensus of the group was that the future vision for the Friarage Hospital would not meet their needs, with 12 participants out of 15 saying it would not meet their needs and the other three stating that they did not know.
- 4.1.66 Participants expressed their disappointment that the A&E department was not reopening and feared that if they were critically ill there was no local A&E service that would be able to treat them.
- 4.1.67 Participants questioned whether the additional cost to transport patients to alternative sites would outweigh the cost savings they assumed the changes to the hospital services were making.
- 4.1.68 There was a feeling of injustice that young people would have to travel a long way to the James Cook University Hospital for healthcare services.

Stokesley and District Community Care Association

- 4.1.69 General comments from the group were very positive about care and treatment and their experiences at the Friarage Hospital.
- 4.1.70 There was positivity about the video being very informative about the proposed vision and the changes that are being made to services and felt that it still covered the health needs of the local area.
- 4.1.71 There was concern around the pressure on ambulance services if the Urgent Treatment Centre closed at certain times and the adverse impact this would have on the James Cook University Hospital A&E department.

Northallerton Area Over Fifties Forum (NAOFF)

- 4.1.72 The overall view of the group was that the vision is unsatisfactory, as it did not include an A&E department open at the Friarage Hospital.

A1 Community Works

- 4.1.73 The group questioned why the consultation was only limited to two options.

Samaritans Northallerton

- 4.1.74 Participants felt it was difficult to make an informed judgement about the service and its vision until they needed care themselves.

- 4.1.75 There was recognition that serious illness and injuries require treatment in specialised hospitals such as the James Cook University Hospital to give people the best outcomes. However, there were concerns that the long distance to hospitals and the travel costs, particularly for patients' visitors, disadvantage those living in rural areas and those on low incomes.
- 4.1.76 There was a feeling that the role GPs play in the vision and model should be taken into consideration, as local GP practices are under a lot of pressure and if patients cannot get to GP appointments, they will attend A&E departments instead.
- 4.1.77 There was a perception that the vision focused on physical healthcare and felt that more emphasis should be placed on mental health care, as there are long waiting times for treatment and services are often based far away.

Other feedback

Letter to the Darlington and Stockton Times 20/09/19

- 4.1.78 A letter from a local resident appeared in the Darlington and Stockton Times on 20 September 2019 that expressed concerns about the A&E department closing at the Friarage. It described the consultation as a "money saving exercise" and stated that the staff recruitment and retention issues were an excuse. The letter also expressed concerns about cuts to NHS services and a perceived deterioration of services provided at the Friarage Hospital.

Letter to the Northern Echo 26/11/19⁵

- 4.1.79 A letter sent to the Northern Echo on 26 November 2019 highlighted that the changes to the urgent care provision at the Friarage Hospital were caused by recruitment issues with anaesthetist consultants and finance was not the issue. It stated that the current Urgent Treatment Centre model was more expensive to run than the A&E department that was previously located at the site.

Letter from local MP

- 4.1.80 Rishi Sunak, the Member of Parliament for Richmond, wrote to the CCG on 20 January 2020. The letter highlighted that many of his constituents were worried about the further deterioration of services at the Friarage Hospital, having seen the downgrading of maternity and paediatric services in 2014 and the loss of mental health inpatient beds in 2018.
- 4.1.81 The letter also mentioned a concern that the consultation undermined public confidence in local health services as the decision to close the A&E department and instate an Urgent Treatment Centre at the Friarage Hospital had already taken place in March 2019.

Emails and telephone calls from residents

- 4.1.82 An email received in October 2019 expressed the view that a lack of forward planning by NHS management had resulted in a lack of trained and qualified staff to be able to safely provide A&E services at the Friarage Hospital. It suggested that

⁵ <https://www.thenorthernecho.co.uk/opinion/letters/18061330.letters-money-not-never-issue-emergency-care-friarage/>

that the government and the Trust sponsored doctors to commit to staying in their qualified role within the NHS for a set period of time after qualification and training. It was felt that this would mean that staff stayed in their role for longer and develop a sense of loyalty to the Trust and the NHS system.

- 4.1.83 On 3 January 2020 the CCG received a telephone call from a resident who expressed concerns about the deterioration of services at the Friarage Hospital and worried that doctors and services were being transferred to the James Cook University Hospital, which was being invested in at the expense of the Friarage Hospital.

Self-advocates

- 4.1.84 An email was received in November 2019 conveying feedback from a meeting of self-advocates from the Hambleton and Richmondshire area. They expressed concern about receiving care in a hospital they were not familiar with and the worry this gives patients.

Richmond Town Council

- 4.1.85 A response to the consultation was received in January 2020 from a working group comprising six councillors from Richmond Town Council. The response expressed the opinion that the recruitment issues the Trust was facing in part resulted from an inadequate government response to the shortage of nurses.
- 4.1.86 The working group was also concerned that the vision and proposed model would impact on other services, in particular the A&E department at the James Cook University Hospital. A few councillors worried that the waiting times at the A&E department could worsen if the right advice was not provided to patients. It was also felt that the out of hours service and the NHS 111 service are inadequate and difficult to access, which can exacerbate the issue.
- 4.1.87 The working group felt that the response time to emergencies is often critical and that stabilisation of an emergency patient should take place as soon as possible, which could take place at the Friarage Hospital in the case of an emergency.

Healthwatch North Yorkshire

- 4.1.88 In Healthwatch North Yorkshire's independent report⁶ it claimed that some people felt that there was not enough information available locally about the changes to services at the Friarage Hospital and the organisation had to explain the difference between an A&E department and an Urgent Treatment Centre to several members of the public.
- 4.1.89 The report also stated, *"There was a perception that the loss of the Friarage A&E department will eventually lead to more cuts and the complete closure of the hospital."*
- 4.1.90 The report detailed several concerns that arose in its engagement with people in regard to the replacement of the A&E department with an Urgent Treatment Centre having a negative impact for people with mental health presentations.

County Durham and Darlington NHS Foundation Trust

⁶ Thoughts on changes to the Friarage Hospital report – Healthwatch North Yorkshire – January 2020

- 4.1.91 In a letter to the CCG, the Chief Executive of County Durham and Darlington NHS Foundation Trust said the organisation had carried out a detailed impact analysis of the consultation options and concluded that either option would require an increase of resources both in the Emergency Department to safely deal with additional attendances and in beds to support the increased volume of admissions.
- 4.1.92 The letter also stated that County Durham and Darlington NHS Foundation Trust's A&E performance had been adversely affected and this was due in part to the temporary changes made at the Friarage Hospital. The Chief Executive stated that the impact of the changes to the Friarage Hospital on the Trust will continue to be closely monitored.

North East Ambulance Service NHS Foundation Trust

- 4.1.93 A formal response from the North East Ambulance Service stated that there had been an impact on the organisation due to the pressure seen at the Darlington Memorial Hospital and the James Cook University Hospital, which had been caused in part through an increase in Yorkshire Ambulance Service arrivals. This has led to the North East Ambulance Service experiencing handover delays at those sites. The response stated that the recent rise in handover delays causes the North East Ambulance Service a great deal of concern and creates a patient safety risk.

4.2 Options for the future of local urgent care

On-street survey

- 4.2.1 On-street survey respondents were shown the two options for the future of urgent care at the Friarage Hospital on a show-card. These are detailed in **Figure 31**.

Figure 31 – Options for the opening hours of the Urgent Treatment Centre

Option 1 – 24/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 24 hours, 7 days a week.

Option 2 – 16/7 Urgent Treatment Centre

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 8am to midnight, 7 days a week

Both options also include:

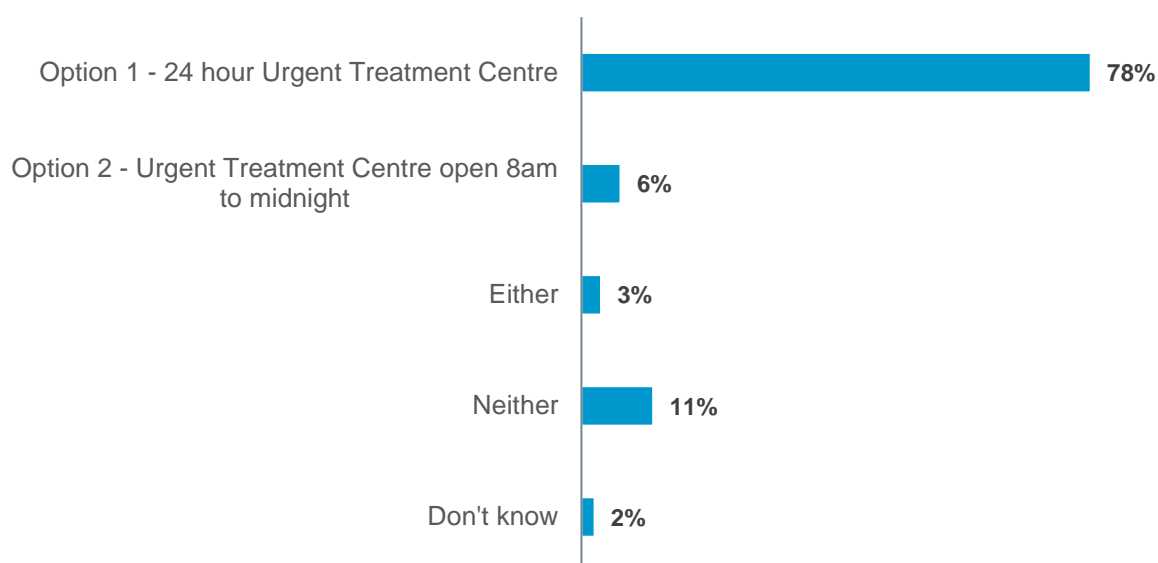
- A consultant delivered acute medical service, admitting to 6:30pm on weekdays and 4:30pm on weekends
- Repatriation of patients to the Friarage Hospital for care closer to home
- Elective (planned) surgery for day case and short stay inpatients.

Option preference

- 4.2.2 The majority of respondents indicated that they preferred Option 1 (24/7 Urgent Treatment Centre) (78%), as shown in **Figure 32**. A further 11% said they preferred neither option and only 6% said they preferred Option 2 (16/7 Urgent Treatment Centre). Only a small proportion (3%) said they preferred either option.

Figure 32 – On-street survey: Which of these two options is your preferred option? (Q3)

Base: On-street survey respondents (601)



- 4.2.3 There were no significant differences between males and females, although a larger proportion of females preferred Option 1 (24/7 Urgent Treatment Centre) (81%) than males (75%), as shown in **Figure 33**. As shown, respondents aged 35-54 were most likely to prefer Option 1 (85%) in comparison to the other age groups (72% to 79%) and were less likely than other age groups to say they preferred neither option (7% compared with 14% to 17%).

Figure 33 – On-street survey: Which of these two options is your preferred option? (Q3) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Option 1 - 24 hour Urgent Treatment Centre	75%	81%	79%	75%	85%	72%	75%
Option 2 - Urgent Treatment Centre open 8am to midnight	6%	6%	12%	-	4%	7%	7%
Either	4%	2%	6%	5%	2%	2%	3%
Neither	13%	9%	-	14%	7%	17%	14%
Don't know	2%	3%	4%	7%	2%	2%	2%
Base	299	300	52	59	190	115	185

- 4.2.4 There were no significant differences between those who had a disability, long-term illness or health condition and those who did not, with the majority of both saying they preferred Option 1 (75% and 79% respectively). This is summarised in **Figure 34**.

Figure 34 – On-street survey: Which of these two options is your preferred option? (Q3) by disability, long-term illness or health condition
Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Option 1 - 24 hour Urgent Treatment Centre	75%	79%
Option 2 - Urgent Treatment Centre open 8am to midnight	5%	6%
Either	4%	3%
Neither	13%	10%
Don't know	2%	2%
Base	137	458

- 4.2.5 There was little difference by district, with the majority in both districts saying they preferred Option 1 (77% in Hambleton and 78% in Richmondshire), as shown in **Figure 35**. As shown, respondents who lived 6-10 miles away from the hospital were more likely to prefer Option 1 (83%) than those who lived closer (74%) and 11 or more miles away (79%).

Figure 35 – On-street survey: Which of these two options is your preferred option? (Q3) by district and distance from the Friarage Hospital
Base: On-street survey respondents (601)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Option 1 - 24 hour Urgent Treatment Centre	77%	78%	74%	83%	79%
Option 2 - Urgent Treatment Centre open 8am to midnight	5%	6%	2%	4%	8%
Either	4%	2%	4%	7%	1%
Neither	10%	12%	17%	5%	10%
Don't know	3%	2%	3%	2%	2%
Base	300	301	134	106	354

- 4.2.6 As shown in **Figure 36**, the majority of those who were associated with the armed forces and the majority of those who were not preferred Option 1 (74% and 79%) and there was no significant difference between the two.

Figure 36 – On-street survey: Which of these two options is your preferred option? (Q3) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Option 1 - 24 hour Urgent Treatment Centre	74%	79%
Option 2 - Urgent Treatment Centre open 8am to midnight	3%	7%
Either	6%	2%
Neither	15%	10%
Don't know	1%	3%
Base	160	435

- 4.2.7 As shown in **Figure 37**, 78% of both those who had caring responsibilities and those who did not preferred Option 1.

Figure 37 – On-street survey: Which of these two options is your preferred option? (Q3) by caring responsibilities

Base: On-street survey respondents (601)

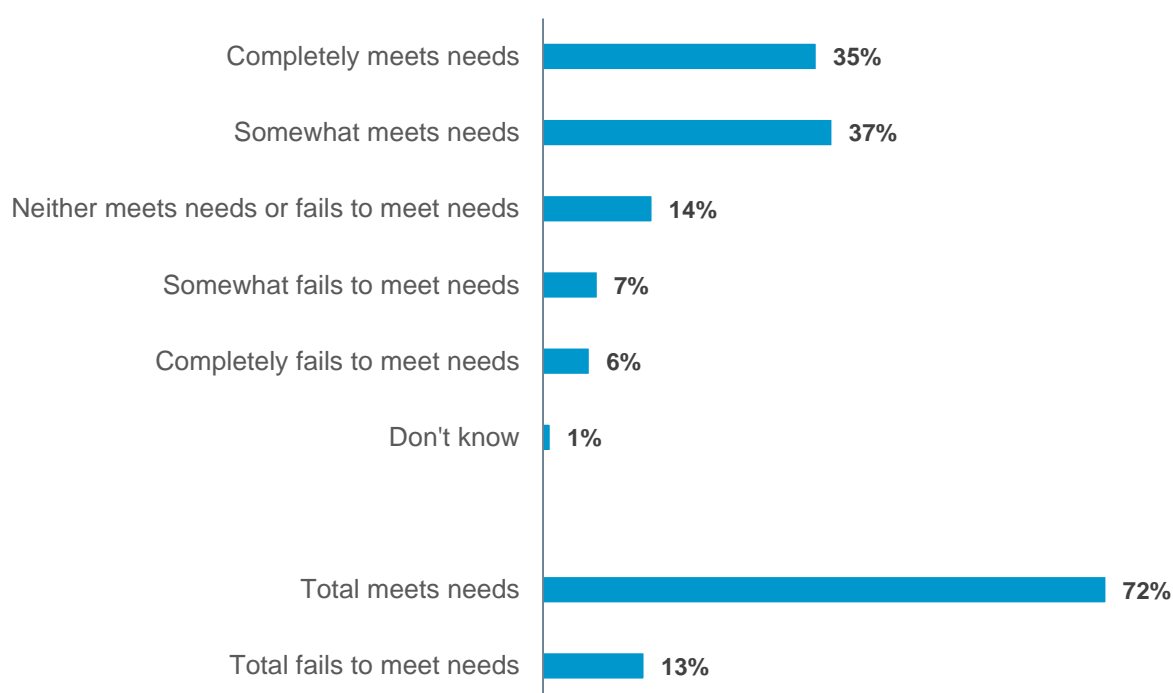
Response	Caring responsibilities	None
Option 1 - 24 hour Urgent Treatment Centre	78%	78%
Option 2 - Urgent Treatment Centre open 8am to midnight	8%	5%
Either	4%	3%
Neither	8%	12%
Don't know	3%	2%
Base	140	459

Does Option 1 meet people's needs?

4.2.8 Respondents were asked the extent to which both options met their needs, those of their family and anyone they care for. In total, 72% said that Option 1 met their needs (35% completely and 37% to some extent). By contrast, only 13% said it failed to meet their needs (7% somewhat and 6% completely) and 14% said it neither met them nor failed to meet them. This is summarised in **Figure 38**.

Figure 38 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4)

Base: On-street survey respondents (601)



4.2.9 As shown in **Figure 39**, there was little difference by sex. By age group, respondents aged 16-34 were most likely to say that Option 1 met their needs (83%), particularly compared to those in the 65+ age group (67%).

Figure 39 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	71%	72%	83%	73%	73%	72%	67%
Neither meets needs nor fails to meet needs	13%	15%	12%	14%	13%	12%	17%
Fails to meet needs	15%	11%	2%	12%	14%	15%	14%
Don't know	1%	2%	4%	2%	-	1%	2%
Base	299	300	52	59	190	115	185

4.2.10 There were no significant differences between those who had a disability, long-term illness or health condition and those who did not, with the majority of both groups saying Option 1 met their needs (71% and 72% respectively). This is shown in **Figure 40**.

Figure 40 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition

Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Meets needs	71%	72%
Neither meets needs nor fails to meet needs	14%	14%
Fails to meet needs	15%	12%
Don't know	-	2%
Base	137	458

4.2.11 By district, those living in Richmondshire were more likely to say that Option 1 failed to meet their needs (17%) than those living in Hambleton (9%), as shown in **Figure 41**. Those living 6-10 miles away from the hospital were more likely to say that Option 1 met their needs (81%) than those living closer (69%) or further away (70%).

Figure 41 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital

Base: On-street survey respondents (601)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Meets needs	75%	69%	69%	81%	70%
Neither meets needs nor fails to meet needs	14%	14%	16%	13%	13%
Fails to meet needs	9%	17%	12%	5%	16%
Don't know	3%	-	3%	1%	1%
Base	300	301	134	106	354

4.2.12 There was little difference in opinion about Option 1 between those who were associated with the armed forces and those who were not, with 74% of those

associated saying the option would meet their needs and 71% of those not associated saying the same, as shown in **Figure 42**.

Figure 42 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Meets needs	74%	71%
Neither meets needs nor fails to meet needs	13%	14%
Fails to meet needs	12%	14%
Don't know	1%	1%
Base	160	435

- 4.2.13 As shown in **Figure 43**, there was also little difference in opinion between those who had caring responsibilities and those who did not, with 74% and 71% respectively saying that Option 1 met their needs.

Figure 43 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities

Base: On-street survey respondents (601)

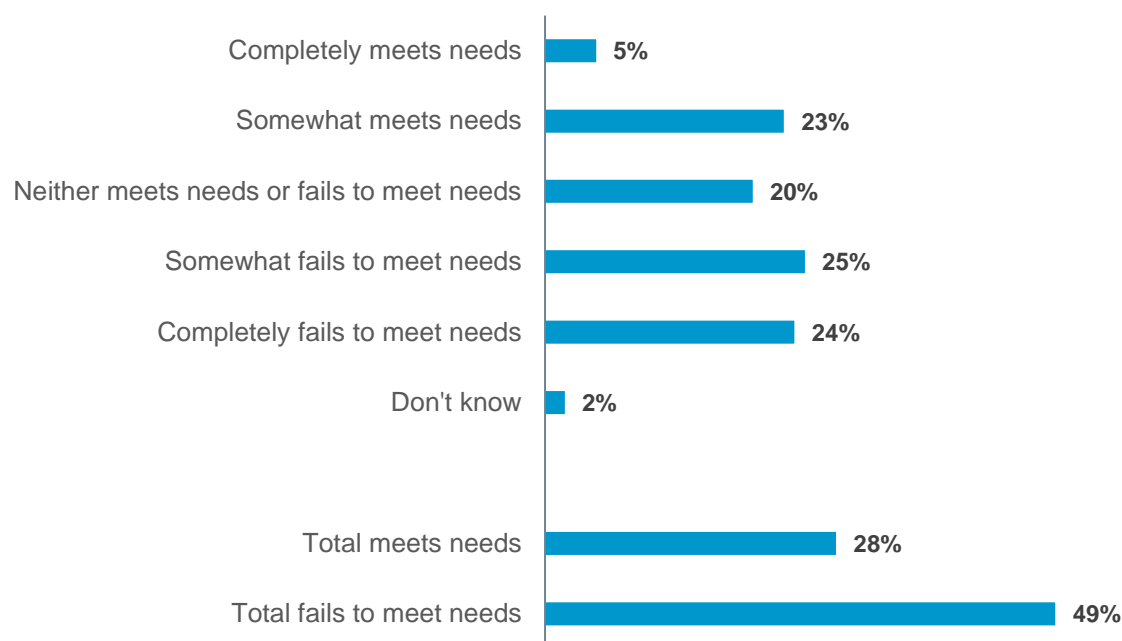
Response	Caring responsibilities	None
Meets needs	74%	71%
Neither meets needs nor fails to meet needs	9%	16%
Fails to meet needs	14%	13%
Don't know	4%	1%
Base	140	459

Does Option 2 meet people's needs?

4.2.14 Respondents were also asked if Option 2 met their needs, those of their family and anyone they care for. As shown in **Figure 44**, half of respondents felt that Option 2 failed to meet their needs (49%), larger than the proportion who felt it did meet their needs (28%). A further 20% thought it neither met their needs nor failed to meet them.

Figure 44 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4)

Base: On-street survey respondents (601)



4.2.15 As shown in **Figure 45**, there was little difference by sex in relation to whether Option 2 met their needs. Respondents aged 35-54 were most likely to say that Option 2 did not meet their needs (56%) out of all the age groups (40% to 49%), as shown.

Figure 45 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	28%	28%	37%	27%	26%	30%	27%
Neither meets needs nor fails to meet needs	20%	20%	17%	29%	17%	20%	22%
Fails to meet needs	50%	49%	40%	42%	56%	49%	47%
Don't know	1%	3%	6%	2%	1%	1%	4%
Base	299	300	52	59	190	115	185

4.2.16 There were no significant differences between those who had a disability, long-term illness or health condition and those who did not, with around half of both groups saying Option 2 failed to meet their needs (51% and 49% respectively). This is shown in **Figure 46**.

Figure 46 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition

Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Meets needs	33%	27%
Neither meets needs nor fails to meet needs	15%	21%
Fails to meet needs	51%	49%
Don't know	1%	3%
Base	137	458

4.2.17 Respondents in Richmondshire were more likely to think that Option 2 failed to meet their needs (51%) than those in Hambleton (47%), although this difference was not significant. By distance from the hospital, those living within five miles were more likely to say that Option 2 failed to meet their needs (61%) compared to those who lived further away (43% to 47%), whereas those living 11 miles or more away were more likely to say that Option 2 met their needs (35%) than those living closer to the hospital (12% to 24%), as shown in **Figure 47**.

Figure 47 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital

Base: On-street survey respondents (601)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Meets needs	25%	31%	12%	24%	35%
Neither meets needs nor fails to meet needs	23%	17%	22%	31%	16%
Fails to meet needs	47%	51%	61%	43%	47%
Don't know	4%	1%	4%	2%	2%
Base	300	301	134	106	354

- 4.2.18 As shown in **Figure 48**, a larger proportion of those associated with the armed forces felt that Option 2 met their needs (33%) than those not associated (26%), although this difference was not significant. The largest proportion of both groups felt that the option failed to meet their needs (45% and 51% respectively).

Figure 48 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Meets needs	33%	26%
Neither meets needs nor fails to meet needs	20%	20%
Fails to meet needs	45%	51%
Don't know	3%	2%
Base	160	435

- 4.2.19 There were no significant differences in opinion between those who had caring responsibilities and those who did not, with 46% and 50% respectively saying that Option 2 failed to meet their needs. The differences are shown in **Figure 49**.

Figure 49 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities

Base: On-street survey respondents (601)

Response	Caring responsibilities	None
Meets needs	31%	27%
Neither meets needs nor fails to meet needs	19%	21%
Fails to meet needs	46%	50%
Don't know	4%	2%
Base	140	459

Comments about Option 1

- 4.2.20 Respondents were asked their comments about Option 1. These were captured verbatim and coded into themes. **Figure 50** shows the list of themes ordered by frequency. As shown, 18% said that the option was good, a good idea or that it fulfilled their criteria. This was followed by 16% saying that 24 hours (Option 1) is better than Option 2. The full list of themes is shown in the figure.

Figure 50 – On-street survey: Do you have any comments about Option 1 (24 hour Urgent Treatment Centre)? (Q7)**Base: Respondents who gave an answer (350)**

Theme	Frequency	Percentage
Good option/idea/fulfils criteria	62	18%
24 hours (Option 1) is better than 16 hours 8-12 (Option 2)	57	16%
It's only minor so it is not enough as doesn't cover major issues - will be a waste of time/money / safety concerns / service needs be more sufficient	45	13%
It is needed/necessary for local people's health and safety	43	12%
Better than nothing/minimum service	28	8%
Preference for a full emergency A&E dept still	26	7%
It is OK	23	7%
It is OK for minor issues/care	21	6%
Need clearer communication/clarity around services and as to what is considered as urgent	11	3%
Necessary in a large/rural county with long distances between places	9	3%
Will it be cost effective/sustainable/viable?	9	3%
Option 1/neither option 1 nor option 2 are any good/what we want	9	3%
Saves going to the James Cook University Hospital/other hospitals	8	2%
Depends if can get the staff/resolve staffing issues/make plans to meet demand or plan accordingly to lack of demand i.e. no 24 hour opening	7	2%
It is no different - just the same as out of hours GP/pharmacy	6	2%
Don't know - don't use / not bothered	5	1%
Have tried 111 service in past and wasn't much use	4	1%
Base	-	350

Comments about Option 2

4.2.21 Respondents were also asked their comments about Option 2. Again, these were captured verbatim and coded into themes. **Figure 51** shows the list of themes ordered by frequency. As shown, over half of respondents said that they can't predict when they are going to be ill, and 16 hours a day is not enough and that they need 24 hour care, which was by far the most common theme (53%). The full list of themes is shown in the figure.

Figure 51 – On-street survey: Do you have any comments about Option 2 (Urgent Treatment Centre open 8am to midnight)? (Q8)**Base: Respondents who gave an answer (316)**

Theme	Frequency	Percentage
Can't predict when going to be ill/it is not enough time/we need 24 hour care	166	53%
Don't like the option/inadequate option/not sufficient hours/not viable	33	10%

Theme	Frequency	Percentage
Better than nothing/minimum service provided	20	6%
OK for minor ailments	18	6%
Does not meet the needs (including safety) of the area/community	16	5%
Waste of money/time/resources	15	5%
Good idea/option/preferable	13	4%
Not everyone has transport / it is a long way / too far to an alternative / demand in rural area	13	4%
Cheaper to run/staffing/sustainable/feasible	11	3%
Preference for a full A&E/Emergency dept still	9	3%
Just like an out of hours GP/walk in clinic - just the same as what is here	9	3%
Neither option is any good	5	2%
It is just more of a downgrade/cost cutting of our medical facilities	5	2%
It is confusing - people won't know when it is open/where to go / more clarity needed	4	1%
Don't know	4	1%
Puts more pressure on other hospitals/emergency services / too busy/too high a demand	3	1%
It will be hard to staff/maintain	2	1%
Saves going to the James Cook University Hospital	1	0%
Don't think taking a sample is a way to consult people/poor consultation	1	0%
<i>Base</i>	-	316

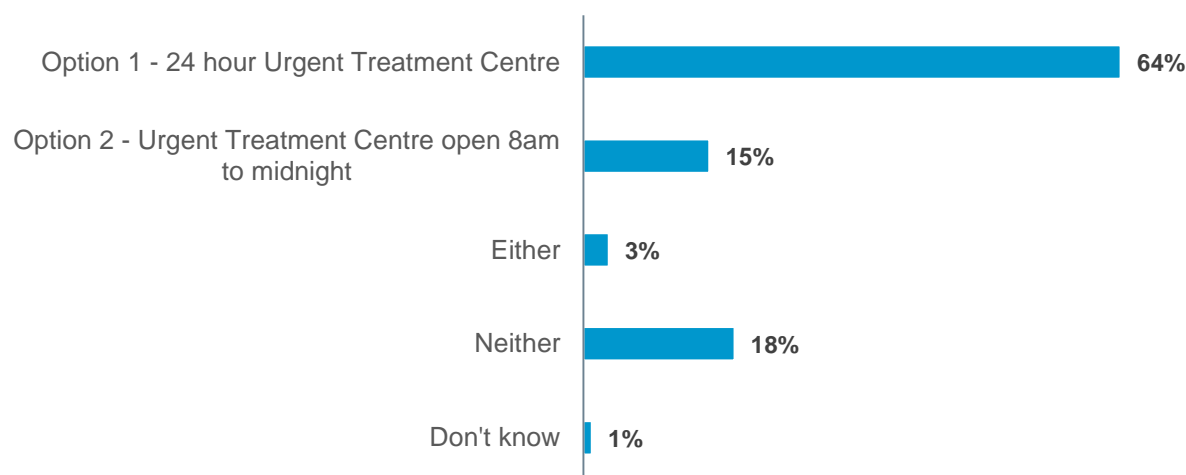
Online and paper survey

Option preference

4.2.22 As seen in the on-street survey, the majority of respondents in the online and paper survey said they preferred Option 1 (24/7 Urgent Treatment Centre) (64%), as shown in **Figure 52**. However, this was lower than in the on-street survey (78%). A further 18% in the online and paper survey said they preferred neither option and 15% said they preferred Option 2 (16/7 Urgent Treatment Centre), a larger proportion than in the on-street survey (6%). Only a small proportion in the online and paper survey (3%) said they preferred either option.

Figure 52 – Online and paper survey: Which of these two options is your preferred option? (Q3)

Base: Online and paper survey respondents (1,006)



- 4.2.23 As shown in **Figure 53**, females were more likely than males to prefer Option 1 (69% compared with 56%) and males were likely to prefer neither (22% compared with 14%). This pattern was seen in the on-street survey. By age, respondents aged 65 and above were more likely to prefer Option 2 than other age groups (21%), with the exception of the 16-24 age group (27%), although there were only 15 respondents in that age group that took part in the survey.

Figure 53 – Online and paper survey: Which of these two options is your preferred option? (Q3) by sex and age

Base: Online and paper survey respondents (1,006)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Option 1 - 24 hour Urgent Treatment Centre	56%	69%	67%	70%	67%	62%	63%
Option 2 - Urgent Treatment Centre open 8am to midnight	17%	14%	27%	5%	11%	11%	21%
Either	4%	2%	-	4%	3%	2%	3%
Neither	22%	14%	7%	19%	19%	23%	12%
Don't know	1%	1%	-	1%	0%	1%	1%
Base	308	657	15 ⁷	74	270	246	374

- 4.2.24 The majority of those who had a disability, long-term illness or health condition and the majority of those who did not preferred Option 1 (64% and 65% respectively). However, those who had a disability, long-term illness or health condition were more likely to say they preferred neither option (20%) than those who did not have one (14%). This is shown in **Figure 54**.

Figure 54 – Online and paper survey: Which of these two options is your preferred option? (Q3) by disability, long-term illness or health condition

Base: Online and paper survey respondents (1,006)

Response	Disability, long-term illness or health condition	None
Option 1 - 24 hour Urgent Treatment Centre	64%	65%
Option 2 - Urgent Treatment Centre open 8am to midnight	13%	16%
Either	2%	3%
Neither	20%	14%
Don't know	1%	1%
Base	415	525

- 4.2.25 There was no significant difference in preferences for either option by district, with the majority in both districts saying they preferred Option 1 (62% in Hambleton and 66% in Richmondshire), as shown in **Figure 55**. As shown, respondents who lived further away from the hospital (6-10 miles and 11+ miles) were more likely to prefer Option 2 (18% and 17% respectively) than those who lived closest within five miles (9%).

⁷ Small base size so percentages should be interpreted with caution.

Figure 55 – Online and paper survey: Which of these two options is your preferred option? (Q3) by district and distance from the Friarage Hospital

Base: Online and paper survey respondents (1,006)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Option 1 - 24 hour Urgent Treatment Centre	62%	66%	66%	61%	64%
Option 2 - Urgent Treatment Centre open 8am to midnight	17%	10%	9%	18%	17%
Either	3%	4%	2%	4%	3%
Neither	17%	19%	22%	17%	15%
Don't know	1%	1%	1%	-	1%
Base	548	154	294	207	487

4.2.26 Over six in ten of those associated with the armed forces (64%) and a similar proportion of those not associated said they preferred Option 1 (65%). There was no significant difference between the two. Smaller proportions preferred Option 2 (13% and 16% respectively), as shown in **Figure 56**.

Figure 56 – Online and paper survey: Which of these two options is your preferred option? (Q3) by armed forces association

Base: Online and paper survey respondents (1,006)

Response	Associated with armed forces	Not associated
Option 1 - 24 hour Urgent Treatment Centre	64%	65%
Option 2 - Urgent Treatment Centre open 8am to midnight	13%	16%
Either	3%	3%
Neither	20%	15%
Don't know	1%	1%
Base	240	702

4.2.27 Around two thirds of those who had caring responsibilities (66%) and those who did not (65%) preferred Option 1. However, respondents who did not have caring responsibilities were more likely to prefer Option 2 (17% compared with 12%) and those with caring responsibilities were more likely to prefer neither option (19% compared with 14%). This is shown in **Figure 57**.

Figure 57 – Online and paper survey: Which of these two options is your preferred option? (Q3) by caring responsibilities

Base: Online and paper survey respondents (1,006)

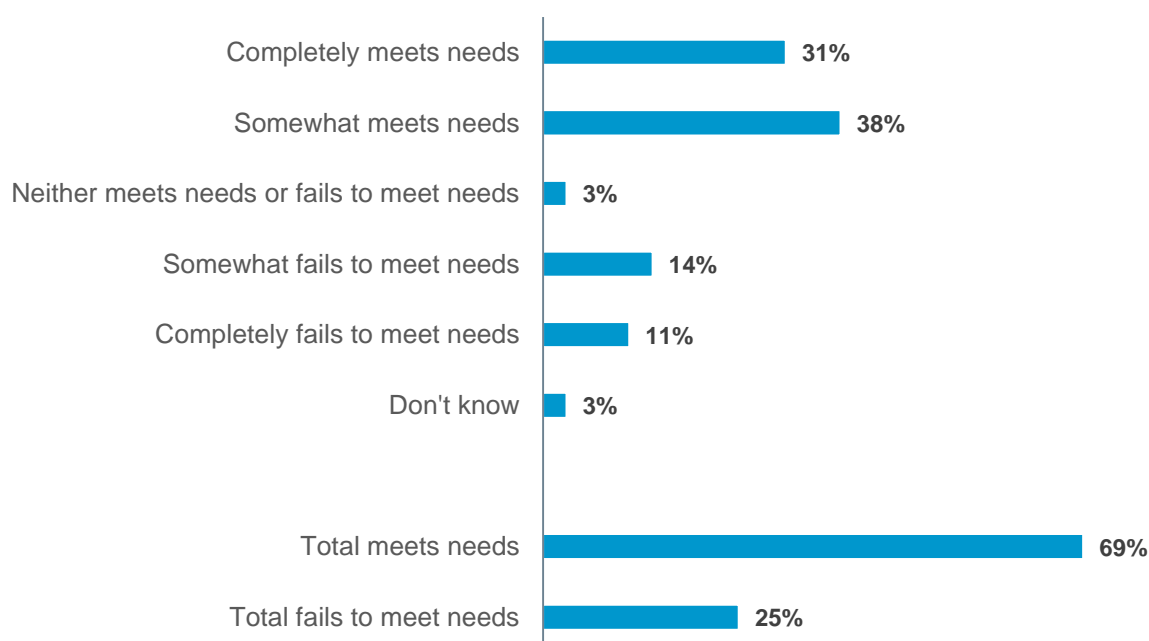
Response	Caring responsibilities	None
Option 1 - 24 hour Urgent Treatment Centre	66%	65%
Option 2 - Urgent Treatment Centre open 8am to midnight	12%	17%
Either	2%	3%
Neither	19%	14%
Don't know	1%	0%
Base	365	539

Does Option 1 meet people's needs?

4.2.28 As seen in the on-street survey, the majority of respondents in the online and paper survey (69%) felt that Option 1 met their needs (31% completely and 38% somewhat), as shown in **Figure 58**. By contrast only 25% said it failed to meet their needs (14% somewhat and 11% completely), but this was higher than in the on-street survey (13%). Only 3% said it neither met them nor failed to meet them.

Figure 58 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4)

Base: Online and paper survey respondents (977)



4.2.29 As shown in **Figure 59**, females were more likely to say that Option 1 met their needs than males (73% compared with 64%) and males were more likely to say it

failed to meet their needs (31% compared with 21%). By age, those in the 55-64 age group were most likely to say that Option 1 failed to meet their needs (29%). Those aged 16-24 were more likely than other age groups to say Option 1 met their needs (93%), but the base size was low for that age group.

Figure 59 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by sex and age

Base: Online and paper survey respondents (977)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	64%	73%	93%	73%	69%	63%	72%
Neither meets needs nor fails to meet needs	3%	4%	-	3%	4%	5%	2%
Fails to meet needs	31%	21%	7%	24%	25%	29%	21%
Don't know	2%	3%	-	-	1%	3%	4%
Base	299	640	15 ⁸	74	267	244	352

4.2.30 Respondents who had a disability, long-term illness or health condition were more likely to say that Option 1 did not meet their needs than those who did not (28% compared with 21%), although the majority of that group said that Option 1 did meet their needs (66%). This is shown in **Figure 60**.

Figure 60 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition

Base: Online and paper survey respondents (977)

Response	Disability, long-term illness or health condition	None
Meets needs	66%	73%
Neither meets needs nor fails to meet needs	3%	4%
Fails to meet needs	28%	21%
Don't know	3%	3%
Base	399	514

4.2.31 There was little difference by district, with the majority in both Hambleton and Richmondshire saying that Option 1 met their needs (69% and 72% respectively), as shown in **Figure 61**. There were also no significant differences seen by distance from the hospital.

⁸ Small base size so percentages should be interpreted with caution.

Figure 61 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital
Base: Online and paper survey respondents (977)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Meets needs	69%	72%	65%	70%	71%
Neither meets needs nor fails to meet needs	4%	3%	5%	4%	3%
Fails to meet needs	24%	24%	28%	25%	22%
Don't know	3%	1%	2%	2%	4%
Base	531	148	288	200	472

4.2.32 Despite 64% saying that Option 1 met their needs, respondents who were associated with the armed forces were more likely to say that Option 1 failed to meet their needs (28%) than those who were not associated with the armed forces (21%), as shown in **Figure 62**.

Figure 62 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association
Base: Online and paper respondents (977)

Response	Associated with armed forces	Not associated
Meets needs	64%	73%
Neither meets needs nor fails to meet needs	5%	3%
Fails to meet needs	28%	21%
Don't know	3%	3%
Base	236	677

4.2.33 As shown in **Figure 63**, respondents who had caring responsibilities were more likely to say that Option 1 failed to meet their needs (28%) than those who did not have them (20%). However, two thirds (67%) of those with caring responsibilities said that the option met their needs.

Figure 63 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities
Base: Online and paper survey respondents (977)

Response	Caring responsibilities	None
Meets needs	67%	74%
Neither meets needs nor fails to meet needs	3%	3%
Fails to meet needs	28%	20%

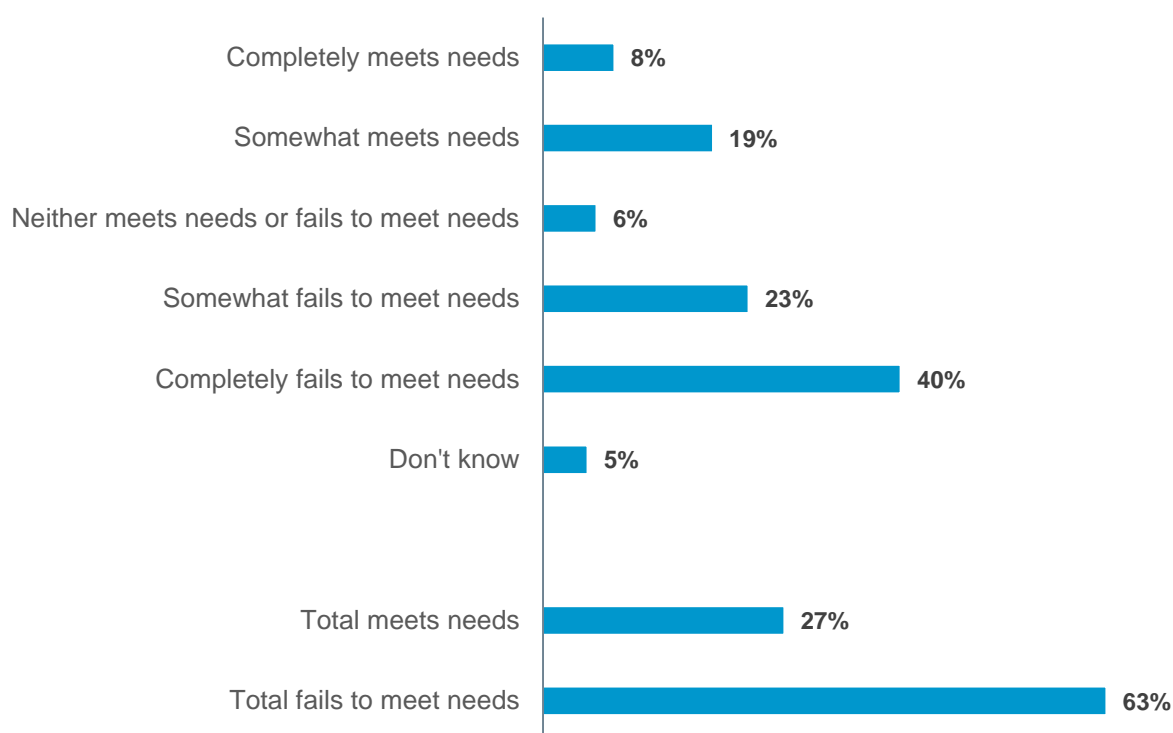
Response	Caring responsibilities	None
Don't know	2%	3%
Base	355	521

Does Option 2 meet people's needs?

4.2.34 Six in ten (63%) respondents felt that Option 2 failed to meet their needs (40% completely and 23% somewhat), a larger proportion than that which felt it did meet their needs (27% - 8% completely and 19% somewhat), as shown in **Figure 64**.

Figure 64 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4)

Base: Online and paper survey respondents (978)



4.2.35 There was little difference by sex. As shown in **Figure 65**, respondents aged 65 and above were most likely to say that Option 2 met their needs, although half of that age group (51%) still felt that it did not meet their needs.

Figure 65 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by sex and age

Base: Online and paper survey respondents (978)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Meets needs	28%	27%	27%	18%	25%	23%	33%
Neither meets needs nor fails to meet needs	7%	6%	-	8%	6%	5%	7%
Fails to meet needs	60%	63%	73%	74%	68%	68%	51%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Base	296	641	15 ⁹	74	267	243	352

- 4.2.36 Respondents who had a disability, long-term illness or health condition were less likely to say that Option 2 met their needs than those who did not (23% compared with 32%). This is shown in **Figure 66**.

Figure 66 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition

Base: Online and paper survey respondents (978)

Response	Disability, long-term illness or health condition	None
Meets needs	23%	32%
Neither meets needs nor fails to meet needs	7%	6%
Fails to meet needs	65%	59%
Don't know	6%	4%
Base	400	513

- 4.2.37 Respondents in Richmondshire were more likely to say that Option 2 did not meet their needs than those from Hambleton (68% compared with 58%), as shown in **Figure 67**. Those living within five miles of the hospital were less likely to say that Option 2 met their needs (18%) than those living further away (30% to 31%).

Figure 67 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital

Base: Online and paper survey respondents (978)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Meets needs	30%	24%	18%	31%	30%
Neither meets needs nor fails to meet needs	6%	7%	8%	3%	6%
Fails to meet needs	58%	68%	66%	64%	60%
Don't know	6%	1%	7%	2%	4%
Base	529	152	283	201	477

- 4.2.38 Respondents who were associated with the armed forces were less likely to feel that Option 2 met their needs (22%) than respondents not associated with the armed forces (29%), as shown in **Figure 68**.

⁹ Small base size so percentages should be interpreted with caution.

Figure 68 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association

Base: Online and paper respondents (978)

Response	Associated with armed forces	Not associated
Meets needs	22%	29%
Neither meets needs nor fails to meet needs	8%	6%
Fails to meet needs	66%	60%
Don't know	3%	5%
Base	232	683

4.2.39 As shown in **Figure 69**, respondents who had caring responsibilities were more likely to say that Option 2 did not meet their needs (68%) than those who did not (58%).

Figure 69 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities

Base: Online and paper survey respondents (978)

Response	Caring responsibilities	None
Meets needs	24%	30%
Neither meets needs nor fails to meet needs	6%	7%
Fails to meet needs	68%	58%
Don't know	3%	5%
Base	357	523

Comments about Option 1

4.2.40 Online and paper survey respondents were also asked their comments about Option 1. These were captured verbatim and coded into themes. **Figure 70** shows the list of themes ordered by frequency. As shown, 36% felt that 24 hours (Option 1) is better than Option 2. This was followed by 22% saying they preferred to have a full A&E department and 20% felt that neither of the options were what they wanted. The full list of themes is shown in the figure.

Figure 70 – Online and paper survey: Do you have any comments about Option 1 (24 hour Urgent Treatment Centre)? (Q7)

Base: Respondents who gave an answer (539)

Theme	Frequency	Percentage
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Theme	Frequency	Percentage
24 hours (Option 1) is better than 16 hours 8-12 (Option 2)	194	36%
Preference for a full emergency A&E dept still	120	22%
Option 1/neither Option 1 nor Option 2 are any good/what we want	108	20%
It is needed/necessary for local people's health and safety	89	17%
Depends if can get the staff/resolve staffing issues/make plans to meet demand or plan accordingly to lack of demand i.e. no 24 hour opening	68	13%
It's only minor so it is not enough as doesn't cover major issues - will be a waste of time/money / safety concerns / service needs be more sufficient	64	12%
Good option/idea/fulfils criteria	57	11%
Better than nothing/minimum service	45	8%
Necessary in a large/rural county with long distances between places	39	7%
Will it be cost effective/sustainable/viable?	37	7%
Saves going to the James Cook University Hospital/other hospitals	24	4%
Need clearer communication/clarity around services and as to what is considered as urgent	21	4%
Puts too much pressure on other hospitals and ambulance services	6	1%
It is OK	5	1%
It is no different - just the same as out of hours GP/pharmacy	4	1%
Don't know - don't use / not bothered	3	1%
It is OK for minor issues/care	3	1%
Other	9	2%
Base	-	539

Comments about Option 2

4.2.41 Respondents were also asked to provide comments about Option 2. Again, these were captured verbatim and coded into themes. **Figure 71** shows the list of themes ordered by frequency. As shown, 29% said they didn't like the option and that it did not provide enough hours or was not viable and a further 26% said that they can't predict when they are going to be ill, that 16 hours a day is not enough and that they need 24 hour care. A further 20% felt the option did not meet the needs of the local community and a similar proportion (19%) mentioned that not everyone has transport and the alternative hospitals are too far away. The full list of themes is shown in the figure.

Figure 71 – Online and paper survey: Do you have any comments about Option 2 (Urgent Treatment Centre open 8am to midnight)? (Q8)
Base: Respondents who gave an answer (559)

Theme	Frequency	Percentage
Don't like the option/inadequate option/not sufficient hours/not viable	163	29%
Can't predict when going to be ill/it is not enough time/we	145	26%

Theme	Frequency	Percentage
need 24 hour care		
Does not meet the needs (including safety) of the area/community	112	20%
Not everyone has transport / it is a long way / too far to an alternative / demand in rural area	108	19%
Cheaper to run/staffing/sustainable/feasible	48	9%
Good idea/option/preferable	35	6%
It will be hard to staff/maintain	30	5%
It is just more of a downgrade/cost cutting of our medical facilities	27	5%
Preference for a full A&E/Emergency dept still	24	4%
Better than nothing/minimum service provided	22	4%
Puts more pressure on other hospitals/emergency services / too busy/too high a demand	22	4%
Preferable so long as GP out of hours remains/service is managed and sustained properly	17	3%
It is confusing - people won't know when it is open/where to go / more clarity needed	17	3%
Waste of money/time/resources	6	1%
Neither option is any good	5	1%
Don't think taking a sample is a way to consult people/poor consultation	4	1%
Saves going to the James Cook University Hospital	2	0%
Other	14	3%
<i>Base</i>	-	559

Easy Read survey

Option preference

- 4.2.42 Easy Read survey respondents were asked to choose which option they preferred choosing between Option 1 and Option 2. All 16 chose Option 1 (100%).

Comments about Option 1

- 4.2.43 Easy Read survey respondents were asked if they had any comments about Option 1. Five respondents (31%) felt that having an Urgent Treatment Centre that was open 24 hours a day meant that they would not need to travel at night or pay expensive taxi costs to access services, as they would be able to access care close to where they live.
- 4.2.44 Four respondents (25%) said they preferred Option 1 over Option 2 in the comments.
- 4.2.45 Four respondents (25%) felt that Option 1 maximises the public's feelings of safety and reassures them that they can still access care overnight. One respondent (6%) said they thought Option 1 was a good idea.
- 4.2.46 One (6%) felt that Option 1 was the better of two poor choices.

- 4.2.47 One (6%) suggested that the number of patients using the Urgent Treatment Centre should be reviewed over the winter in case the number of users overnight increases and then a decision about the opening hours should be made.

Comments about Option 2

- 4.2.48 Easy Read Survey respondents were also asked if they had any comments about Option 2. One (6%) suggested that the number of patients using the Urgent Treatment Centre should be reviewed over the winter in case the number of users overnight increases and then a decision about the opening hours should be made.
- 4.2.49 Six Easy Read survey respondents (38%) felt that Option 2 does not meet the care needs of the community, especially during the night and for those who are elderly, vulnerable and less independent than others.
- 4.2.50 Five respondents (31%) said they thought that Option 2 was a bad, poor or inadequate option.
- 4.2.51 Two (13%) felt that Option 2 does not work for people who do not drive or those who live in rural areas with long distances to travel to access care at alternative locations.
- 4.2.52 A further two respondents (13%) felt that Option 2 was not sustainable in the long-term as it would increase pressure elsewhere on other services based in other locations.

Focus groups with the public

Preference for Option 1

- 4.2.53 There was a general preference at the focus groups for Option 1 over Option 2 in line with the results from the surveys, with participants expressing a desire to continue to see urgent local care services provided at the Friarage Hospital for 24 hours a day, seven days a week. Participants felt that illness and injury could occur at any time of the day or night and that they would worry if there was not somewhere local they could be seen that was open all the time.

I don't understand who in their right mind, if it was Option 1 or Option 2, would say, 'I'm not planning on being ill after midnight, let's vote for Option 2'.

Northallerton 21/11/19

I would like it to be open for 24 hours, regardless of whether or not I ever use it. Touch wood, I'd rather have it and hope I never needed it.

Northallerton 21/11/19

Unfortunately, I can't pick and choose when my children are going to become ill.

Northallerton 14/10/19

Sustainability of Option 1

- 4.2.54 However, some questioned why Option 1 was being offered if it was not viable in the long-term given staff recruitment issues and low usage by patients overnight. This was compounded by some of the consultation materials suggesting that Option 1 might be unsustainable in the future.

I don't really understand why they've given two options if they're saying that one is unsustainable. That's what's annoying for me about this. Why do they give Option 1 if they're clearly saying that it's not sustainable?

Richmond 21/10/19

Some support for Option 2

- 4.2.55 Despite many at the focus groups preferring Option 1, a few participants from Richmond preferred Option 2 as it would mean that a local urgent care service at the Friarage Hospital was adequately staffed, sustainable in the long-term and provided high quality care, even if that was not an ideal solution for the local population.

I'd say Option 2 if there's a staffing issue...It's probably not ideal, but we don't live in an ideal world.

Richmond 21/10/19

Option 2. I think NHS staff already work quite long hours as it is. If you're going in, you'd want to be seen by someone who isn't over-stressed.

Richmond 21/10/19

Cynicism about the reported number of attendances at the Urgent Treatment Centre overnight

- 4.2.56 A few at the second Northallerton focus group were cynical about the numbers of patients being seen overnight at the Urgent Treatment Centre and said that this did not tally with their personal experience or anecdotal evidence they had heard.

When I had that accident, I was sat two or three hours waiting to be seen. So, there were more than three or four people in front of me.

Northallerton 21/11/19

They're clever, because it averages out. There was something bandied about the impact on A&E at James Cook. It works out at about eight a night. Eight people across the A&E. The fact that there are maybe 50 or 60 on a Saturday night...that's just propaganda. They must think we're all stupid.

Northallerton 21/11/19

Desire for A&E department to be reopened

- 4.2.57 Some at the focus groups said they preferred neither option and expressed a wish that the A&E department was reopened in Northallerton. This is covered in further detail in **section 4.6** of the report.

Neither option is acceptable from my point of view. They should be looking at growing the facility in my opinion.

Richmond 21/10/19

I can't say that I would prefer Option 1 or Option 2 because I actually think that those options are not what Northallerton and the surrounding area need. Northallerton needs an A&E department.

Northallerton 14/10/19

Concerns about the consultation options

- 4.2.58 Some questioned the consultation process and expressed their disappointment that the option to reinstate the A&E department was not included in the consultation process, despite reassurances when it was closed that the closure was only temporary. That made them feel that the consultation was pointless and that the decision about the future of the service had already been made, without taking the wishes of the public on board.

Looking at that, it is pretty obvious that they've already decided A&E is not coming back. There are only two options available there...There's no mention of a third option there of bringing the A&E department back. They've already decided, so why are they having a public consultation?

Northallerton 14/10/19

There is actually no point whatsoever in us taking this any further because the decision has already been made.

Northallerton 21/11/19

I think it's the constant deceit as well. They're constantly saying that it's temporary measures. It was never temporary. It's permanent.

Northallerton 21/11/19

Public consultation events

Preference for Option 1 – safety and peace of mind

- 4.2.59 Some event attendees expressed a preference for Option 1, as, like focus group participants, they felt that someone may need care and treatment overnight in the local area, close to where they live. Some said that this felt the safer option to them and having a 24 hour care facility close to them in case they unexpectedly felt unwell or suffered an accident would give them peace of mind. This was particularly expressed by those attending the Northallerton events.

Sustainability of Option 1

- 4.2.60 Some event attendees when they heard at the events that Option 1 might not be sustainable in the long-term future questioned why the option was included in the consultation. There were also worries expressed at the events over the impact of Option 1 on staff morale and wellbeing that could be adversely affected if the numbers of patients they were treating overnight were so low. Some felt that there was no need for the Urgent Treatment Centre to be open 24 hours a day, given the provision of an out of hours GP service at the hospital site.
- 4.2.61 Some, however, accepted that although Option 1 might be their preferred option, if it was not sustainable in the long-term then they would accept Option 2, as it was better than no urgent care being provided at all at the hospital.

Support for Option 2

- 4.2.62 Although many that attended the events arrived with a clear preference for Option 1, for some this attitude shifted to support for Option 2 once they had heard presentations from CCG and Trust representatives. They felt that Option 2 should be

implemented given that it was more sustainable and realistic than Option 1. Their reasoning was that it would be easier to recruit and retain staff to provide the service and that the number of patients who used the service overnight was low and that these patients could be seen elsewhere or at another time. Some said they did not realise that the number of patients seen overnight was so small and it was this that had shifted their attitude.

- 4.2.63 Some also felt that it was a waste of NHS resources to staff a facility overnight that only treated a handful of patients, particularly if those patients could be treated elsewhere, such as at the GP out of hours service based at the site.

With more publicity Option 2 would be viewed more positively

- 4.2.64 At the Bedale and Leyburn events it was mentioned that although there was a general public preference for the provision of 24 hour care at the Urgent Treatment Centre, with the right public communication about the facts and figures this attitude could be shifted. It was felt that if people understood why Option 2 is more sustainable and realistic in the long-term and that not many patients would be affected by the changes to the opening hours, the public may view Option 2 in a more positive light. This would, however, have to coincide with clear communication to patients about where to go and who to contact in relation to health matters to reassure them they could always access the right care when they required it.

Negativity about Option 2

- 4.2.65 Despite some support for Option 2 at the events, there was also some negativity, which centred around worries about needing care overnight and not being able to access other hospitals in an emergency. There was also a concern expressed that if the Urgent Treatment Centre was closed overnight, patients needing care and treatment overnight would not know where to go.
- 4.2.66 A few attendees in Northallerton questioned why staff did not want to work overnight and felt that it was part of the job.
- 4.2.67 Some also worried about a slow decline in service provision at the Friarage Hospital and worried that the Urgent Treatment Centre might see further reductions in service in the future.

Desire for A&E department to be reopened and concerns about the consultation options

- 4.2.68 As with the focus groups, some event attendees were sceptical about the closure of the A&E being classed as “temporary” in March, as its reinstatement was not included as an option in the consultation. A few felt that an Urgent Treatment Centre was a poor substitute for an A&E department and that the public should be consulted over whether the A&E department should be reopened or remain closed.

VCSO focus groups

Bedale Community Minibus Group

- 4.2.69 Option 1 was preferred by the group, with a suggestion that demand for the Urgent Treatment Centre is going to increase as the population changes.

Darlington Mind

- 4.2.70 Of the two options presented, it was felt by all seven participants that Option 1 would better serve the local community. The risk of suddenly feeling ill overnight was highlighted as a reason for a preference for 24 hour a day care provision over the reduced opening hours of Option 2.

Northallerton and the Dales Mencap Society

- 4.2.71 Everyone in the group had a preference for Option 1. It was felt that this option would be better in terms of accessible healthcare provision at all times and that people felt safer being treated at the Friarage Hospital than at other locations.
- 4.2.72 No-one in the group preferred Option 2, with all participants expressing concerns about public safety if there was no adequate overnight care provision overnight. There was a perception that those who were elderly or those who had young children might worry about not being able to access the right services at night when they needed them if the Urgent Treatment Centre was closed then.
- 4.2.73 Concern was expressed about the journey time to the James Cook University Hospital, especially in winter and the lack of public transport options to travel there. There was also a perception that A&E waiting times at the James Cook University Hospital were long and this worried participants.
- 4.2.74 There was a suggestion that Option 1 should be tried first before consideration was given to Option 2.

North Yorkshire Youth

- 4.2.75 All 15 participants chose Option 1 as their preference, stating that it is more beneficial for them and the local community if the Urgent Treatment Centre is open for more time rather than less.
- 4.2.76 Participants commented that they would not want to travel to another hospital if they were unwell or injured after midnight and felt that Option 2 would disadvantage families.
- 4.2.77 Participants felt that reopening the A&E department was a better option than having an Urgent Treatment Centre based at the Friarage Hospital.

Stokesley and District Community Care Association

- 4.2.78 Four out of five participants said they preferred Option 1 due to concerns that closing the Urgent Treatment Centre overnight would impact elderly patients who may have a fall in the middle of the night. There was also a concern about the distance of other hospitals and the impact this might have on patients' visitors.
- 4.2.79 However, there was recognition that being able to sustain a 24 hour Urgent Treatment Centre was challenging from a cost and staffing perspective and the group appreciated that the majority of patients were seen between 8am and midnight.
- 4.2.80 The one participant who preferred Option 2 said it was because they appreciated that meeting the costs to staff an Urgent Centre Treatment open 24 hours a day

would be challenging. However, they would prefer Option 1 if they thought it was sustainable.

Northallerton Over Fifties Forum (NAOFF)

- 4.2.81 All 20 participants thought Option 1 was the most appropriate option for the Northallerton community. Reasons for this were not stated.

A1 Community Works

- 4.2.82 Five participants stated a preference for Option 1, one participant was unsure, and three participants stated a preference for Option 2, as they thought it was more sustainable and viable financially.

Samaritans Northallerton

- 4.2.83 There was a mixed response to the two proposed options. Some participants felt that Option 2 was more realistic as it was more economical and thought it was viable if there was still a pharmacy open 24 hours a day at the site, there was mental health provision provided out of hours and adequate ambulance cover with quick response times was provided to cover emergencies. They thought Option 2 was better than the full closure of urgent local care services at the hospital.
- 4.2.84 However, others felt that Option 1 could provide greater reassurance to the local community as it provided overnight care close to where they live.
- 4.2.85 There was discussion about the need for publicity to make the public aware about what conditions the Urgent Treatment Centre will treat and the difference between GP services and those provided by an A&E department.

Other feedback

Letter from local MP

- 4.2.86 Rishi Sunak, the Member of Parliament for Richmond, wrote to the CCG on 20 January 2020 to say he was in favour of Option 1 and highlighted the need for an Urgent Treatment Centre in Northallerton that is open 24 hours a day. He suggested that this was necessary to ensure public confidence in the emergency service is maintained and to safeguard the long-term future of the Friarage Hospital.
- 4.2.87 The letter expressed concerns around accessibility issues for his constituents in relation to Option 2 when the facility would be closed overnight.

Leyburn Medical Practice Patient Participation Group

- 4.2.88 In a letter, the Leyburn Medical Practice Patient Participation Group expressed support for Option 2. This decision was made taking into account the financial constraints in the NHS, small numbers of patients using the Urgent Treatment Centre overnight, the ability of the NHS 111 to signpost patients to alternative sites in an emergency and local access to GP out of hours services. However, the group conceded that Option 1 was preferable in an ideal world.

Richmond Town Council

- 4.2.89 The working group's opinion was split between the two options. Three councillors supported Option 1, feeling that retaining 24 hour opening hours at the Urgent Treatment Centre was crucial for patient welfare and the public perception of the NHS. Two councillors supported Option 2 thinking that requiring nurses overnight might dissuade them from working at the Urgent Treatment Centre rather than attract them. One councillor was unsure of which option they were in support of.

Healthwatch North Yorkshire

- 4.2.90 In the independent report published by Healthwatch North Yorkshire it was claimed that most people told the organisation that they would favour Option 1 or they disagreed with Option 2¹⁰.

County Durham and Darlington NHS Foundation Trust

- 4.2.91 In a letter from the County Durham and Darlington NHS Foundation Trust Chief Executive, a preference for Option 1 was stated as it was thought that it would have less of an impact on urgent care overnight and carries less risk of Yorkshire Ambulance Service activity drifting into the out of hours period. Whilst the challenges of sustaining an Urgent Treatment Centre 24 hours a day are recognised, there is a worry that Option 2 would adversely affect patient waiting times at the Trust's A&E department over and above those that have already occurred as a result of the temporary changes made at the Friarage Hospital.

4.3 Criteria for the vision and proposed options

On-street survey

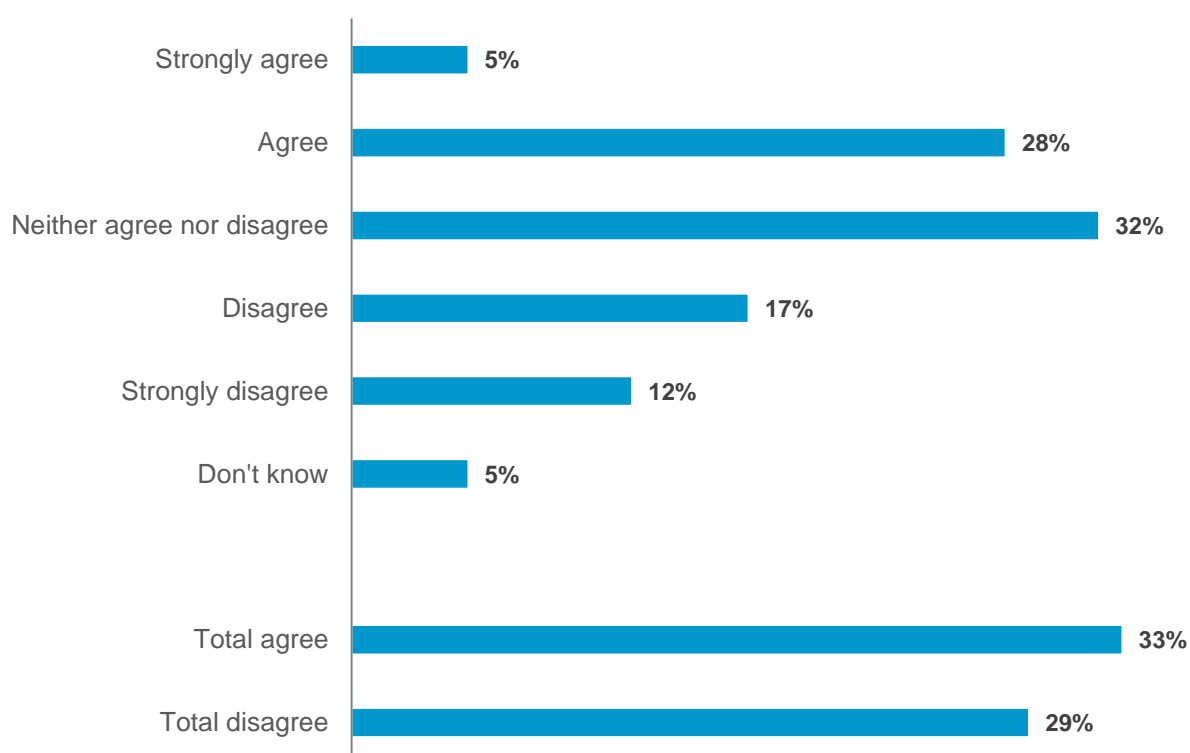
Agreement with the criteria

- 4.3.1 Respondents were shown a list of the criteria that had been used to develop the proposed vision and proposed options for the future of local care. These criteria were:
- safety/quality
 - accessibility
 - feasibility
 - affordability
 - clarity for the public (where to go and when)
 - opportunity for integration.
- 4.3.2 As shown in **Figure 72**, a slightly larger proportion of respondents agreed the criteria were the right ones (33% - 5% strongly agree and 28% agree) than disagreed (29%

¹⁰ Thoughts on changes to the Friarage Hospital report – Healthwatch North Yorkshire – January 2020

- 17% disagree and 12% strongly disagree). A third (32%) said they neither agreed nor disagreed.

Figure 72 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5)
Base: On-street survey respondents (601)



4.3.3 As shown in **Figure 73**, there was little difference between males and females in relation to their agreement that the criteria were the right ones. By age, respondents aged 16-24 were most likely to agree (56%) and least likely to disagree (10%). The agreement level was a lot lower for other age groups and was fairly consistent (29% to 34%).

Figure 73 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by sex and age
Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Agree	34%	33%	56%	31%	34%	29%	30%
Neither agree nor disagree	31%	33%	31%	31%	29%	36%	33%
Disagree	30%	28%	10%	31%	32%	30%	32%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Don't know	5%	6%	4%	8%	5%	5%	5%
Base	299	300	52	59	190	115	185

- 4.3.4 Respondents who had a disability, long-term illness or health condition were more likely to agree the criteria were the right ones than those who did not have one (38% compared with 32%), but this difference was not significant. This is shown in **Figure 74**.

Figure 74 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by disability, long-term illness or health condition

Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Agree	38%	32%
Neither agree nor disagree	26%	34%
Disagree	29%	30%
Don't know	7%	5%
Base	137	458

- 4.3.5 Respondents in Richmondshire were more likely to disagree with the criteria (36%) than those in Hambleton (23%), as shown in **Figure 75**. By distance from the hospital, those living closest within five miles and furthest at 11 miles or more away were more likely to disagree (31% and 32% respectively) than those living between six and ten miles away (19%).

Figure 75 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by district and distance from the Friarage Hospital

Base: On-street survey respondents (601)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Agree	35%	31%	21%	42%	35%
Neither agree nor disagree	38%	26%	43%	35%	27%
Disagree	23%	36%	31%	19%	32%
Don't know	4%	7%	4%	5%	6%
Base	300	301	134	106	354

- 4.3.6 As shown in **Figure 76**, there was no difference in the level of agreement between those associated with the armed forces and those not associated, with 33% in both groups saying they agreed.

Figure 76 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Agree	33%	33%
Neither agree nor disagree	36%	30%
Disagree	28%	30%
Don't know	3%	6%
Base	160	435

- 4.3.7 As shown in **Figure 77**, a larger proportion of those who had caring responsibilities agreed the criteria were the right ones than those who did not (38% compared with 32%), although this difference was not significant.

Figure 77 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities

Base: On-street survey respondents (601)

Response	Caring responsibilities	None
Agree	38%	32%
Neither agree nor disagree	26%	34%
Disagree	29%	30%
Don't know	8%	5%
Base	140	459

Comments about the criteria

- 4.3.8 Respondents were asked their comments about criteria. These were captured verbatim and coded into themes. **Figure 78** shows the list of themes ordered by frequency. As shown, the most common themes were that the hospital should be kept as it is, open as a fully functional hospital (22%) and that the area is large and the distance to other hospitals should be kept in mind as they are too far (22%). The full list of themes is shown in the figure.

Figure 78 – On-street survey: Do you have any comments on the criteria? (Q6) Coded responses

Base: Respondents who gave an answer (302)

Theme	Frequency	Percentage
The Friarage Hospital is a great hospital/leave it as it is and just keep it open as a fully functional hospital	66	22%
Area demographics and geography should be considered - It is a huge area so the distance to James Cook/other hospitals should be taken into account - it is too far for some people	66	22%
Can't have a time restriction- 24 hour care should be available	41	14%

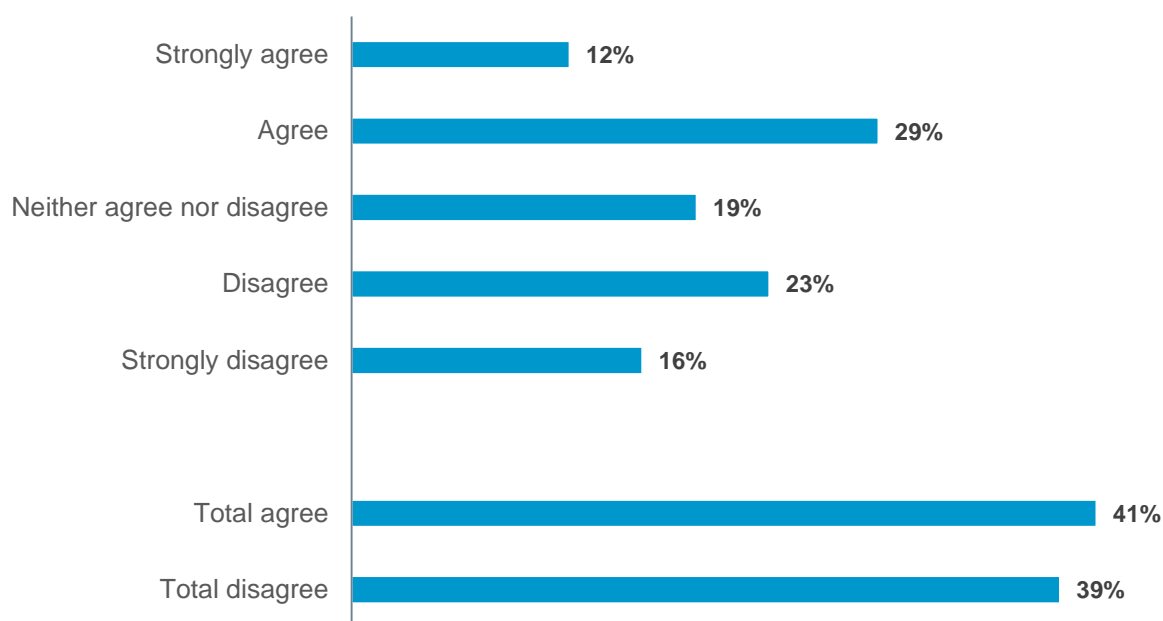
Theme	Frequency	Percentage
Need to reinstate an A&E department	40	13%
Need to keep it local meet the needs of local people	24	8%
Been lied to/not listened to/wasted our money - quality of care etc. has all gone downhill since the merger with South Tees/too many cuts made	21	7%
Don't know/don't know about it	15	5%
Good/acceptable - covers most things/positive about criteria	12	4%
It will happen anyway / the decision has already been made	12	4%
Anything is better than nothing - if it keeps it open	10	3%
Doesn't cover everything / not ideal	10	3%
It needs to happen / we need our NHS - under-resourced	8	3%
Level of demand is growing - more and more coming to area with new housing	8	3%
Accessibility is the main one/a priority	7	2%
It is just all about affordability/cost	7	2%
Whether people can drive / the cost of transport/parking should be considered	7	2%
Poor public transport in area	6	2%
Clarity is important to the public	4	1%
Safety/public health is priority	3	1%
Proper management needed at the Friarage Hospital - improving staffing levels, recruitment, staff retention, financial decisions	3	1%
Whether it is feasible i.e. is staffing and service adequate, are changes affordable, high pressures put on the other hospitals/services	2	1%
How much input did the patient/customer have with this? / poor research design / how much data was collected to arrive at criteria?	2	1%
<i>Base</i>	-	302

Online and paper survey

Agreement with the criteria

4.3.9 As seen in the on-street survey, a slightly larger proportion of respondents agreed the criteria were the right ones (41% - 12% strongly agree and 29% agree) than disagreed (39% - 23% disagree and 16% strongly disagree), as shown in **Figure 79**.

Figure 79 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5)

Base: Online and paper survey respondents (1,001)

4.3.10 As shown in **Figure 80**, there was little difference between males and females in relation to their agreement the criteria were the right ones. By age group, respondents aged 65 and above were most likely to agree (51%). The agreement level was a lot lower for other age groups and was fairly consistent (34% to 40%).

Figure 80 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by sex and age
Base: Online and paper survey respondents (1,001)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Agree	43%	42%	40%	34%	37%	37%	51%
Neither agree nor disagree	16%	21%	53%	26%	18%	19%	18%
Disagree	41%	37%	7%	41%	44%	44%	31%
Base	306	654	15 ¹¹	74	270	243	372

4.3.11 Respondents who had a disability, long-term illness or health condition were more likely to disagree the criteria were the right ones than those who did not have one (45% compared with 31%).

Figure 81 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by disability, long-term illness or health condition
Base: Online and paper survey respondents (978)

Response	Disability, long-term illness or health condition	None
Agree	36%	48%
Neither agree nor	19%	20%

¹¹ Small base size so percentages should be interpreted with caution.

Response	Disability, long-term illness or health condition	None
disagree		
Disagree	45%	31%
Base	414	522

- 4.3.12 There was little difference in the level of agreement by district. However, by distance from the hospital those who lived 11 or more miles away were more likely to agree (45%) than those who lived within five miles (35%), as shown in **Figure 82**.

Figure 82 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by district and distance from the Friarage Hospital

Base: Online and paper survey respondents (1,001)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Agree	43%	42%	35%	42%	45%
Neither agree nor disagree	19%	16%	22%	18%	19%
Disagree	38%	42%	43%	40%	36%
Base	545	154	292	205	486

- 4.3.13 As shown in **Figure 83**, a slightly larger proportion of those who had an association with the armed forces disagreed the criteria were the right ones (41%) than agreed (39%) and the level of disagreement was higher than those who did not have an association with the armed forces (36%), although this difference was not significant.

Figure 83 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by armed forces association

Base: Online and paper survey respondents (1,001)

Response	Associated with armed forces	Not associated
Agree	39%	45%
Neither agree nor disagree	20%	20%
Disagree	41%	36%
Base	240	698

- 4.3.14 As shown in **Figure 84**, respondents who had caring responsibilities were more likely to disagree (43%) than those who did not (33%).

Figure 84 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities

Base: Online and paper survey respondents (1,001)

Response	Caring responsibilities	None
Agree	37%	47%

Response	Caring responsibilities	None
Neither agree nor disagree	20%	20%
Disagree	43%	33%
Base	364	537

Comments about the criteria

- 4.3.15 Respondents were asked for their comments about the criteria. These were captured verbatim and coded into themes. **Figure 85** shows the list of themes ordered by frequency. As shown, the most common themes were that the area's demographics should be considered as the area is large and the distance for some to other hospitals should be taken into account (22%), the criteria does not cover everything (19%), and safety/public health is a priority (19%). A further 18% expressed their wish that the A&E department is reinstated, and the same proportion stressed the need for keeping healthcare services local to meet the needs of local people. The full list of themes is shown in the figure.

Figure 85 – Online and paper survey: Do you have any comments on the criteria? (Q6)

Coded responses

Base: Respondents who gave an answer (400)

Theme	Frequency	Percentage
Area demographics and geography should be considered - It is a huge area so the distance to James Cook/other hospitals should be taken into account - it is too far for some people	86	22%
Doesn't cover everything / not ideal	75	19%
Safety/public health is priority	75	19%
Need to reinstate A&E department	73	18%
Need to keep it local to meet the needs of local people	70	18%
Proper management needed at the Friarage Hospital - improving staffing levels, recruitment, staff retention, financial decisions	64	16%
Whether it is feasible i.e. is staffing and service adequate, are changes affordable, high pressures put on the other hospitals/services	51	13%
Accessibility is the main one/a priority	47	12%
It is just all about affordability/cost	41	10%
Can't have a time restriction- 24 hour care should be available	30	8%
Whether people can drive / the cost of transport/parking should be considered	27	7%
Been lied to/not listened to/wasted our money - quality of	27	7%

Theme	Frequency	Percentage
care etc. has all gone downhill since the merger with South Tees/too many cuts made		
Good/acceptable - covers most things/positive about criteria	24	6%
Clarity is important to the public	22	6%
Poor public transport in area	22	6%
How much input did the patient/customer have with this? / poor research design / how much data was collected to arrive at criteria?	21	5%
Level of demand is growing - more and more coming to area with new housing	18	5%
The Friarage Hospital is a great hospital/leave it as it is and just keep it open as a fully functional hospital	12	3%
It will happen anyway / the decision has already been made	7	2%
Anything is better than nothing - if it keeps it open	6	2%
It needs to happen / we need our NHS - under-resourced	6	2%
Don't know/don't know about it	3	1%
Other	10	3%
Base	-	400

Focus groups with the public

Importance of safety and quality

- 4.3.16 Focus group participants were shown the list of criteria and asked their opinion. Many felt that safety and quality were most important. There was also a suggestion that these should have been separated out into two criteria as they are two different aspects of care.

Safety and quality is by far the most important.

Richmond 21/10/19

Safety and quality should be two independent points really, rather than merging them together.

Richmond 21/10/19

Importance of accessibility

- 4.3.17 However, there was a general feeling that accessibility of services was also very important, and this was linked to safety, as people needed to be able to access the right treatment at the right time.

You need to be able to get there realistically.

Richmond 21/10/19

'Safe care' is more than just on site. Safe care is about getting to the hospital, travelling times.

Northallerton 14/10/19

Healthcare professionals should decide the criteria, not the public

- 4.3.18 Some participants in one of the Northallerton focus groups felt that being asked about the criteria was not a question that should be asked of the public, who had no expertise in healthcare provision and that the decision should be made by local health professionals. The public's concern was that healthcare services should be provided when they need them, where they need them.

I don't think that's a question to ask the public. The public want medical help, and they want it as close to the point of concern as possible.

Northallerton 21/11/19

You're asking the public to make the decisions for people that are being paid to make those decisions. It's not our problem. Our problem is the need for a hospital, where we need it, and when we need it.

Northallerton 21/11/19

Population changes

- 4.3.19 It was suggested at the focus groups that the ever-changing demographics of the area should be taken into account when planning healthcare service provision. It was felt that the local population was steadily growing, as well as ageing, and there was a worry that healthcare services would not be able to meet demand in the future.

Of course, with Northallerton growing, it's going to be even worse, isn't it? Is the Urgent Treatment Centre going to be able to cope with numbers now? What about in a year's time, with all these estates opening up?

Northallerton 14/10/19

You've got an ageing population which is going to rely more and more on doctors' provision and more intense care.

Richmond 21/10/19

Northallerton is growing faster than it ever has. They've got new schools and new houses. The population has gone up something like 20% in the last five years. They're reducing the capacity of the [Friarage] hospital at a time when everything is expanding far quicker than Middlesbrough is.

Stokesley 04/11/19

Clarity for the public over where to go and who to contact in relation to health matters

- 4.3.20 At some of the groups a desire was stated for more clarity for the public about what services were available where and for whom, as they felt that there was general low awareness amongst local people.

Clarity for the public is most important. We've all sat around the table here and heard things that we weren't aware of...That tells us from just a very

small sample group that actually the public awareness of what's available, where to go, when to go, is not good enough.

Richmond 21/10/19

Public consultation events

Positivity about the criteria

- 4.3.21 There was some praise at the events that the criteria had been well-thought out, were clear and easy to understand, and were aligned with patients' and the public's priorities.

Safety and high quality services

- 4.3.22 As at the focus groups, safety and the provision of high quality sustainable services was felt to be of paramount importance at the events, with many saying this is the most important and should come at the expense of the other criteria.
- 4.3.23 However, it was felt that in order to ensure public safety 24 hour care should be provided at the Urgent Treatment Centre as patients might feel unwell or suffer an accident at any time. This led to some worrying about the handful of patients the Urgent Treatment Centre sees overnight and where they would go to access alternative services.

Importance of accessibility

- 4.3.24 Event attendees also focused on accessibility as a criteria, with many expressing concerns over the large distances patients face in accessing other hospitals, such as the James Cook University Hospital. This is focused on in more detail in **sections 4.4 and 4.5**.
- 4.3.25 Like focus group participants, some felt that if patients had to travel long distances for healthcare services either by themselves or by ambulance this could compromise patient safety.

Population changes

- 4.3.26 Event attendees also highlighted the growing population in the area due to an increase of new housing developments. There were some concerns that local healthcare services were already not able to meet demand and they questioned whether the proposed model would be able to meet increased demand in the future.
- 4.3.27 At the second Northallerton event and at the Hawes event it was also highlighted that the local population was ageing, which would place even more demand on local healthcare services.

Clarity for the public over where to go and who to contact in relation to health matters

- 4.3.28 There was a discussion at most of the events that the public are not always well informed about how they can access local healthcare services. Like at the focus groups, event attendees mentioned that they were often unaware of local services that were available to them and when and how they should use them. This included a lack of awareness about the GP out of hours service that is located at the Friarage Hospital.

- 4.3.29 There was also some discussion about the NHS 111 service, with some praising its ease of use and others detailing negative personal experiences related to poor response times and the advice given. There was a feeling that the NHS 111 service was not very well publicised and there was a general lack of awareness of it. This meant that people often attended A&E departments as their first port of call, rather than accessing healthcare services through NHS 111. Event attendees suggested a range of media to use for publicity campaigns both in relation to NHS 111 and for publicising local healthcare services, such as social media, flyers, posters and advertising on television and radio.

Integration of services

- 4.3.30 Concerns were raised at the first Northallerton event and at the Hawes event that there was sometimes a lack of integration and communication between healthcare services that inconvenienced patients. It was felt that this could be improved to provide patients with safe joined-up care.

VCSO focus groups

Bedale Community Minibus

- 4.3.31 There was an argument that the Trust should look to multi-discipline teamwork to address the staffing issues faced. Participants also highlighted the benefits of living in the local area, such as pleasant surroundings and ease of travel and felt this would attract staff to work at the hospital.
- 4.3.32 There was a concern that more pressure will be placed on the Urgent Treatment Centre as GP practices refer more patients with minor illness and injury.

Darlington Mind

- 4.3.33 Generally, it was felt that the right criteria had been used. However, it was highlighted that in terms of accessibility, this differed from individual to individual, as some people did not drive and live in rural locations.

Northallerton and the Dales Mencap Society

- 4.3.34 No feedback about the criteria was provided.

North Yorkshire Youth

- 4.3.35 No feedback about the criteria was provided.

Stokesley and District Community Care Association

- 4.3.36 The group felt that safety and quality were key, and accessibility was important.
- 4.3.37 Concerns were raised about queues at the hospital and what would happen when the facility shut at midnight if Option 2 was taken forward. The impact of affordability of the options was also questioned.

Northallerton Area Over Fifties Forum (NAOFF)

- 4.3.38 The group was concerned that the criteria seemed to be based around staff shortages and not what the area actually required in terms of healthcare provision.

A1 Community Works

- 4.3.39 The group commented that there is a need to explore the causes of the staff recruitment issue. They suggested using a more creative model and looking at funding.

Samaritans Northallerton

- 4.3.40 No feedback on the criteria was provided.

Other feedback

Richmond Town Council

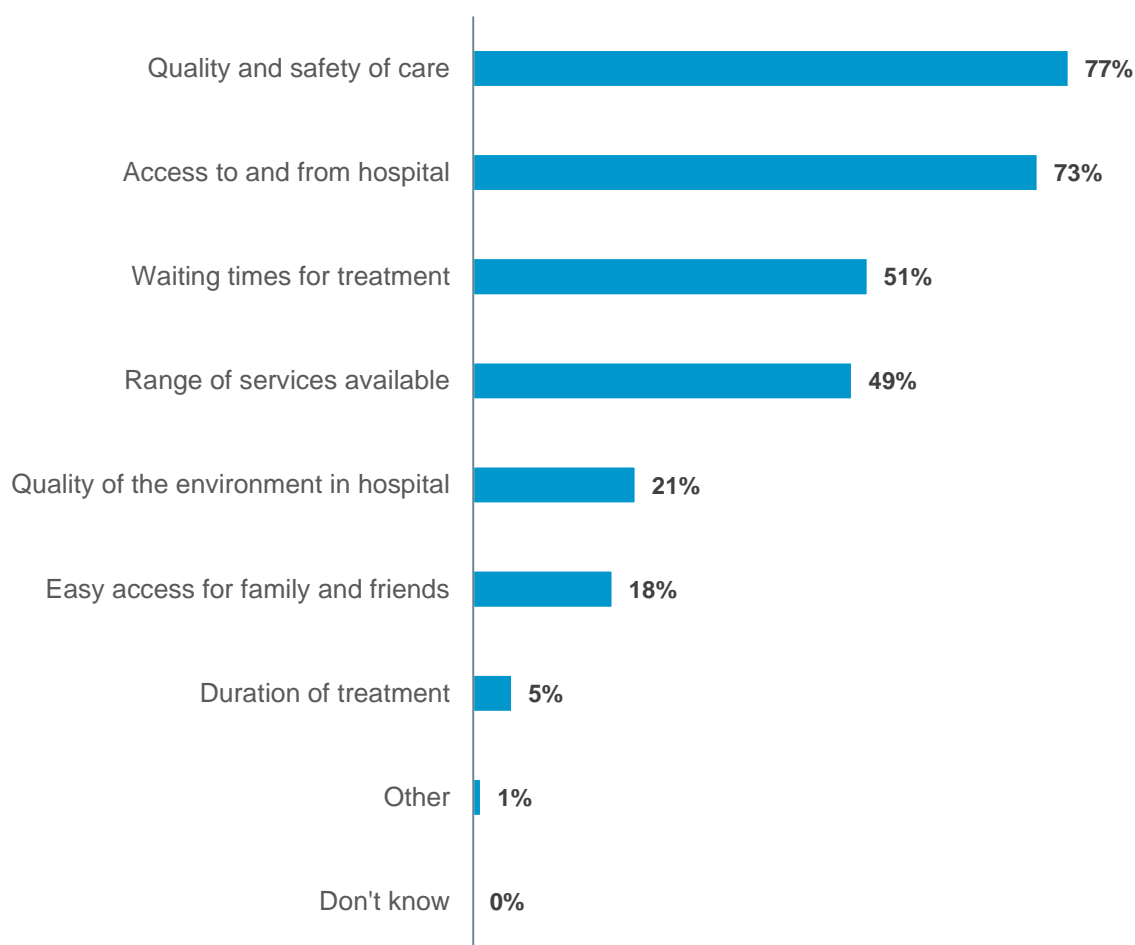
- 4.3.41 The working group felt that the public are in general poorly informed about what to do in a perceived emergency. Councillors suggested the CCG should arrange for leaflets to be available in public places like doctors' surgeries, council offices and libraries.

4.4 Important aspects of care

On-street survey

- 4.4.1 Respondents were asked to imagine if they or someone they care for is unwell and needs to be in hospital and asked what three things they felt were the most important. Respondents were able to select up to three responses from a list.
- 4.4.2 More than three quarters said that quality and safety of care was important (77%). This was closely followed by access to and from hospital which was important to 73% of respondents, as shown in **Figure 86**. A further 51% said waiting times for treatment, 49% said the range of services available and 21% said the quality of the environment in hospital. Smaller proportions said easy access for family and friends (18%) and duration of treatment (5%).

Figure 86 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10)

Base: On-street survey respondents (601)

4.4.3 As shown in **Figure 87**, there were a few differences by sex and age in regard to what people felt were important aspects of care. Males were more likely than females to think access to and from hospital was important (78% compared with 68%) and respondents in the middle age categories (25-34, 35-54 and 55-64) were more likely to say that the range of services available was important (51% to 59%) than those aged 16-24 and 65+ (33% and 44%).

Figure 87 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Quality and safety of care	76%	78%	79%	68%	79%	78%	76%
Access to and from hospital	78%	68%	67%	78%	72%	69%	77%
Waiting times for treatment	48%	55%	60%	47%	50%	45%	55%
Range of services available	53%	45%	33%	51%	52%	59%	44%
Quality of the environment in hospital	18%	24%	27%	29%	21%	22%	16%
Easy access for family and	20%	16%	23%	19%	18%	19%	16%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
friends							
Duration of treatment	5%	6%	10%	3%	4%	3%	6%
Other	1%	2%	-	2%	1%	-	3%
Don't know	0%	1%	-	-	-	1%	1%
Base	299	300	52	59	190	115	185

- 4.4.4 There were no significant differences in important aspects of care between those who had a long-term illness, disability or health condition and those who did not. This is shown in **Figure 88**.

Figure 88 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by disability, long-term illness or health condition
Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Quality and safety of care	74%	78%
Access to and from hospital	72%	73%
Waiting times for treatment	53%	51%
Range of services available	46%	50%
Quality of the environment in hospital	26%	19%
Easy access for family and friends	24%	16%
Duration of treatment	4%	6%
Other	1%	1%
Don't know	-	1%
Base	137	458

- 4.4.5 There were some key differences by district. Eight in ten Hambleton residents (81%) thought quality and safety care was important compared to 73% of Richmondshire residents and they were also more likely than Richmondshire residents to say that waiting times for treatment were important (56% compared with 46%). Respondents from Richmondshire, on the other hand, were more likely to feel that access to and from hospital was important (79% compared with 67%). There were no significant differences in important aspects of care by distance from the hospital. **Figure 89** summarises the differences by district and distance.

Figure 89 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by district and distance from the Friarage Hospital
Base: On-street survey respondents (601)

Response	Hambleton	Richmondshire	0-5 miles	6-10 miles	11+ miles
Quality and safety	81%	73%	80%	82%	75%

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
of care					
Access to and from hospital	67%	79%	67%	77%	74%
Waiting times for treatment	56%	46%	52%	56%	49%
Range of services available	45%	53%	52%	45%	49%
Quality of the environment in hospital	23%	19%	20%	17%	23%
Easy access for family and friends	16%	21%	20%	12%	19%
Duration of treatment	6%	5%	4%	5%	5%
Other	1%	2%	1%	-	2%
Don't know	1%	0%	-	1%	1%
Base	300	301	134	106	354

4.4.6 As shown in **Figure 90**, there was little difference between those who were associated with the armed forces and those who were not, with the most common aspect for both groups reported as quality and safety of care (79% and 76% respectively), closely followed by access to and from hospital (both 73%).

Figure 90 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Quality and safety of care	79%	76%
Access to and from hospital	73%	73%
Waiting times for treatment	49%	52%
Range of services available	50%	49%
Quality of the environment in hospital	18%	22%
Easy access for family and friends	19%	18%
Duration of treatment	6%	5%
Other	2%	1%
Don't know	1%	0%
Base	160	435

4.4.7 Amongst those who had caring responsibilities, although quality and safety of care was most common (78%), this was very closely followed by access to and from hospital (77%), as shown in **Figure 91**.

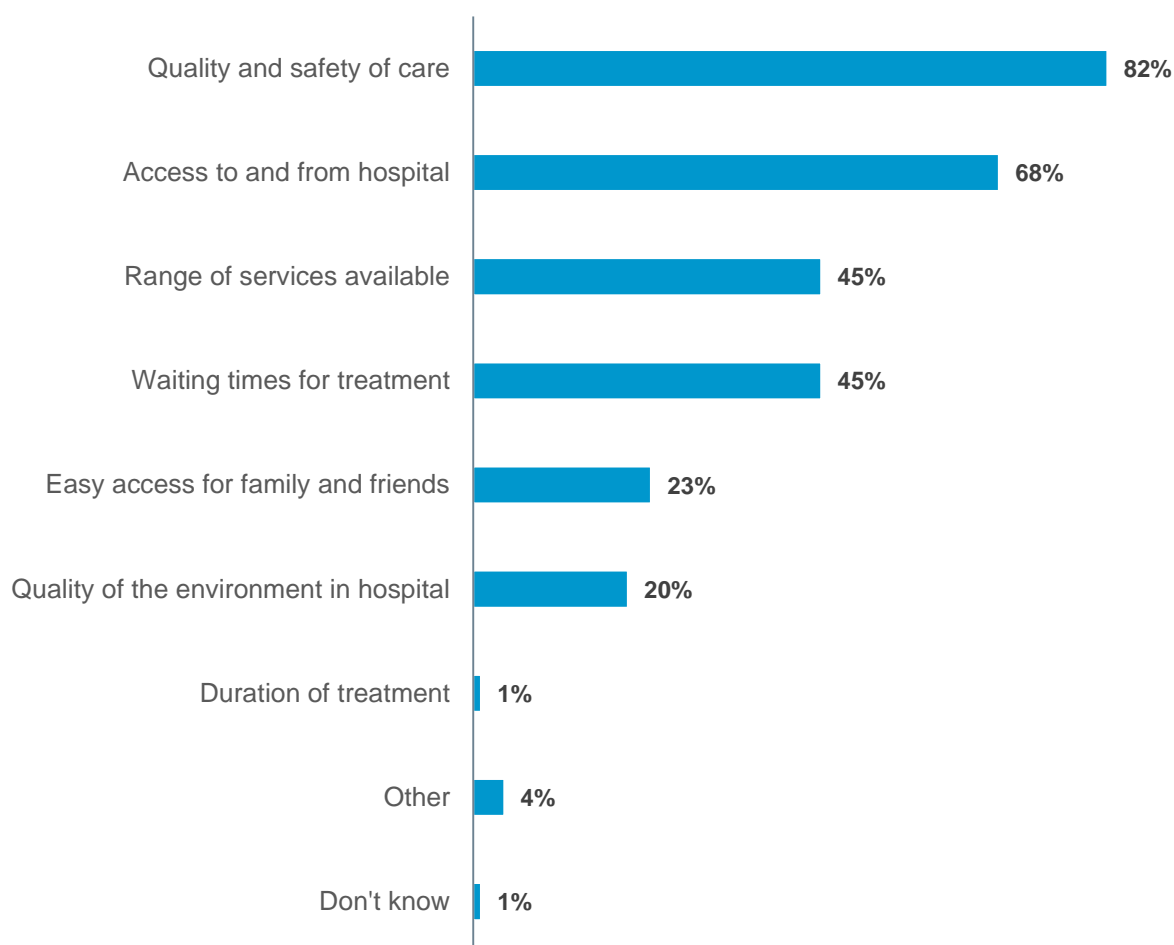
Figure 91 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities
Base: On-street survey respondents (601)

Response	Caring responsibilities	None
Quality and safety of care	78%	77%
Access to and from hospital	77%	72%
Waiting times for treatment	44%	53%
Range of services available	49%	49%
Quality of the environment in hospital	21%	21%
Easy access for family and friends	19%	18%
Duration of treatment	6%	5%
Other	1%	1%
Don't know	-	1%
Base	140	459

Online and paper survey

- 4.4.8 As with the on-street survey, quality and safety of care was the most common response in the online and paper survey (82%), followed by access to and from hospital (68%), which was also the second most common in the on-street survey. Range of services and waiting times for treatment were each felt to be important by 45%. A quarter (23%) felt that easy access for family and friends was important and 20% said the quality of the environment in the hospital. Only 1% felt that the duration of treatment was important. This is summarised in **Figure 92**.

Figure 92 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10)

Base: Online and paper survey respondents (998)

4.4.9 As shown in **Figure 93**, females were more likely to think that quality and safety of care was important (85%) than males (77%), but there were no other significant differences seen. Respondents aged 25-34 were most likely to say that quality and safety of care was important (92%), but this was fairly consistent for other age groups (80% to 85%). Respondents aged 16-24, 35-54 and 55-64 were more likely to think that the quality of the environment in hospital (47%, 24% and 24% respectively) than those aged 25-34 (16%) and 65+ (14%).

Figure 93 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by sex and age

Base: Online survey respondents (998)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Quality and safety of care	77%	85%	80%	92%	81%	85%	81%
Access to and from hospital	68%	69%	60%	74%	69%	69%	68%
Range of services available	48%	44%	40%	45%	46%	44%	47%
Waiting times for treatment	42%	46%	53%	48%	45%	43%	45%
Easy access for family and	22%	23%	13%	19%	26%	24%	20%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
friends							
Quality of the environment in hospital	21%	19%	47%	16%	24%	24%	14%
Duration of treatment	3%	1%	-	1%	2%	1%	2%
Other	5%	3%	7%	-	3%	4%	5%
Don't know	1%	1%	-	-	-	0%	2%
Base	302	654	15 ¹²	73	268	245	369

- 4.4.10 Amongst those who had a disability, long-term illness or health condition and those who did not, quality and safety of care was the most common aspect (80% and 85% respectively), followed by access to and from hospital (71% and 66% respectively). This is summarised in **Figure 94**.

Figure 94 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by disability, long-term illness or health condition
Base: Online and paper survey respondents (998)

Response	Disability, long-term illness or health condition	None
Quality and safety of care	80%	85%
Access to and from hospital	71%	66%
Range of services available	44%	47%
Waiting times for treatment	41%	49%
Easy access for family and friends	24%	22%
Quality of the environment in hospital	21%	20%
Duration of treatment	1%	2%
Other	4%	3%
Don't know	2%	1%
Base	412	519

- 4.4.11 **Figure 95** summarises the differences by distance from the Friarage hospital and by district. By both distance and district, there was little difference in the results, with quality of care the most common for all groups.

Figure 95 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by district and distance from the Friarage Hospital
Base: Online and paper survey respondents (998)

¹² Small base size so percentages should be interpreted with caution.

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Quality and safety of care	82%	85%	80%	82%	84%
Access to and from hospital	66%	74%	67%	64%	71%
Range of services available	43%	47%	42%	47%	47%
Waiting times for treatment	44%	43%	42%	48%	45%
Easy access for family and friends	24%	25%	28%	25%	19%
Quality of the environment in hospital	22%	19%	23%	23%	18%
Duration of treatment	2%	1%	1%	1%	1%
Other	4%	3%	3%	2%	5%
Don't know	2%	-	3%	-	1%
Base	543	155	291	208	479

4.4.12 As shown in **Figure 96**, there was little difference between those associated with the armed forces and those not associated, with the most common aspect for both groups reported as quality and safety of care (81% and 84% respectively).

Figure 96 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by armed forces association
Base: Online and paper survey respondents (998)

Response	Associated with armed forces	Not associated
Quality and safety of care	81%	84%
Access to and from hospital	69%	67%
Range of services available	48%	44%
Waiting times for treatment	44%	47%
Easy access for family and friends	24%	23%
Quality of the environment in hospital	17%	21%
Duration of treatment	2%	1%
Other	3%	3%
Don't know	2%	1%
Base	239	693

4.4.13 Those who did not have caring responsibilities were more likely to think that quality and safety care was important (86%) than those who did (80%), as shown in **Figure 97**.

Figure 97 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities
Base: Online and paper survey respondents (998)

Response	Caring responsibilities	None
Quality and safety of care	80%	86%
Access to and from hospital	68%	68%
Range of services available	43%	47%
Waiting times for treatment	46%	45%
Easy access for family and friends	24%	22%
Quality of the environment in hospital	22%	20%
Duration of treatment	1%	2%
Other	3%	3%
Don't know	1%	1%
Base	362	536

Easy Read survey

Waiting to go into hospital

- 4.4.14 Easy Read survey respondents were asked to imagine that they or someone they cared for was waiting to go into hospital and were asked what things were important. They were able to select more than one option from three aspects – getting to and from hospital, the right services and short waiting times. In total 15 out of 16 (94%) chose the right services, 13 (81%) chose short waiting times, and 11 (69%) chose getting to and from hospital.

In hospital

- 4.4.15 They were then asked what was important to them if they were in hospital and were able to select as many as applied from a list of four aspects – good safe care, feeling safe, good visiting times and having a short stay. Good safe care was chosen by 15 out of 16 (94%), 14 (88%) chose feeling safe, 11 (69%) having a short stay and 9 (56%) good visiting times.

Other

- 4.4.16 Easy Read survey respondents were asked if there was anything else that was important to them. Four (25%) respondents highlighted that longer journey times to access services with increased costs will cause problems for them and their carers, and this would reduce their independence.

- 4.4.17 Two (13%) mentioned that the CCG and the Trust should listen to what the local community wants and that the Friarage Hospital is a familiar place with excellent staff and local people want it to remain open.
- 4.4.18 Two (13%) wanted the CCG and the Trust to be transparent with supporting figures and statistics so that people can see rationale and evidence for the changes.

Focus groups with the public

Safety and quality of care

- 4.4.19 As with the discussions around the criteria and in line with the results from the surveys, it was felt at the focus groups that safety and quality of care were the most important considerations when in hospital. Some felt that safety within the NHS should be a given and that patients assume that all care and treatment they receive is safe.

You don't even think about whether it's safe, you just assume it is.

Northallerton 14/10/19

Surely the NHS has to be safe no matter where you go. I would hope that that's the top priority.

Northallerton 14/10/19

Accessibility of services

- 4.4.20 However, it was also felt that accessibility of services was important and that in an emergency patients require treatment quickly, which meant it has to be provided locally to cut the journey time. Accessibility of services is covered in more depth in **section 4.5** of the report.

An emergency means it's urgent. If it's going to take an hour and a half to travel to the hospital, then that's not 'urgent'. If you need treatment straight away, then an hour and a half is not 'straight away', is it?

Northallerton 14/10/19

If I lived out in Hawes and I had a small child who needed A&E, how long would it take for an ambulance to come and pick us up and get us to James Cook? That is really scary. It's far enough to Northallerton.

Northallerton 14/10/19

Parking

- 4.4.21 Focus group participants highlighted the expense of hospital car parking and low availability of car parking spaces at other hospitals as something that was important. It was felt that these were less of a problem at the Friarage Hospital, which contributed to their preference to receive care and treatment at that hospital if and when they needed it.

James Cook simply can't cope. You can never find a parking space. God knows what you'd do if you turned up by yourself in an emergency, you'd have to dump your car.

Stokesley 04/11/19

I was at Darlington three weeks ago. I was 20 minutes late for my appointment, and yet we arrived half an hour early. We couldn't park, it was ridiculous.

Northallerton 21/11/19

Public consultation events

Safety and quality of care

- 4.4.22 The importance of safety and quality of care was mentioned at the public consultation events, with many highlighting that patients' outcomes and experiences of care were of paramount importance. It was felt that being able to access the right high quality care at the right time was everyone's priority.
- 4.4.23 It was felt that in order to provide high quality and safe services, healthcare facilities needed to be well-resourced from a staffing point of view, fully equipped and well-coordinated, including integration with other services wherever possible. It was also felt by some that safe and high quality care was linked to shorter waiting times.

Accessibility of services

- 4.4.24 Accessibility of healthcare services was discussed at the events. This included:
- Concerns about the distance to other hospitals and the time it takes to travel there, particularly in adverse weather conditions and when there is heavy traffic
 - Ensuring that patients can access the right care at the right time in an emergency
 - Ensuring there is adequate ambulance cover for the area so that patients can access the right care in the right place in an emergency and the risk of slow response times is reduced
 - Ensuring that there is plenty of parking available at hospital sites so that patients who travel by car are able to park easily without causing them undue stress and worry
 - Ensuring that parking at hospital sites is affordable for patients
 - Accessibility for patients' visitors should be taken into account, as being able to see friends and family when in hospital can help patients' wellbeing
 - Ensuring that as well as being able to access a hospital, patients are also able to get home
 - Ensuring that patients who cannot drive are also able to easily access services, particularly those who are elderly and vulnerable.

- 4.4.25 These are discussed in more detail in **section 4.5** of the report.

Care close to home

- 4.4.26 Many at the public consultation events expressed a desire for healthcare services to be based as close as possible to where they live, for example at the Friarage Hospital. Attendees spoke about the familiarity and the community feel of the hospital and wanted to receive care near to where their friends and family are based so that they can visit.
- 4.4.27 At the second Northallerton event the importance of receiving care and treatment at home wherever possible was also mentioned.

Quality of the environment

- 4.4.28 The quality of the environment was mentioned at many of the events. In particular, attendees mentioned the importance of cleanliness and hygiene of facilities, the infrastructure and condition of facilities, and the quality of food provided.

Clarity about where to go and when

- 4.4.29 As discussed earlier in the report, event attendees mentioned that it was important that the public was well informed about how to access healthcare services. Some highlighted issues with signposting of services and a general lack of public awareness about the NHS 111 service.

Communication in hospital

- 4.4.30 Communication from healthcare staff when in hospital was raised at a few of the events, in particular keeping patients and their relatives informed about care and treatment. It was felt that being kept informed about their care and treatment is reassuring for patients, improves their mental wellbeing and provides them with confidence that they are receiving the best high quality care.
- 4.4.31 Communication and effective data sharing between healthcare services was also raised at the Richmond event.

VCSO focus groups

Bedale Community Minibus

- 4.4.32 The group considered patients' wellbeing to be most important. They thought hospital discharges should be carefully considered and patients should only be discharged when there is adequate support and aftercare provision for them.
- 4.4.33 The group felt that care closer to home was also important so that patients' friends and family could visit easily, and patients could easily get to appointments. The group also highlighted that patient transport services were important, particularly for elderly people and those who have a disability.

Darlington Mind

- 4.4.34 The group felt it was important that nursing staff are able to deliver care to patients instead of doing large amounts of paperwork.
- 4.4.35 Parking was also raised as being an important issue for both patients attending appointments and people visiting their friends and family in hospital.

Northallerton and the Dales Mencap Society

- 4.4.36 Feedback on important aspects of care was not provided.

North Yorkshire Youth

- 4.4.37 The majority of participants felt that getting to and from hospital was important. This included being able to access hospital at night and some worried about having to travel to other sites such as the James Cook University Hospital if they were unwell.

Stokesley & District Community Care Association

- 4.4.38 The group felt that ensuring there were sufficient numbers of staff to provide good medical care was important.
- 4.4.39 Access for visiting relatives and carers was also mentioned, as well as the positive impact that being able to see friends and family can have on patients when they are in hospital.
- 4.4.40 Parking availability was also highlighted as being important.

Northallerton Over Fifties Forum (NAOFF)

- 4.4.41 The group felt that care close to home was important so that patients are close to their friends and family and can rely on them for support.
- 4.4.42 Accessibility was highlighted and concerns were raised about public transport options for travelling to A&E departments.

A1 Community Works

- 4.4.43 This group discussed accessibility of services and that it was important that everyone was within 30 minutes' travel time of a hospital. They felt that the travel time and distance to the James Cook University Hospital should be considered, particularly for the elderly.

Samaritans Northallerton

- 4.4.44 The group ranked what was important to them if they were waiting to go into hospital, with accessibility the top priority, followed by accessing the right services and short waiting times.
- 4.4.45 Participants also ranked what was important to them while receiving care, with good safe care seen as the most important, followed by feeling safe and then good visiting times.
- 4.4.46 The group also listed the following as being of importance:
- Nutritional and healthy food in hospital
 - Healthcare services working well together to provide joined-up and integrated care, particularly across physical and mental health
 - Continuity of care following discharge from hospital
 - Availability of beds in hospital.

Other feedback

Self-advocates

- 4.4.47 An email was received in November 2019 conveying feedback from a meeting of self-advocates from the Hambleton and Richmondshire area. The most important aspects of care for the self-advocates were; ease of access to hospital, quality of care and reasonable adjustments being made.

4.5 Access to and from hospital

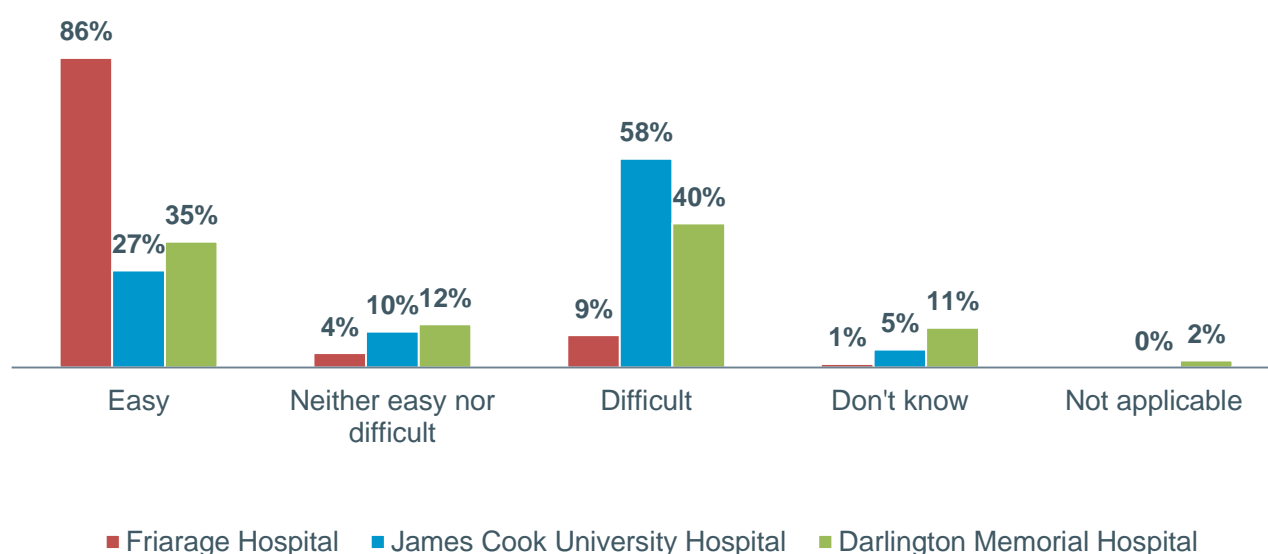
On-street survey

Ease of access to hospitals during the day

- 4.5.1 As seen previously, access to and from hospital was an important aspect of care for the majority of respondents (73%). Continuing with this theme, the survey asked respondents how easy or difficult they would find it to travel to the Friarage Hospital, the James Cook University Hospital and the Darlington Memorial Hospital during the day.
- 4.5.2 As can be seen in **Figure 98**, the vast majority of respondents said they would find it easy to travel to the Friarage Hospital during the day (86%), which was a lot higher than the proportions who would find it easy to travel to the James Cook University Hospital (27%) and to the Darlington Memorial Hospital (35%). Almost six in ten said they would find it difficult to travel to James Cook University Hospital (58%) and 40% would find it difficult to travel to the Darlington Memorial Hospital during the day. In contrast, only 9% would find it difficult to travel to the Friarage Hospital during the daytime.

Figure 98 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11)

Base: On-street survey respondents (601)



- 4.5.3 As shown in **Figure 99**, there was little difference between males and females in terms of accessing the Friarage Hospital during the day. However, by age, respondents aged 16-24 and 65+ were less likely to say they would find it easy to

travel to the Friarage Hospital during the day (81% and 82%) than other age groups. By contrast 95% of those aged 25-34 said they would find it easy.

- 4.5.4 In terms of accessing the James Cook University Hospital, there was little difference between males and females and by age, with the majority in each group saying they would find it difficult to travel there, as shown in **Figure 99**.
- 4.5.5 In terms of accessing the Darlington Memorial Hospital during the day, a larger proportion of females said they would find it difficult to travel than males (43% compared with 37%), but this difference was not significant. By age however, those in the 25-34 category were most likely to say that they would find it difficult to travel to the Darlington Memorial Hospital during the day (56%). **Figure 99** summarises the differences by sex and age in relation to accessing each of the hospitals during the day.

Figure 99 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by sex and age
Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Friarage Hospital							
Easy	85%	87%	81%	95%	88%	87%	82%
Neither easy nor difficult	4%	4%	6%	2%	2%	4%	5%
Difficult	10%	9%	12%	3%	8%	8%	12%
Don't know	1%	1%	2%	-	1%	1%	1%
Not applicable	-	-	-	-	-	-	-
Base	299	300	52	59	190	115	185
James Cook University Hospital							
Easy	27%	27%	27%	19%	29%	25%	28%
Neither easy nor difficult	10%	9%	12%	12%	9%	10%	9%
Difficult	58%	58%	58%	59%	58%	58%	58%
Don't know	4%	5%	4%	8%	3%	5%	5%
Not applicable	0%	1%	-	2%	-	2%	-
Base	299	300	52	59	190	115	185
Darlington Memorial Hospital							
Easy	38%	32%	44%	27%	40%	35%	30%
Neither easy nor difficult	14%	10%	8%	7%	12%	10%	16%
Difficult	37%	43%	37%	56%	34%	42%	41%
Don't know	10%	12%	12%	8%	12%	11%	10%
Not applicable	1%	2%	-	2%	2%	2%	2%
Base	299	300	52	59	190	115	185

- 4.5.6 As shown in **Figure 100**, respondents who had a disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the Friarage Hospital during the day (14%) than those who did not (8%).
- 4.5.7 Respondents who had a disability, long-term illness or health condition were more likely to say they would find it difficult to travel to the James Cook University Hospital during the day (62%) than those who did not (57%), although this difference was not significant. This is shown in **Figure 100**.

- 4.5.8 As also shown in **Figure 100**, respondents who had a disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital during the day (52%) than those who did not (36%).

Figure 100 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by disability, long-term illness or health condition

Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Friarage Hospital		
Easy	81%	88%
Neither easy nor difficult	5%	3%
Difficult	14%	8%
Don't know	-	1%
Not applicable	-	-
Base	137	458
James Cook University Hospital		
Easy	23%	28%
Neither easy nor difficult	9%	10%
Difficult	62%	57%
Don't know	4%	5%
Not applicable	1%	0%
Base	137	458
Darlington Memorial Hospital		
Easy	31%	37%
Neither easy nor difficult	6%	14%
Difficult	52%	36%
Don't know	10%	11%
Not applicable	1%	2%
Base	137	458

- 4.5.9 Respondents in Richmondshire were more likely say that they found it difficult to travel to the Friarage Hospital during the day than those living in Hambleton (15% compared with 3%), but this is perhaps unsurprising given that the hospital is located in Hambleton. By distance from the hospital, those who lived furthest away (11+ miles) were most likely to say they found it difficult to travel to the hospital (14%). **Figure 101** summarises the differences by district and distance from the Friarage Hospital in terms of accessing the hospital during the day.
- 4.5.10 By district, respondents living in Richmondshire were more likely to say that they would find it difficult to travel to the James Cook University Hospital during the day than those living in Hambleton (66% compared with 50%), as shown in **Figure 101**. By distance from the Friarage Hospital, those living within five miles were more likely to say they would find it difficult to travel to the James Cook University Hospital (64%) than those living within 6-10 miles (49%). However, it should be noted that a substantial proportion of those living 11 or more miles away from the Friarage Hospital also said they would find it difficult to travel to the James Cook University Hospital (59%).
- 4.5.11 As shown in **Figure 101**, over half of the respondents from Hambleton said they would find it difficult to travel to the Darlington Memorial Hospital during the day

(52%), which was much higher than the proportion of Richmondshire respondents saying the same thing (28%). By distance from the Friarage Hospital, those living closest to the hospital within five miles were most likely to say they would find it difficult to travel to the Darlington Memorial Hospital during the day (58%).

Figure 101 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by district and distance from the Friarage Hospital

Base: On-street survey respondents (601)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Friarage Hospital					
Easy	94%	79%	98%	93%	81%
Neither easy nor difficult	2%	5%	1%	3%	5%
Difficult	3%	15%	-	3%	14%
Don't know	1%	1%	1%	1%	0%
Not applicable	-	-	-	-	-
Base	300	301	134	106	354
James Cook University Hospital					
Easy	35%	19%	15%	37%	28%
Neither easy nor difficult	8%	11%	11%	10%	9%
Difficult	50%	66%	64%	49%	59%
Don't know	6%	4%	9%	4%	3%
Not applicable	1%	0%	1%	-	1%
Base	300	301	134	106	354
Darlington Memorial Hospital					
Easy	18%	52%	15%	25%	47%
Neither easy nor difficult	11%	13%	11%	14%	12%
Difficult	52%	28%	58%	47%	31%
Don't know	16%	6%	13%	13%	9%
Not applicable	2%	1%	3%	1%	2%
Base	300	301	134	106	354

4.5.12 As shown in **Figure 102**, there was little difference in terms of accessing the Friarage Hospital during the day between those who were associated with the armed forces and those who were not, with the overwhelming majority of both groups saying they would find it easy to travel there (84% and 87%).

4.5.13 **Figure 102** also shows the differences in terms of accessing the James Cook University Hospital during the day between those who were associated with the armed forces and those who were not. As shown, 58% of those associated with the armed forces said they would find it difficult to travel to the James Cook University Hospital during the day and 59% of those not associated would.

4.5.14 As shown in **Figure 102**, 35% of both those who were associated with the armed forces and those who were not said they would find easy to travel to the Darlington Memorial Hospital during the day. Larger proportions said they would find it difficult (39% and 41% respectively).

Figure 102 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by armed forces association

Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Friarage Hospital		
Easy	84%	87%
Neither easy nor difficult	4%	3%
Difficult	11%	9%
Don't know	1%	1%
Not applicable	-	-
Base	160	435
James Cook University Hospital		
Easy	26%	27%
Neither easy nor difficult	8%	10%
Difficult	58%	59%
Don't know	8%	4%
Not applicable	1%	0%
Base	160	435
Darlington Memorial Hospital		
Easy	35%	35%
Neither easy nor difficult	11%	13%
Difficult	39%	41%
Don't know	14%	10%
Not applicable	1%	2%
Base	160	435

- 4.5.15 **Figure 103** summarises the differences in terms of access during the day to the three sites between those who had caring responsibilities and those who did not. As shown, the overwhelming majority of both groups said they would find it easy to travel to the Friarage Hospital during the day (89% and 85% respectively).
- 4.5.16 Respondents who had caring responsibilities were more likely to say they would find it difficult to travel to the James Cook University Hospital (63%) than those who did not (57%), as shown in **Figure 103**, although this difference was not significant.
- 4.5.17 As shown in **Figure 103**, a larger proportion of respondents who had caring responsibilities said they would find it difficult to travel to the Darlington Memorial Hospital during the day (46%) than those who did not (38%), although this difference was not significant.

Figure 103 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by caring responsibilities

Base: On-street survey respondents (601)

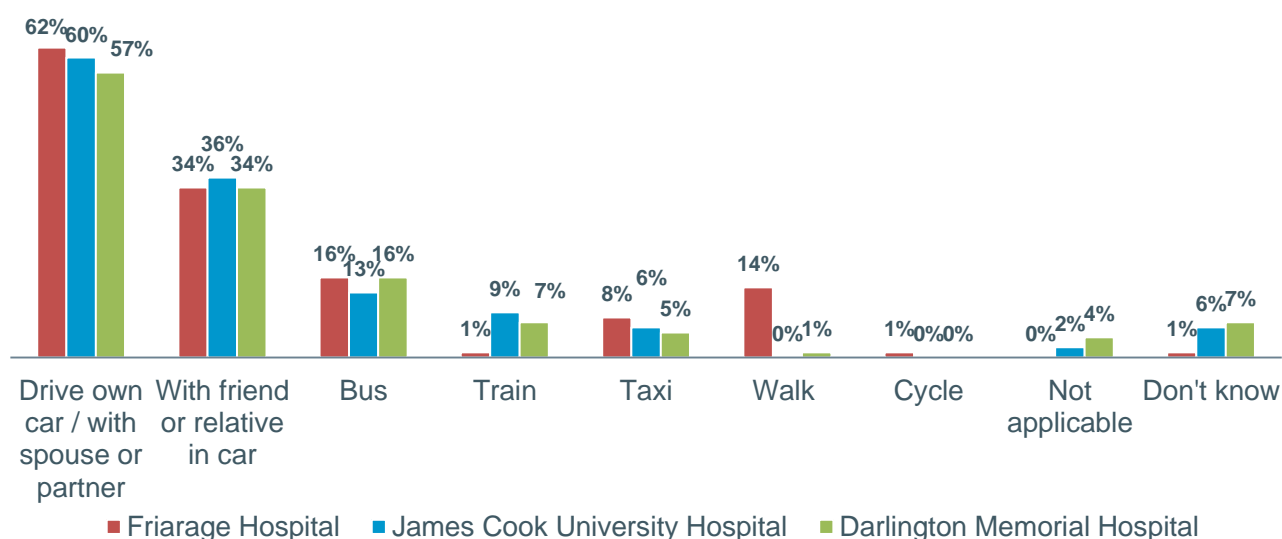
Response	Caring responsibilities	None
Friarage Hospital		
Easy	89%	85%
Neither easy nor difficult	4%	4%
Difficult	8%	10%
Don't know	-	1%
Not applicable	-	-
Base	140	459
James Cook University Hospital		
Easy	24%	28%
Neither easy nor difficult	8%	10%
Difficult	63%	57%
Don't know	5%	5%
Not applicable	1%	0%
Base	140	459
Darlington Memorial Hospital		
Easy	34%	36%
Neither easy nor difficult	7%	14%
Difficult	46%	38%
Don't know	10%	11%
Not applicable	3%	2%
Base	140	459

Method of transport to access hospitals during the day

- 4.5.18 Respondents were asked how they would travel to the Friarage Hospital, the James Cook University Hospital and the Darlington Memorial Hospital during the day. As shown in **Figure 104**, driving by car either by oneself or with a partner or spouse was the most common method of transport for each site (62% to the Friarage Hospital, 60% to the James Cook University Hospital and 57% to the Darlington Memorial Hospital).
- 4.5.19 The second most common method of transport respondents would use to travel to each site was with a friend or relative in their car (34% to the Friarage Hospital, 36% to the James Cook University Hospital and 34% to the Darlington Memorial Hospital). Bus was the third most common for each (16% to the Friarage Hospital, 13% to the James Cook University Hospital and 16% to the Darlington Memorial Hospital).
- 4.5.20 One notable difference between hospitals, however, was in the proportion who said they would walk during the day. This was much higher for the Friarage Hospital (14%) than the other two sites (0% and 1%).

Figure 104 – On-street survey: How would you travel to the following places during the day? (Q12)

Base: On-street survey respondents (601)



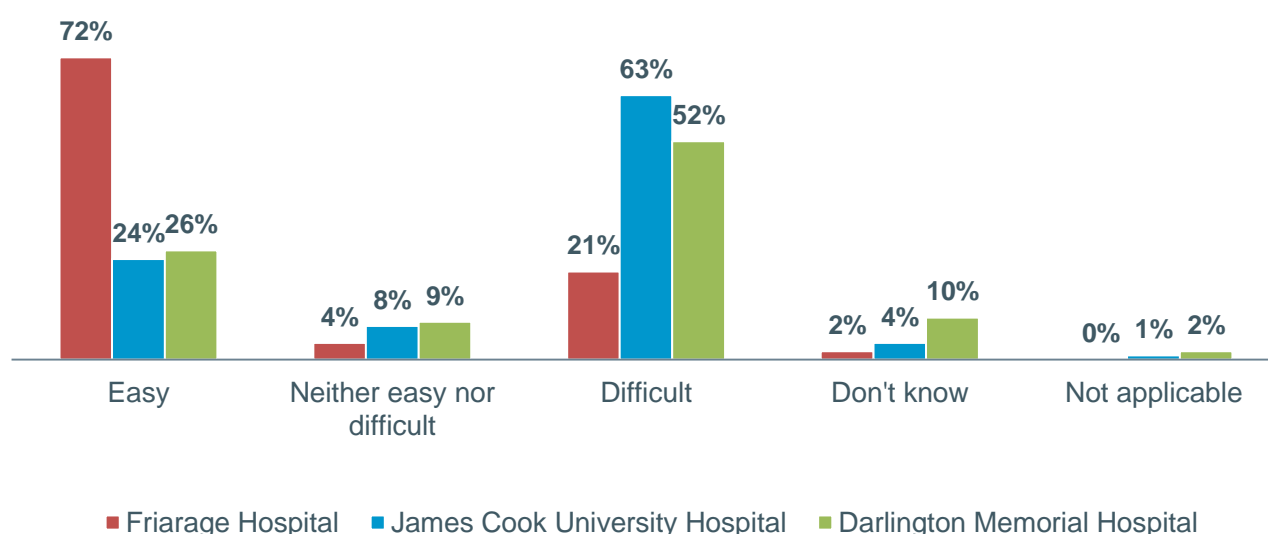
Ease of access to hospitals at night

4.5.21 Respondents were asked the same questions about ease of access to the three hospitals and how they would travel there at night.

4.5.22 As shown in **Figure 105**, respondents were much more likely to say that they would find it easy to travel to the Friarage Hospital at night (72%) than to the James Cook University Hospital (24%) and to the Darlington Memorial Hospital (26%). Over six in ten said they would find it difficult to travel to the James Cook University Hospital at night (63%) and 52% would find it difficult to travel to the Darlington Memorial Hospital.

Figure 105 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13)

Base: On-street survey respondents (601)



- 4.5.23 **Figure 106** summarises the ease of travelling to each hospital site at night by sex and age. There were no significant differences seen in terms of travelling to the Friarage Hospital, with more than 70% in each group saying they would find it easy.
- 4.5.24 As shown in **Figure 106**, by sex and age group, over six in ten in each group said they would find it difficult to travel to the James Cook University Hospital at night. There were no significant differences seen.
- 4.5.25 In terms of accessing the Darlington Memorial Hospital at night, there were no significant differences seen by sex, but there were differences seen by age group. Respondents aged 25-34 were most likely to say that they would find it difficult to travel to the Darlington Memorial Hospital at night (66%). This is shown in **Figure 106**.

Figure 106 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by sex and age

Base: On-street survey respondents (601)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Friarage Hospital							
Easy	72%	72%	71%	78%	71%	75%	71%
Neither easy nor difficult	4%	5%	10%	5%	5%	3%	4%
Difficult	21%	22%	17%	17%	24%	21%	22%
Don't know	2%	1%	2%	-	1%	1%	3%
Not applicable	-	0%	-	-	-	1%	-
Base	299	300	52	59	190	115	185
James Cook University Hospital							
Easy	24%	24%	23%	15%	27%	28%	22%
Neither easy nor difficult	9%	7%	8%	14%	7%	5%	10%
Difficult	61%	64%	63%	69%	61%	61%	63%
Don't know	5%	4%	4%	2%	4%	4%	5%
Not applicable	1%	1%	2%	-	-	2%	1%
Base	299	300	52	59	190	115	185
Darlington Memorial Hospital							
Easy	26%	26%	29%	14%	28%	31%	24%
Neither easy nor difficult	10%	9%	8%	15%	8%	8%	10%
Difficult	52%	53%	54%	66%	48%	50%	54%
Don't know	11%	9%	8%	3%	13%	10%	9%
Not applicable	2%	3%	2%	2%	2%	2%	3%
Base	299	300	52	59	190	115	185

- 4.5.26 Respondents who had a disability, long-term illness or health condition were slightly more likely to say that they would find it difficult to travel to the Friarage Hospital at night than those who did not (24% compared with 20%), although this difference was not significant. This is shown in **Figure 107**.
- 4.5.27 Respondents who had a disability, long-term illness or health condition were less likely to say that they would find it easy to travel to the James Cook University Hospital at night (18%) than those who did not (27%), as shown in **Figure 107**.

- 4.5.28 As shown in **Figure 107**, respondents who had a disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital at night (62%) than those who did not (49%).

Figure 107 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by disability, long-term illness or health condition
Base: On-street survey respondents (601)

Response	Disability, long-term illness or health condition	None
Friarage Hospital		
Easy	69%	74%
Neither easy nor difficult	5%	4%
Difficult	24%	20%
Don't know	1%	2%
Not applicable	-	0%
Base	137	458
James Cook University Hospital		
Easy	18%	27%
Neither easy nor difficult	8%	9%
Difficult	66%	61%
Don't know	6%	3%
Not applicable	2%	0%
Base	137	458
Darlington Memorial Hospital		
Easy	22%	28%
Neither easy nor difficult	4%	11%
Difficult	62%	49%
Don't know	9%	10%
Not applicable	3%	2%
Base	137	458

- 4.5.29 As seen with during the daytime, respondents from Richmondshire were more likely to say that they would find it difficult to travel to the Friarage Hospital (36%) than those from Hambleton (7%), as shown in **Figure 108**. Respondents who lived 11 or more miles away from the hospital were most likely to say they would find it difficult to get there at night (32%).
- 4.5.30 As shown in **Figure 108**, respondents from Richmondshire were more likely to say that they would find it difficult to travel to the James Cook University Hospital at night (72%) than those from Hambleton (53%). By distance from the Friarage Hospital, those living 6-10 miles away were more likely to say they would find it easy to travel to the James Cook University Hospital (30%) than those living closer within five miles (16%) and 11 or more miles away (25%).
- 4.5.31 As shown in **Figure 108**, just over half of respondents living in both districts said they would find it difficult to travel to the Darlington Memorial Hospital at night (53% from Hambleton and 52% from Richmondshire). However, respondents who lived in Richmondshire were more likely to say they would find it easy to travel to the Darlington Memorial Hospital at night (32%) than those from Hambleton (20%).

Figure 108 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by district and distance from the Friarage Hospital
Base: On-street survey respondents (601)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Friarage Hospital					
Easy	87%	58%	96%	81%	62%
Neither easy nor difficult	3%	6%	1%	4%	6%
Difficult	7%	36%	1%	10%	32%
Don't know	3%	1%	1%	5%	0%
Not applicable	0%	-	1%	-	-
Base	300	301	134	106	354
James Cook University Hospital					
Easy	31%	18%	16%	30%	25%
Neither easy nor difficult	8%	8%	7%	11%	8%
Difficult	53%	72%	69%	52%	64%
Don't know	6%	2%	7%	6%	3%
Not applicable	1%	-	1%	1%	1%
Base	300	301	134	106	354
Darlington Memorial Hospital					
Easy	20%	32%	14%	23%	32%
Neither easy nor difficult	9%	10%	8%	10%	10%
Difficult	53%	52%	66%	49%	48%
Don't know	15%	4%	10%	16%	7%
Not applicable	3%	2%	1%	2%	3%
Base	300	301	134	106	354

- 4.5.32 As shown in **Figure 109**, three quarters (75%) of those associated with the armed forces said they would find it easy to travel to the Friarage Hospital at night and this was comparable to the proportion of those not associated with the armed forces who said the same (72%).
- 4.5.33 A larger proportion of those who were associated with the armed forces said they would find it difficult to travel to the James Cook University Hospital at night (68%) than those not associated (61%), although this difference was not significant. This is shown in **Figure 109**.
- 4.5.34 As shown in **Figure 109**, respondents who were associated with the armed forces were more likely to say they would find it difficult to travel to the Darlington Memorial Hospital at night (56%) than those not associated with the armed forces (51%), although this difference was not significant.

Figure 109 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by armed forces association
Base: On-street survey respondents (601)

Response	Associated with armed forces	Not associated
Friarage Hospital		
Easy	75%	72%
Neither easy nor difficult	4%	4%
Difficult	18%	22%
Don't know	3%	1%
Not applicable	-	0%
Base	160	435
James Cook University Hospital		
Easy	21%	26%
Neither easy nor difficult	7%	9%
Difficult	68%	61%
Don't know	5%	4%
Not applicable	-	1%
Base	160	435
Darlington Memorial Hospital		
Easy	22%	28%
Neither easy nor difficult	8%	10%
Difficult	56%	51%
Don't know	13%	9%
Not applicable	1%	3%
Base	160	435

- 4.5.35 As shown in **Figure 110**, the majority of those who had caring responsibilities (74%) and those who did not (72%) said they would find it easy to travel to the Friarage Hospital at night.
- 4.5.36 Respondents who had caring responsibilities were more likely to say that they would find it difficult to travel to the James Cook University Hospital at night (73%) than those who did not (59%), as shown in **Figure 110**.
- 4.5.37 As shown in **Figure 110**, respondents who had caring responsibilities were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital at night (63%) than those who did not (49%).

Figure 110 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by caring responsibilities
Base: On-street survey respondents (601)

Response	Caring responsibilities	None
Friarage Hospital		
Easy	74%	72%
Neither easy nor difficult	4%	4%
Difficult	21%	22%
Don't know	-	2%

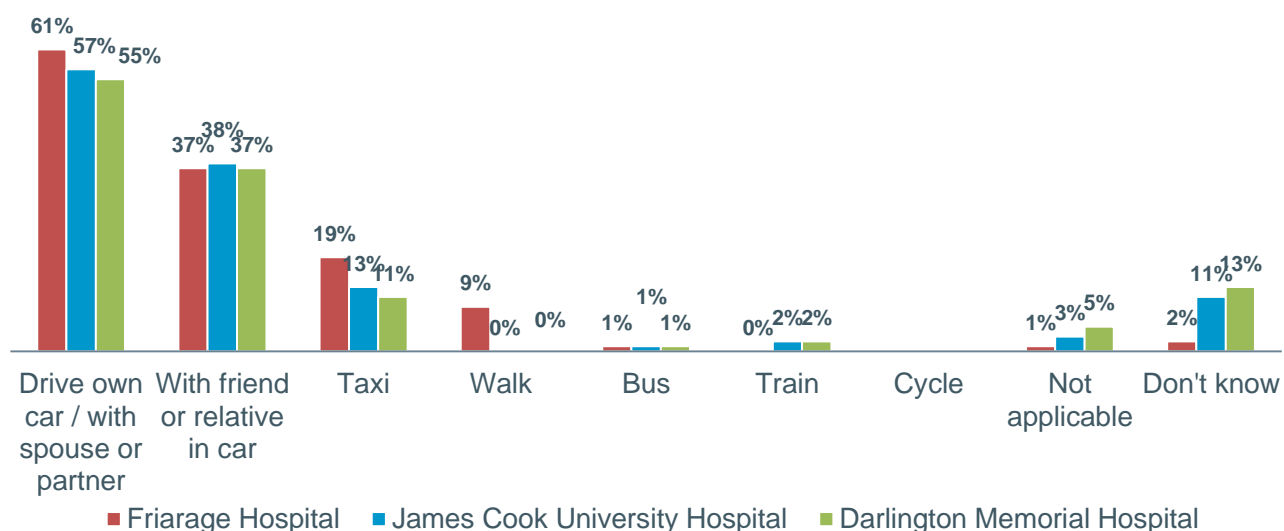
Response	Caring responsibilities	None
Not applicable	1%	-
<i>Base</i>	<i>140</i>	<i>459</i>
James Cook University Hospital		
Easy	16%	27%
Neither easy nor difficult	8%	8%
Difficult	73%	59%
Don't know	4%	4%
Not applicable	-	1%
<i>Base</i>	<i>140</i>	<i>459</i>
Darlington Memorial Hospital		
Easy	20%	28%
Neither easy nor difficult	4%	11%
Difficult	63%	49%
Don't know	9%	10%
Not applicable	4%	2%
<i>Base</i>	<i>140</i>	<i>459</i>

Method of transport to access hospitals at night

- 4.5.38 Respondents were also asked how they would travel to the Friarage Hospital, the James Cook University Hospital and the Darlington Memorial Hospital at night. As shown in **Figure 111**, driving by car either alone or with a partner or spouse was again the most common method of transport for each site (61% to the Friarage Hospital, 57% to the James Cook University Hospital and 55% to the Darlington Memorial Hospital).
- 4.5.39 The second most common method of transport respondents would use to travel to each site was with a friend or relative in their car (37% to the Friarage Hospital, 38% to the James Cook University Hospital and 37% to the Darlington Memorial Hospital).
- 4.5.40 One notable difference between sites was the proportion who said they did not know how they would travel there. This was much larger for the James Cook University Hospital and the Darlington Memorial Hospital (11% and 13%) than for the Friarage Hospital (2%). Another difference between sites was the proportion who said they would walk there, which was much larger for the Friarage Hospital (9%) than the other two sites (both 0%).

Figure 111 – On-street survey: How would you travel to the following places at night? (Q14)

Base: On-street survey respondents (601)



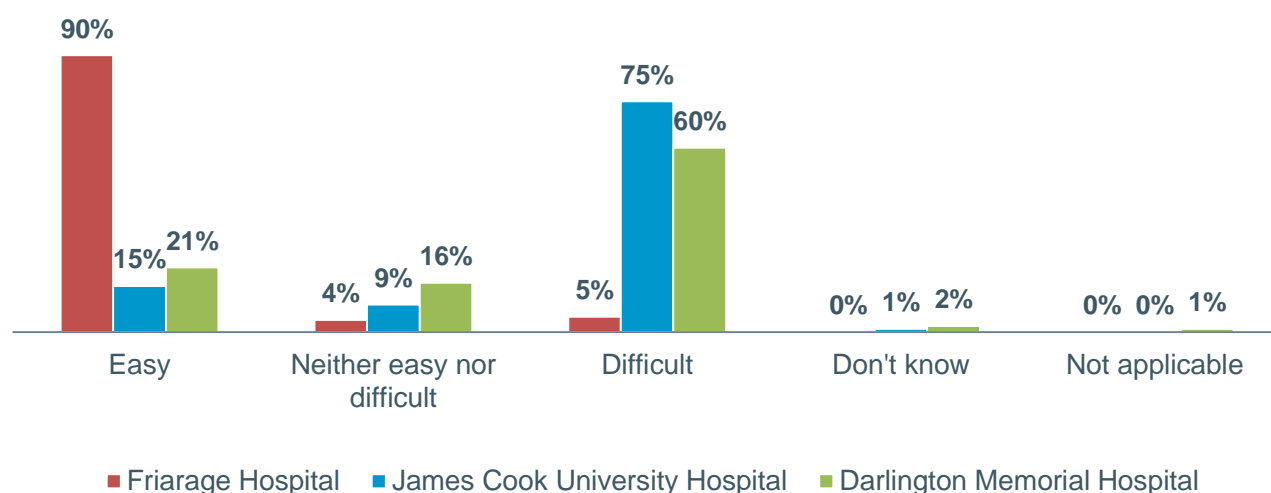
Online and paper survey

Ease of access to hospitals during the day

4.5.41 As with the on-street survey, the overwhelming majority of respondents said they would find it easy to travel to the Friarage Hospital during the day (90%) in the online and paper survey, which was a lot higher than the proportions who would find it easy to travel to the James Cook University Hospital (15%) and to the Darlington Memorial Hospital (21%). This is shown in **Figure 112**. Three-quarters of respondents (75%) said they would find it difficult to travel to James Cook University Hospital during the day and 60% would find it difficult to travel to the Darlington Memorial Hospital during the day, both higher than in the on-street survey (58% and 40% respectively).

Figure 112 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11)

Base: Online and paper survey respondents (1,009)



- 4.5.42 As shown in **Figure 113**, the overwhelming majority of both sexes and each age group said they would find it easy to travel to the Friarage Hospital during the day. There were no significant differences by sex. Respondents aged 65 and above were least likely to say they would find it easy (87%) to travel to the hospital during the day, particularly compared with those aged 25-34 (95%) and 35-54 (94%).
- 4.5.43 In terms of travelling to the James Cook University Hospital during the day, there were no significant differences by sex and age group, but the majority in each group said they would find it difficult to travel to that hospital during the day, as shown in **Figure 113**.
- 4.5.44 As shown in **Figure 113**, the majority of both sexes and each age group said they would find it difficult to travel to the Darlington Memorial Hospital during the day. There were no significant differences seen by age group, but females were more likely than males to say they would find it easy to travel to that hospital (24% compared with 15%).

Figure 113 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by sex and age
Base: Online and paper survey respondents (1,009)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Friarage Hospital							
Easy	89%	91%	93%	95%	94%	89%	87%
Neither easy nor difficult	5%	3%	-	-	4%	4%	4%
Difficult	5%	5%	7%	4%	1%	6%	8%
Don't know	-	1%	-	-	0%	-	1%
Not applicable	1%	-	-	1%	-	0%	0%
Base	307	660	15	74	270	246	376
James Cook University Hospital							
Easy	16%	15%	-	9%	16%	14%	17%
Neither easy nor difficult	10%	9%	20%	15%	8%	13%	6%
Difficult	73%	75%	80%	74%	75%	72%	75%
Don't know	0%	1%	-	-	0%	-	1%
Not applicable	1%	0%	-	1%	0%	0%	0%
Base	307	659	15	74	270	245	376
Darlington Memorial Hospital							
Easy	15%	24%	13%	26%	24%	17%	20%
Neither easy nor difficult	21%	14%	20%	14%	15%	19%	15%
Difficult	62%	59%	53%	59%	59%	61%	61%
Don't know	2%	2%	13%	-	1%	1%	3%
Not applicable	1%	1%	-	1%	1%	1%	1%
Base	307	659	15 ¹³	74	270	245	376

- 4.5.45 **Figure 114** summarises the differences in terms of accessing the hospital sites during the day between those who had a disability, long-term illness or health condition and those who did not. As shown, the overwhelming majority in both groups said they would find it easy to travel to the Friarage Hospital during the day (89% and 92%) and there were no significant differences seen between them.

¹³ Small base size so percentages should be interpreted with caution.

- 4.5.46 As shown in **Figure 114**, respondents who had a disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the James Cook University Hospital during the day (83%) than those who did not (67%).
- 4.5.47 Respondents who had a disability, long-term disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital during the day (69%) than those who did not (52%), as shown in **Figure 114**.

Figure 114 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by disability, long-term illness or health condition

Base: Online and paper survey respondents (1,009)

Response	Disability, long-term illness or health condition	None
Friarage Hospital		
Easy	89%	92%
Neither easy nor difficult	4%	3%
Difficult	7%	4%
Don't know	0%	0%
Not applicable	-	0%
Base	418	524
James Cook University Hospital		
Easy	9%	20%
Neither easy nor difficult	7%	12%
Difficult	83%	67%
Don't know	1%	1%
Not applicable	0%	0%
Base	417	524
Darlington Memorial Hospital		
Easy	12%	28%
Neither easy nor difficult	15%	18%
Difficult	69%	52%
Don't know	2%	2%
Not applicable	1%	1%
Base	417	524

- 4.5.48 Respondents living in Hambleton were more likely to say that they would find it easy to travel to the Friarage Hospital during the day (96%) than those living in Richmondshire (85%), whereas those living in Richmondshire were more likely to find it difficult (8% compared with 2%), as shown in **Figure 115**. Respondents who lived within five miles and between six and ten miles were more likely to say they would find it easy to travel to the Friarage Hospital during the day (98% and 96% respectively) than those living 11 or more miles away (83%).
- 4.5.49 Respondents living in Richmondshire were more likely to say that they would find it difficult to travel to the James Cook University Hospital during the day (81%) than those living in Hambleton (69%). There were no significant differences in terms of access to the James Cook University Hospital during the day by distance from the Friarage Hospital, with between 71% and 77% in each group saying it would be difficult to travel. This is shown in **Figure 115**.

- 4.5.50 Respondents living in Hambleton were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital (65%) than those living in Richmondshire (37%), as shown in **Figure 115**.

Figure 115 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by district and distance from the Friarage Hospital

Base: Online and paper survey respondents (1,009)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Friarage Hospital					
Easy	96%	85%	98%	96%	83%
Neither easy nor difficult	2%	7%	1%	1%	6%
Difficult	2%	8%	1%	3%	9%
Don't know	1%	-	0%	-	1%
Not applicable	-	-	-	-	0%
Base	550	155	294	208	487
James Cook University Hospital					
Easy	18%	11%	12%	16%	16%
Neither easy nor difficult	12%	7%	11%	12%	8%
Difficult	69%	81%	77%	71%	75%
Don't know	1%	1%	1%	0%	1%
Not applicable	0%	-	0%	-	0%
Base	550	155	294	208	486
Darlington Memorial Hospital					
Easy	17%	43%	14%	18%	26%
Neither easy nor difficult	16%	18%	16%	14%	17%
Difficult	65%	37%	67%	66%	54%
Don't know	2%	2%	2%	1%	2%
Not applicable	1%	1%	1%	1%	1%
Base	550	155	294	208	486

- 4.5.51 As shown in **Figure 116**, the overwhelming majority of those associated with the armed forces (90%) and those who were not (91%) said they would find it easy to travel to the Friarage Hospital during the day.
- 4.5.52 Respondents who were associated with the armed forces were less likely to say that they would find it easy to travel to the James Cook University Hospital during the day (11%) than those not associated (17%) and the majority in both groups said they would find it difficult (77% and 73% respectively). This is shown in **Figure 116**.
- 4.5.53 There were no significant differences seen by association with the armed forces in relation to accessing the Darlington Memorial Hospital during the day, but a larger proportion of those associated with the armed forces said they would find it difficult (63%) than those not associated (58%), as shown in **Figure 116**.

Figure 116 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by armed forces association

Base: Online and paper survey respondents (1,009)

Response	Associated with armed forces	Not associated
Friarage Hospital		
Easy	90%	91%
Neither easy nor difficult	3%	4%
Difficult	6%	5%
Don't know	1%	-
Not applicable	-	0%
Base	240	703
James Cook University Hospital		
Easy	11%	17%
Neither easy nor difficult	12%	9%
Difficult	77%	73%
Don't know	0%	0%
Not applicable	-	0%
Base	240	702
Darlington Memorial Hospital		
Easy	21%	22%
Neither easy nor difficult	14%	17%
Difficult	63%	58%
Don't know	2%	2%
Not applicable	-	1%
Base	240	702

- 4.5.54 As shown in **Figure 117**, the overwhelming majority of those who had caring responsibilities (92%) and those who did not (90%) said they would find it easy to travel to the Friarage Hospital during the day.
- 4.5.55 Respondents who had caring responsibilities were more likely to say that they would find it difficult to travel to the James Cook University Hospital during the day (79%) than those who did not (70%), as shown in **Figure 117**.
- 4.5.56 Although the difference was not significant, respondents who had caring responsibilities were more likely to say they would find it difficult to travel to the Darlington Memorial Hospital (62%) than those who did not (56%), as shown in **Figure 117**.

Figure 117 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by caring responsibilities

Base: Online and paper survey respondents (1,009)

Response	Caring responsibilities	None
Friarage Hospital		
Easy	92%	90%
Neither easy nor difficult	2%	4%
Difficult	5%	6%
Don't know	0%	0%

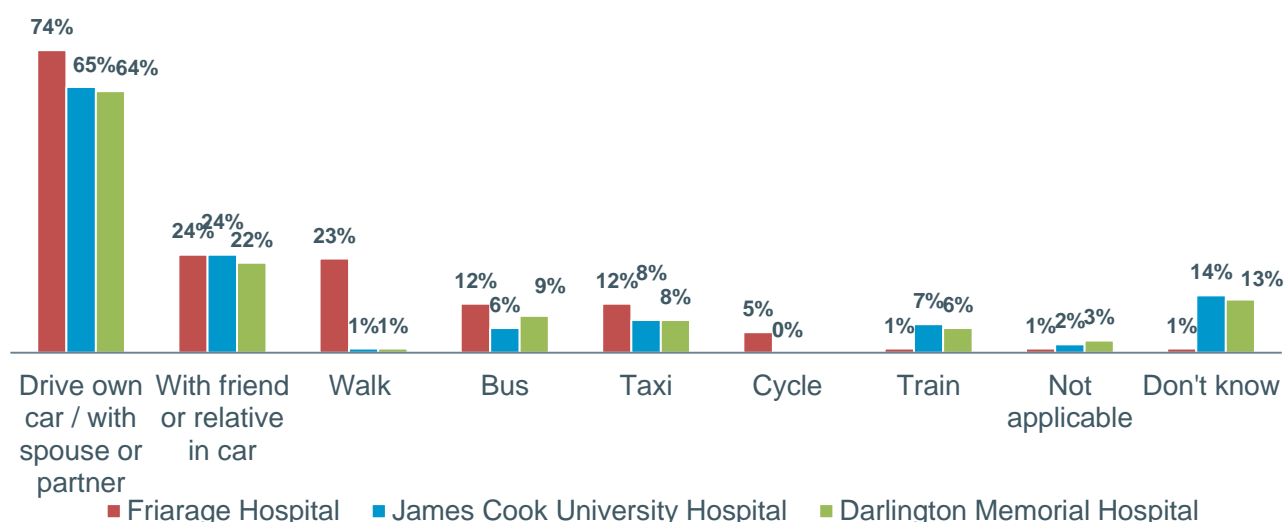
Response	Caring responsibilities	None
Not applicable	0%	0%
Base	365	540
James Cook University Hospital		
Easy	13%	17%
Neither easy nor difficult	7%	12%
Difficult	79%	70%
Don't know	0%	1%
Not applicable	0%	0%
Base	364	540
Darlington Memorial Hospital		
Easy	20%	23%
Neither easy nor difficult	14%	18%
Difficult	62%	56%
Don't know	2%	2%
Not applicable	1%	1%
Base	364	540

Method of transport to access hospitals during the day

4.5.57 As shown in **Figure 118**, driving by car either alone or with a partner or spouse was again the most common method of transport to each site during the day, but this was higher for the Friarage Hospital (74%) than the other two sites (65% and 64%). The second most common method of transport respondents would use to travel to each site was with a friend or relative in their car (24% to the Friarage Hospital, 24% to the James Cook University Hospital and 22% to the Darlington Memorial Hospital). One notable difference between sites was the proportion who said they would walk, which was much higher for the Friarage Hospital (23%) than the other two sites (1% each). A larger proportion said they did not know how they would travel to the James Cook University Hospital (14%) and the Darlington Memorial Hospital (13%) than to the Friarage Hospital (1%).

Figure 118 – Online and survey: How would you travel to the following places during the day? (Q12)

Base: Online and paper survey respondents (1,009)

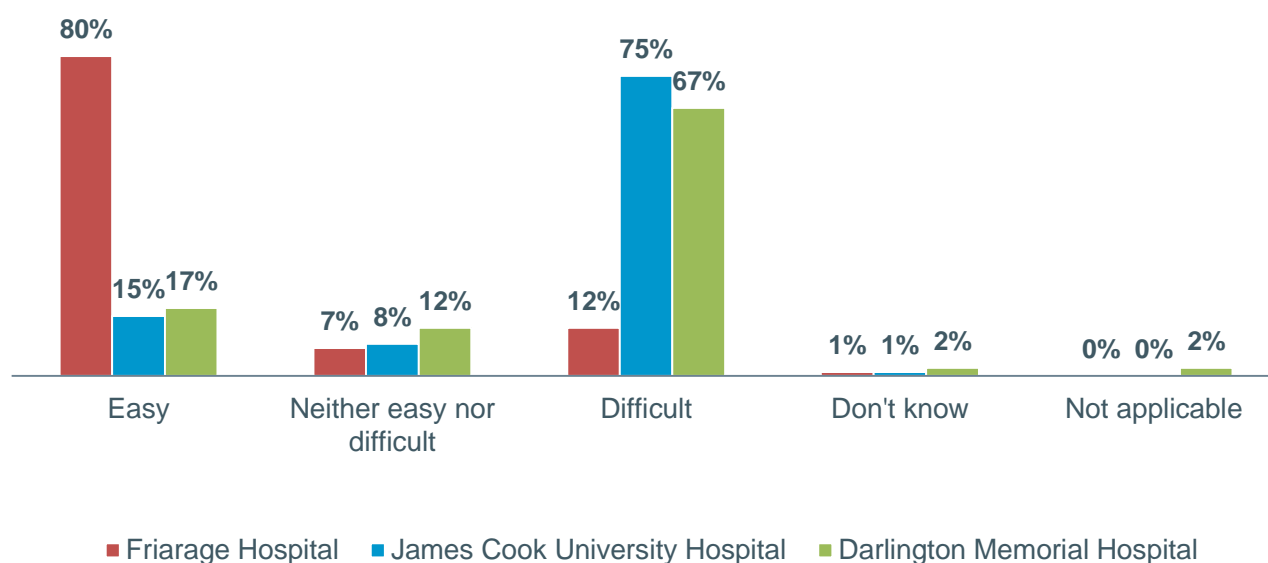


Ease of access to hospitals at night

4.5.58 As shown in **Figure 119**, again respondents were much more likely to say that they would find it easy to travel to the Friarage Hospital at night (80%) than to the James Cook University Hospital (15%) and to the Darlington Memorial Hospital (17%). Three quarters (75%) said they would find it difficult to travel to the James Cook University Hospital at night and 67% would find it difficult to travel to the Darlington Memorial Hospital, whilst only 12% said they would find it difficult to travel to the Friarage Hospital.

Figure 119 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13)

Base: Online and paper survey respondents (1,007)



4.5.59 As shown in **Figure 120**, the majority of both males (79%) and females (80%) said they would find it easy to travel to the Friarage Hospital at night. Ease of travelling to the Friarage Hospital at night decreased by age, with those in the two oldest groups (55-64 and 65+) least likely to find it easy (81% and 69% respectively).

4.5.60 In terms of accessing the James Cook University Hospital, there were no significant differences by sex and age, with the largest proportion in each group saying they would find it difficult, as shown in **Figure 120**.

4.5.61 There was little difference by sex and age in relation to accessing the Darlington Memorial Hospital at night, with the majority in each group saying they would find it difficult. This is shown in **Figure 120**.

Figure 120 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by sex and age

Base: Online and paper survey respondents (1,007)

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Friarage Hospital							
Easy	79%	80%	87%	92%	90%	81%	69%
Neither easy nor difficult	8%	6%	7%	3%	5%	7%	9%

Response	Male	Female	16-24	25-34	35-54	55-64	65+
Difficult	12%	12%	-	3%	4%	11%	22%
Don't know	-	1%	-	1%	1%	0%	1%
Not applicable	0%	0%	7%	1%	-	0%	-
Base	307	658	15	74	269	245	376
James Cook University Hospital							
Easy	17%	15%	7%	15%	18%	14%	14%
Neither easy nor difficult	12%	7%	13%	11%	8%	10%	7%
Difficult	70%	76%	73%	73%	73%	73%	77%
Don't know	0%	2%	-	-	0%	2%	1%
Not applicable	0%	0%	7%	1%	0%	0%	-
Base	307	657	15	74	270	245	374
Darlington Memorial Hospital							
Easy	15%	18%	13%	24%	20%	14%	16%
Neither easy nor difficult	15%	10%	13%	9%	11%	15%	10%
Difficult	67%	67%	67%	64%	66%	66%	69%
Don't know	1%	3%	-	1%	2%	3%	3%
Not applicable	1%	2%	7%	1%	1%	2%	2%
Base	306	657	15 ¹⁴	74	270	246	372

4.5.62 As shown in **Figure 121**, respondents who had a disability, long-term illness or health condition were more likely to say they would find it difficult to travel to the Friarage Hospital at night (19%) than those who did not (7%), although the majority of that group did say they would find it easy (73%).

4.5.63 Respondents who had a disability, long-term illness or health condition were also more likely to say that they would find it difficult to travel to the James Cook University Hospital (81%) at night than those who did not (68%), as shown in **Figure 121**.

4.5.64 As shown also in **Figure 121**, respondents with a disability, long-term illness or health condition were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital at night (76%) than those who did not (60%).

Figure 121 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by disability, long-term illness or health condition

Base: Online and paper survey respondents (1,007)

Response	Disability, long-term illness or health condition	None
Friarage Hospital		
Easy	73%	87%
Neither easy nor difficult	7%	6%
Difficult	19%	7%
Don't know	1%	1%
Not applicable	-	0%
Base	418	522

¹⁴ Small base size so percentages should be interpreted with caution.

Response	Disability, long-term illness or health condition	None
James Cook University Hospital		
Easy	9%	21%
Neither easy nor difficult	7%	10%
Difficult	81%	68%
Don't know	2%	1%
Not applicable	0%	0%
Base	417	522
Darlington Memorial Hospital		
Easy	9%	24%
Neither easy nor difficult	10%	13%
Difficult	76%	60%
Don't know	3%	2%
Not applicable	2%	1%
Base	415	523

- 4.5.65 As shown in **Figure 122**, respondents living in Hambleton were more likely to say that they would find it easy to travel to the Friarage Hospital at night (88%) than those who lived in Richmondshire (68%). Ease of accessing the Friarage Hospital at night declined with distance away from the hospital, with those living 11 or more miles away most likely to say they would find it difficult to travel (18%).
- 4.5.66 Respondents from Richmondshire were more likely to say that they would find it difficult to travel to the James Cook University Hospital at night (83%) than those living in Hambleton (71%), as shown in **Figure 122**. Those living closest to the Friarage Hospital within five miles were less likely to say that they would find it easy to travel to the James Cook University Hospital (10%) than those living six or more miles away (17%-18%).
- 4.5.67 As shown in **Figure 122**, respondents from Hambleton were more likely to say they would find it difficult to travel to the Darlington Memorial Hospital at night (71%) than those from Richmondshire (51%). Those living closest to the Friarage Hospital within five miles were more likely to say that they would find it difficult to travel to the Darlington Memorial Hospital at night (77%), particularly compared with those living 11 or more miles away (61%).

Figure 122 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by district and distance from the Friarage Hospital

Base: Online and paper survey respondents (1,007)

Response	Hambleton	Richmond-shire	0-5 miles	6-10 miles	11+ miles
Friarage Hospital					
Easy	88%	68%	91%	85%	71%
Neither easy nor difficult	3%	14%	2%	6%	10%
Difficult	8%	17%	6%	9%	18%
Don't know	1%	1%	1%	0%	1%
Not applicable	-	-	-	-	0%
Base	549	154	294	207	486
James Cook University Hospital					
Easy	18%	12%	10%	17%	18%
Neither easy nor difficult	10%	5%	9%	7%	8%
Difficult	71%	83%	78%	75%	73%
Don't know	1%	-	2%	1%	1%
Not applicable	0%	-	0%	-	0%
Base	548	155	294	206	485
Darlington Memorial Hospital					
Easy	14%	33%	10%	17%	21%
Neither easy nor difficult	12%	14%	10%	9%	14%
Difficult	71%	51%	77%	70%	61%
Don't know	3%	1%	2%	3%	2%
Not applicable	1%	1%	1%	0%	2%
Base	549	154	294	206	484

- 4.5.68 There were no significant differences in terms of travelling to the Friarage Hospital at night between those who were associated with the armed forces and those who were not, with the majority in both groups saying they would find it easy (77% and 81%), as shown in **Figure 123**.
- 4.5.69 There were also no significant differences seen by armed forces association in terms of accessing the James Cook University Hospital at night, with the majority of both those who were associated and those who were not saying they would find it difficult (77% and 73%). This is shown in **Figure 123**.
- 4.5.70 Again there were no significant differences in terms of accessing the Darlington Memorial Hospital at night by association with the armed forces, with the majority of both those who were associated and those who were not saying they would find it difficult (70% and 66%), as shown in **Figure 123**.

Figure 123 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by armed forces association

Base: Online and paper survey respondents (1,007)

Response	Associated with armed forces	Not associated
Friarage Hospital		
Easy	77%	81%
Neither easy nor difficult	5%	7%
Difficult	15%	12%
Don't know	2%	0%
Not applicable	0%	0%
Base	239	702
James Cook University Hospital		
Easy	12%	17%
Neither easy nor difficult	9%	9%
Difficult	77%	73%
Don't know	2%	1%
Not applicable	0%	0%
Base	240	699
Darlington Memorial Hospital		
Easy	17%	18%
Neither easy nor difficult	8%	13%
Difficult	70%	66%
Don't know	3%	2%
Not applicable	1%	2%
Base	239	699

- 4.5.71 As shown in **Figure 124**, respondents who had caring responsibilities were more likely to find it easy to travel to the Friarage Hospital at night (85%) than those that did not (78%).
- 4.5.72 As also shown in **Figure 124**, a larger proportion of those who had caring responsibilities said they would find it difficult to travel to the James Cook University Hospital at night than those who did not (77% compared with 71%), but this difference was not significant.
- 4.5.73 Seven in ten (70%) of those who had caring responsibilities said they would find it difficult to travel to the Darlington Memorial Hospital at night, which was higher than those who did not (64%), although this difference was not significant. This is shown in **Figure 124**.

Figure 124 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by caring responsibilities

Base: Online and paper survey respondents (1,007)

Response	Caring responsibilities	None
Friarage Hospital		
Easy	85%	78%
Neither easy nor difficult	5%	8%
Difficult	9%	14%

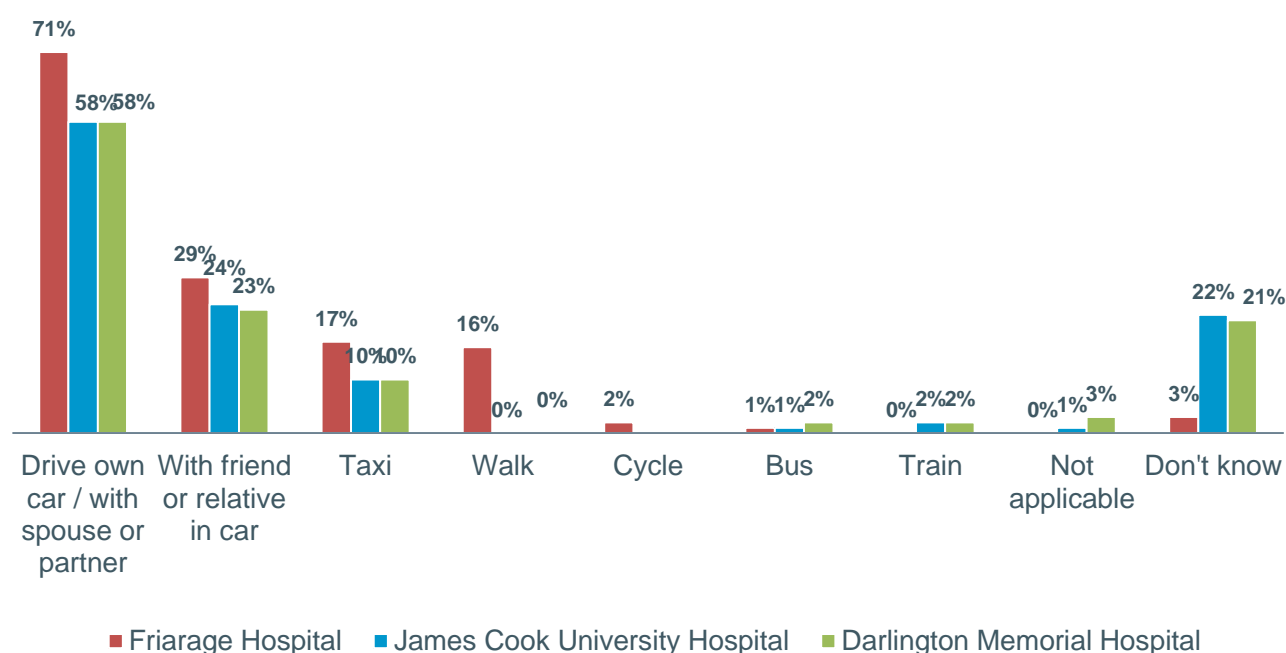
Response	Caring responsibilities	None
Don't know	1%	1%
Not applicable	0%	0%
<i>Base</i>	<i>365</i>	<i>538</i>
James Cook University Hospital		
Easy	15%	17%
Neither easy nor difficult	7%	10%
Difficult	77%	71%
Don't know	1%	1%
Not applicable	0%	0%
<i>Base</i>	<i>364</i>	<i>538</i>
Darlington Memorial Hospital		
Easy	16%	19%
Neither easy nor difficult	9%	14%
Difficult	70%	64%
Don't know	3%	1%
Not applicable	1%	2%
<i>Base</i>	<i>363</i>	<i>538</i>

Method of transport to access hospitals at night

- 4.5.74 As shown in **Figure 125**, driving by car either alone or with a partner or spouse was again the most common method of transport for each site at night, but this was higher for the Friarage Hospital (71%) than the other two sites (both 58%). The second most common method of transport respondents would use to travel to each site was with a friend or relative in their car (29% to the Friarage Hospital, 24% to the James Cook University Hospital and 23% to the Darlington Memorial Hospital). Again, a larger proportion said they would walk to the Friarage Hospital (16%) than to the other sites (both 0%). Over a fifth said they did not know how they would travel to the James Cook University Hospital (22%) and Darlington Memorial Hospital (21%), which was higher than the proportion who said they did not know in relation to the Friarage Hospital (3%).

Figure 125 – Online and paper survey: How would you travel to the following places at night? (Q14)

Base: Online and paper survey respondents (1,007)



Easy Read survey

Ease of access to hospitals

4.5.75 Easy Read survey respondents were asked how easy or hard it was to get to the three hospital sites. Out of 16 respondents, 14 (88%) said it was easy to get to the Friarage Hospital and two (13%) said it was hard. No respondents said it was easy to get to the James Cook University Hospital or the Darlington Memorial Hospital. Two respondents (13%) said it was OK for them to travel to the James Cook University Hospital and the other 14 respondents (88%) said it was hard. Six (38%) said it was OK to travel to the Darlington Memorial Hospital and ten (63%) said it was hard.

Method of transport to access hospitals

4.5.76 Respondents were also asked how they would travel to an appointment during the day and at night. Car was the most common method of transport, with 13 out of 16 (81%) saying they would use one during the day and the same proportion at night. A further 11 (69%) said they would walk during the day and three (19%) would at night. Six (38%) would take a taxi during the day and three (19%) would at night. Two (13%) said they would take the bus during the day and none said they would use this method of transport at night.

Focus groups with the public

Concern about the distance of other hospitals and travel times

4.5.77 In line with the results from the surveys, many at the focus groups felt that other hospitals such as the James Cook University Hospital and the Darlington Memorial

Hospital were harder to access for care and treatment, given their distance from the local area and the required travel time. Some also highlighted that traffic, road closures and bad weather conditions could also considerably impact journey times.

From Hawes it's going to be an hour and a half to travel. And if it's wintery on the roads...

Northallerton 14/10/19

Has anyone actually worked out the time required to get there? We had a glib statement saying it's only half an hour. I don't think I could do it in half an hour from here...It depends on the time of day, if the weather's a bit 'iffy'.

Northallerton 21/11/19

The journey to James Cook by the A19 is very problematic. You only need the A19 to be closed and you've got to divert. That could be another hour on your hour and a half journey to James Cook.

Northallerton 14/10/19

Public transport issues

- 4.5.78 There was a feeling that those who did not drive were disadvantaged and not able to easily travel to alternative hospitals. There was a focus on the lack of available public transport options from the local area to the James Cook University Hospital, particularly for those living in rural areas.

What concerns me first of all is what if you don't have any transport? It's a serious problem.

Northallerton 14/10/19

Living in Northallerton, there is no public transport to James Cook. There used to be a bus service, but it was cut because it wasn't making money – the people using it had bus passes. You just cannot get there by public transport.

Stokesley 04/11/19

Transport is quite a big one as well. If you couldn't drive on that particular day and you had to go to James Cook...how would you do it?

Richmond 21/10/19

Impact on patients' visitors

- 4.5.79 Focus group participants also focused on the ease of access for patients' friends and family members wishing to visit them at other hospitals and the impact the distance and journey time could have on them.

I've got a friend who's visiting her dad at the moment, and she doesn't drive. She gets the train from here to Thornaby, changes at Thornaby, and there's a train station at James Cook. It takes her nearly two hours.

Northallerton 21/11/19

The morale of the patients and their family is much higher here, because you're cared for, you're in the right environment. If you go to James Cook all you're doing is putting people under more and more pressure. Your relatives can't get there, you're stuck there in a hospital where you don't know anybody, you can't speak to anybody, you have no idea when you're going, all you know is that it's 24 miles away.

Northallerton 21/11/19

Cost of travel

- 4.5.80 A few participants also highlighted the additional cost of travel to and from other hospitals in petrol or using taxis that patients or the NHS would incur as a result of services being based further away.

We're spending the extra money to go this extra distance.

Northallerton 14/10/19

I had to go to North Tees for a bowel operation. If I'd had it diagnosed by my doctor, I could have had it done here, but with it being a stool test that they sent to the house, I had to go to North Tees. I had transport, but I wasn't allowed to drive because they had to sedate me. I could have had it done perfectly here. All that cost of a taxi to take me there and a taxi to bring me back. It's just wasting money.

Northallerton 21/11/19

Public consultation events

Concern about the distance of other hospitals and travel times

- 4.5.81 As seen at the focus groups, event attendees also expressed concern about the distance to other hospitals, such as the James Cook University Hospital, and worried that travel times could be exacerbated by bad weather and heavy traffic conditions. Access difficulties to the James Cook University Hospital for those living in Hawes and in rural areas in particular were highlighted by attendees, as well as the dangers of driving long distances at night.
- 4.5.82 There was a worry that it would be unsafe for patients and the public if they were required to travel long distances to access healthcare services either by themselves or by ambulance. Concerns were also raised about waiting times for ambulances increasing if they are required to travel extra distances to transfer patients to hospital sites such as the James Cook University Hospital.

Public transport issues and reintroduction of a patient transport system between sites

- 4.5.83 Like focus group participants, meeting attendees expressed concern about the lack of public transport options from some parts of the area to other hospital sites, such as the James Cook University Hospital. It was felt that those who could not drive, in particular the elderly and the vulnerable, were at a disadvantage and it was often those groups who required healthcare services the most.
- 4.5.84 As well as difficulties in accessing other hospitals for services due to a lack of public transport, attendees highlighted that some patients would find it difficult to return home when they are discharged from hospitals like the James Cook University Hospital, given the distance and travel costs.
- 4.5.85 Some event attendees highlighted that there used to be a patient transport system that linked the Friarage Hospital with the James Cook University Hospital, but that it had closed because of low usage. It was felt that this should be reintroduced at peak times now that more patients would have to travel to the James Cook University Hospital for care and treatment, with some saying they would be even prepared to pay towards the service. This was a feeling that reintroducing the patient transport

system would alleviate some of the worries patients and the public have about services being located at alternative sites.

Cost of travel

- 4.5.86 The cost of travel to and from other hospital sites was also highlighted at the events, with some detailing personal experiences about how much they had paid for transport, such as taxis.

Impact on patients' visitors

- 4.5.87 The distance to other hospital sites and the impact on friends and family wanting to visit patients was also highlighted at the public consultation events, as it was at the focus groups.

VSCO focus groups

- 4.5.88 Access to and from hospital was discussed by most of the groups and this is detailed elsewhere in the report. However, the ease and difficulty of getting to hospital was discussed specifically by two groups.

North Yorkshire Youth

- 4.5.89 All participants said that travelling to and from the Friarage Hospital is easy and all participants thought that travelling to the James Cook University Hospital is hard. The majority felt that accessing the Darlington Memorial Hospital was hard, although a few said it was OK.
- 4.5.90 The majority said they would walk to an appointment during the day and a few would go by car. At night the majority would also walk, but if their appointment was at another hospital, they would not be able to. A few said they would go by car or taxi.

Samaritans Northallerton

- 4.5.91 There was a general consensus amongst the group that access to the Friarage Hospital was easy and access to the James Cook University Hospital and the Darlington Memorial Hospital was hard.
- 4.5.92 Many of the group lived locally to the Friarage Hospital and so would walk if they had an appointment there and a few would cycle. If their appointment was at the James Cook University Hospital or the Darlington Memorial Hospital they would travel by car, if they were able to. There was a concern that they would not be able to travel to alternative sites if they were not able to use a car, especially at night.

Other feedback

Self-advocates

- 4.5.93 An email was received conveying feedback from a meeting of self-advocates from the Hambleton and Richmondshire area. These self-advocates expressed concern that they would have to travel to the James Cook University Hospital, saying that it would cause unnecessary stress, particularly as they rely on support from family or paid support workers. They worried about how they would access the James Cook University Hospital at night and how they would travel home during the day. There

was also a worry expressed about access for people who lived further away from Northallerton.

Email from resident

- 4.5.94 An email received from a resident in October 2019 expressed concern about the accessibility of the James Cook University Hospital from Thirsk, particularly for those without access to private transport, such as a car.

Healthwatch North Yorkshire

- 4.5.95 In its report¹⁵ in relation to the consultation, Healthwatch North Yorkshire stated that concerns were raised about travel for rural communities, particularly if services are based further away. A lack of available transport options was raised and there were specific concerns raised for the elderly, people with dementia, expectant mothers and people with long-term conditions such as epilepsy.

4.6 Other options and ideas

On-street survey

- 4.6.1 Survey respondents were asked whether there were any other options that should be considered and were asked to provide their comments. These were captured verbatim and coded into themes. **Figure 126** shows the list of themes ordered by frequency. Just under half (48%) suggested reinstating an A&E department like there used to be with 24 hour emergency care. A further 15% suggested that the demographics of the area should be considered and that the James Cook University Hospital is too far away for some people to travel to. The full list of themes is shown in the figure.

Figure 126 – On-street survey: Are there any other options we should consider? (Q9)
Base: Respondents who gave an answer (253)

Theme	Frequency	Percentage
A full service like we used to have A&E/emergency with 24 hour major care	121	48%
Area demographics – consideration of increasing population, rural location and distance travelled to other hospitals	38	15%
Don't know	30	12%
Consider local people's needs/safety	24	9%
Get more funding/staff - improve/invest in facilities and modernise it	23	9%
Just keep Friarage Hospital/services open / as fully functioning hospital - it is a good hospital and is part of the community	19	8%
More consideration needed for accessibility due to transport - many don't have transport/cannot travel and there is limited public transport in area	17	7%

¹⁵ Thoughts on changes to the Friarage Hospital report – Healthwatch North Yorkshire – January 2020

Theme	Frequency	Percentage
It is a done deal - we need more consultation/answers	14	6%
New hospital/new military hospital at Catterick	8	3%
Just putting more strain on other hospitals/services	8	3%
Maternity services needed	7	3%
Stop cost cutting/cutting services/shouldn't be just about money	4	2%
No need to limit the 24 hours	2	1%
Is it affordable/sustainable? Can't spread the expertise everywhere	2	1%
Should have an out of hours doctor/nurse practitioner/care/smoothen integration with other services	2	1%
Better understanding of what is urgent care/more clarity on service	1	0%
It will be easier to operate and is understandable but not practical	1	0%
Look at people going in and just playing the system	1	0%
So long as they keep to their proposals/are communicative and more clarity around options and research survey questions	1	0%
<i>Base</i>	-	253

Online and paper survey

4.6.2 The most common theme amongst online and paper survey respondents was also that the A&E department should be reinstated to provide emergency 24 hour care (53%). This was followed by suggestions that more investment in services were needed to modernise services and ensure they are fully staffed (23%). The full list of themes is shown in **Figure 127**.

Figure 127 – Online and paper survey: Are there any other options we should consider? (Q9)

Base: Respondents who gave an answer (495)

Theme	Frequency	Percentage
A full service like we used to have A&E/emergency with 24 hour major care	262	53%
Get more funding/staff - improve/invest in facilities and modernise it	114	23%
Consider local people's needs/safety	68	14%
Area demographics – consideration of increasing population, rural location and distance travelled to other hospitals	67	14%
Just keep Friarage Hospital/services open / as fully functioning hospital - it is a good hospital and is part of the community	44	9%
More consideration needed for accessibility due to transport - many don't have transport/cannot travel and there is limited public transport in area	35	7%
Just putting more strain on other hospitals/services	25	5%
Stop cost cutting/cutting services/shouldn't be just about	18	4%

Theme	Frequency	Percentage
money		
No need to limit the 24 hours	17	3%
Should have an out of hours doctor/nurse practitioner/care/smoothen integration with other services	17	3%
New hospital/new military hospital at Catterick	10	2%
So long as they keep to their proposals/are communicative and more clarity around options and research survey questions	10	2%
Don't know	7	1%
Better understanding of what is urgent care/more clarity on service	6	1%
Maternity services needed	5	1%
It is a done deal - we need more consultation/answers	5	1%
Is it affordable/sustainable? Can't spread the expertise everywhere	5	1%
Look at people going in and just playing the system	2	0%
It will be easier to operate and is understandable but not practical	1	0%
Other	14	3%
<i>Base</i>	-	495

Easy Read survey

Turn the Friarage Hospital into a teaching hospital to resolve the staffing issues

- 4.6.3 Five out of 16 (31%) Easy Read survey respondents suggested that the Friarage Hospital could be turned into a teaching hospital, which would alleviate issues related to recruitment and retention of staff.

Re-instating the A&E department

- 4.6.4 Three out of 16 (31%) respondents expressed a desire to see the A&E department reopened at the Friarage Hospital.

Look at staffing options

- 4.6.5 Three respondents (31%) suggested that the Trust either investigate the way it recruits staff or that the Urgent Treatment Centre employs a skeleton staff model overnight when there are fewer patients so it can remain open 24 hours a day.

Listen to people's views

- 4.6.6 One respondent (6%) suggested that the Trust and the CCG listen to what the public is telling them through the consultation so that they can make the right decision.

Focus groups with the public

Re-instating the A&E department

- 4.6.7 In line with the findings from the surveys, discussions at the focus groups centred around re-instating A&E services at the Friarage Hospital. Some suggested that the

CCG and the Trust could look to central government for more funding to recruit sufficiently qualified staff to provide safe full-time A&E services at the hospital.

Bring the A&E back to what it was.

Northallerton 14/10/19

The local people want and deserve an A&E. If I were to go to the Friarage now and say I was worried about pain in my leg after flying home from holiday, I would be given paracetamol. That's all they can do there. It needs to be an A&E so they can actually treat people – that pain could be DVT. Why would I go anywhere else when I live five minutes from the Friarage?

Stokesley 04/11/19

It's now time to assess the shortfall in funding and...ask the government to release some of the funding shackles and request with the help of our MP the additional funding required to cover the shortfall needed to run an essential A&E department at the Friarage.

Richmond 21/10/19

Tailoring the service at the Urgent Treatment Centre to still keep it open overnight

- 4.6.8 There was also a suggestion that in order to keep the Urgent Treatment Centre open overnight but in a sustainable way, a reduced service could be provided with minimal staff and treatment rooms available.

If they're turning round and saying there's still going to be the two shift system, one's going to be 12 hours and one's going to be 8 hours or whatever, but if they say between 12 and 4 or whatever it is as a minimum, you cut the cloth accordingly. You have one cubicle open, you don't have the whole department sitting there open.

Northallerton 21/11/19

Public consultation events

Re-instating A&E services at the Friarage Hospital

- 4.6.9 As at the focus groups, re-instating A&E services at the Friarage Hospital was a common theme at the public consultation events, with many feeling that the local area needed one, given the distance and journey times to the A&E department based at the James Cook University Hospital and the expected population changes. There were some participants who expressed surprise and disappointment that reopening the A&E department had not been included as an option in the consultation, as they had heard that the closure was “temporary” and were now they were being informed by the CCG and the Trust that it would be closed permanently, despite no public consultation having taken place to find out what the public think about the closure.
- 4.6.10 Despite this, many at the events, once they had heard presentations from CCG and Trust staff, and watched the consultation video, appreciated why reopening the A&E department at the hospital was not a viable option, given the staff recruitment and retention issues.

Parking at the James Cook University Hospital

- 4.6.11 As highlighted previously, it was mentioned at the public consultation events that parking was an issue at the James Cook University Hospital, particularly in relation to its availability. There was a suggestion that if more people were going to be accessing services at the James Cook University Hospital, such as A&E services, then the parking facilities should be upgraded and expanded to meet the increased demand.

New facilities/hospitals

- 4.6.12 Some attendees at the Catterick and Catterick Garrison events suggested that new hospitals were required in the local area to meet increasing patient demand, particularly when new housing developments had been planned in the area. It was suggested in particular that a new hospital is needed for the armed forces personnel and their families based at Catterick Garrison.
- 4.6.13 Some attendees at the events suggested that more investment is needed in local healthcare services, particularly those based at the Friarage Hospital. There were suggestions that investment was particularly required for mental health services, new operating theatres and a new rehabilitation unit for elderly patients.

Flexible opening hours dependent on demand

- 4.6.14 Some at the events suggested that a hybrid of Option 1 and Option 2 might provide sustainable urgent care services at the hospital site. For example, when demand is high for the Urgent Treatment Centre overnight such as on weekends or over winter, the facility could be open 24 hours a day, but then close overnight when demand is not so high. There was a suggestion that this could be based on statistics and evidence.

VCSO focus groups

- 4.6.15 Only a few of the groups raised ideas that are not discussed elsewhere in this report.

North Yorkshire Youth

- 4.6.16 The group expressed a wish to see the A&E department reopened at the Friarage Hospital and shorter waiting times.

Samaritans Northallerton

- 4.6.17 It was suggested that the Friarage Hospital site should be redeveloped, and services transferred there from the James Cook University Hospital.
- 4.6.18 More provision for first-aid training in schools and for local groups was suggested, for both physical and mental health. This would enable people to be able to self-treat where possible and make better choices about their healthcare.
- 4.6.19 Better resourcing for GPs was also mentioned so that they can treat minor illnesses in a timely way.

Other feedback

Email from resident

- 4.6.20 An email received from a resident in October 2019 expressed a desire to see the A&E department reopened at the Friarage Hospital.

Self-advocates

- 4.6.21 An email was received conveying feedback from a meeting of self-advocates from the Hambleton and Richmondshire area. They felt that ideally the A&E department would reopen at the Friarage Hospital.

Healthwatch North Yorkshire

- 4.6.22 The report¹⁶ from Healthwatch North Yorkshire stated that some people told them they did not want to lose the A&E department at the Friarage Hospital.

4.7 Respondent and participant profiles

On-street survey

- 4.7.1 **Figure 128 to Figure 141** show the profile of those who took part in the on-street survey.

Figure 128 – On-street survey: District
Base: On-street survey respondents (601)

District	Percentage
Hambleton	50%
Richmondshire	50%
Base	601

Figure 129 – On-street survey: Distance from the Friarage Hospital where respondents lived
Base: On-street survey respondents (601)

Distance	Percentage
0-5 miles	22%
6-10 miles	18%
11-20 miles	54%
21-30 miles	4%
More than 30 miles	1%
Don't know	1%
Base	601

Figure 130 – On-street survey: Sex
Base: On-street survey respondents (601)

¹⁶ Thoughts on changes to the Friarage Hospital report – Healthwatch North Yorkshire – January 2020

Sex	Percentage
Male	50%
Female	50%
Other	0%
Base	601

Figure 131 – On-street survey: Age group
Base: On-street survey respondents (601)

Age group	Percentage
16-17	2%
18-24	7%
25-34	10%
35-44	14%
45-54	18%
55-64	19%
65-74	20%
75+	10%
Base	601

Figure 132 – On-street survey: Gender identity matches sex as registered at birth
Base: On-street survey respondents (601)

Gender identity matches sex registered at birth	Percentage
Yes	98%
No	0%
Prefer not to say	2%
Base	601

Figure 133 – On-street survey: Pregnancy in last year
Base: Female on-street survey respondents (300)

Pregnant or have been in last year	Percentage
Yes	5%
No	94%
Prefer not to say	1%
Base	300

Figure 134 – On-street survey: Relationship status
Base: On-street survey respondents (601)

Relationship status	Percentage
Single (never married or in a civil partnership)	24%

Relationship status	Percentage
Cohabiting	9%
Married	52%
In a civil partnership	0%
Separated (but still legally married or in a civil partnership)	2%
Divorced or civil partnership dissolved	5%
Widowed or a surviving partner from a civil partnership	7%
Prefer not to say	1%
Base	601

Figure 135 – On-street survey: Disability, long-term illness or health condition
Base: On-street survey respondents (601)

Disability, long-term illness or health condition	Percentage
Yes	23%
No	76%
Prefer not to say	1%
Base	601

Figure 136 – On-street survey: Nature of disability, long-term illness or health condition
Base: On-street survey respondents who have a disability, long-term illness or health condition (137)

Disability, long-term illness or health condition	Percentage
A long standing illness or health condition	50%
A mental health difficulty	19%
A physical impairment or mobility issues	28%
A social / communication impairment	-
A specific learning difficulty	1%
Blind or have a visual impairment uncorrected by glasses	4%
Deaf or have a hearing impairment	4%
An impairment, health condition or learning difference that is not listed	9%
Prefer not to say	5%
Base	137

Figure 137 – On-street survey: Caring responsibilities
Base: On-street survey respondents (601)

Caring responsibilities	Percentage
None	76%
Primary carer of a child or children (under 2 years)	5%
Primary carer of a child or children (between 2 and 18 years)	11%
Primary carer of a disabled child or children	0%
Primary carer or assistant for a disabled adult (18 years and over)	3%
Primary carer or assistant for an older person or people (65 years and over)	3%
Secondary carer (another person carries out main caring role)	1%
Prefer not to say	0%
Base	601

Figure 138 – On-street survey: Race or ethnicity
Base: On-street survey respondents (601)

Race or ethnicity	Percentage
Asian/British Asian: Bangladeshi	0%
Asian/British Asian: Chinese	-
Asian/British Asian: Indian	-
Asian/British Asian: Pakistani	-
White: British	98%
White: Irish	0%
White: European	0%
Black/British Black: African	-
Black/British Black: Caribbean	0%
Mixed Race: Black & White	-
Mixed race: Asian & White	-
Gypsy or traveller	-
Prefer not to say	-
Another race or ethnicity	0%
Base	601

Figure 139 – On-street survey: Sexual orientation
Base: On-street survey respondents (601)

Sexual orientation	Percentage
Heterosexual/straight	97%
Gay man	1%
Gay woman or lesbian	0%
Bisexual	0%
Asexual	-

Sexual orientation	Percentage
Prefer not to say	1%
Other	-
Base	601

Figure 140 – On-street survey: Religion
Base: On-street survey respondents (601)

Religion	Percentage
No religion	35%
Christianity	62%
Buddhist	-
Hindu	-
Jewish	0%
Muslim	-
Sikh	-
Prefer not to say	2%
Other religion	1%
Base	601

Figure 141 – On-street survey: Currently serving or have served in armed forces (or someone in family)
Base: On-street survey respondents (601)

Currently serving or have served in armed forces	Percentage
Yes	27%
No	72%
Prefer not to say	1%
Base	601

Online and paper survey

4.7.2 **Figure 142 to Figure 155** show the profile of those who took part in the online and paper survey.

Figure 142 – Online and paper survey: District
Base: Online and paper survey respondents (1,011)

District	Percentage
Hambleton	55%
Richmondshire	15%
Either ¹⁷	18%

¹⁷ In the survey respondents were asked to provide their postcode sector. These were then used to map responses to the districts of Hambleton and Richmondshire. There were some cases where the

District	Percentage
Other	6%
No postcode provided	6%
Base	1,011

Figure 143 – Online and paper survey: Distance from the Friarage Hospital where respondents lived

Base: Online and paper survey respondents (1,011)

Distance	Percentage
0-5 miles	29%
6-10 miles	21%
11-20 miles	33%
21-30 miles	10%
More than 30 miles	5%
Don't know	0%
Prefer not to say	2%
Base	1,011

Figure 144 – Online and paper survey: Sex

Base: Online and paper survey respondents (1,011)

Sex	Percentage
Male	31%
Female	65%
Other	0%
Prefer not to say	4%
Base	1,011

Figure 145 – Online and paper survey: Age group

Base: Online and paper survey respondents (1,011)

Age group	Percentage
16-17	0%
18-24	1%
25-34	7%
35-44	11%
45-54	16%
55-64	24%
65-74	25%
75+	12%
Prefer not to say	3%

district could not be determined because the postcode district or sector provided by respondent covered both Hambleton and Richmondshire. These were coded as 'Either'.

Age group	Percentage
Base	1,011

Figure 146 – Online and paper survey: Gender identity matches sex as registered at birth

Base: Online and paper survey respondents (1,011)

Gender identity matches sex registered at birth	Percentage
Yes	94%
No	0%
Prefer not to say	6%
Base	1,011

Figure 147 – Online and paper survey: Pregnancy in last year

Base: Female online and paper survey respondents (660)

Pregnant or have been in last year	Percentage
Yes	4%
No	83%
Prefer not to say	1%
Not applicable	12%
Base	660

Figure 148 – Online and paper survey: Relationship status

Base: Online and paper survey respondents (1,011)

Relationship status	Percentage
Single (never married or in a civil partnership)	9%
Cohabiting	7%
Married	64%
In a civil partnership	1%
Separated (but still legally married or in a civil partnership)	1%
Divorced or civil partnership dissolved	6%
Widowed or a surviving partner from a civil partnership	7%
Prefer not to say	5%
Base	1,011

Figure 149 – Online and paper survey: Disability, long-term illness or health condition

Base: Online and paper survey respondents (1,011)

Disability, long-term illness or health condition	Percentage
Yes	41%

Disability, long-term illness or health condition	Percentage
No	52%
Prefer not to say	7%
Base	1,011

Figure 150 – Online and paper survey: Nature of disability, long-term illness or health condition

Base: Online and paper survey respondents who have a disability, long-term illness or health condition (419)

Disability, long-term illness or health condition	Percentage
A long standing illness or health condition	58%
A mental health difficulty	18%
A physical impairment or mobility issues	23%
A social / communication impairment	2%
A specific learning difficulty	3%
Blind or have a visual impairment uncorrected by glasses	3%
Deaf or have a hearing impairment	10%
An impairment, health condition or learning difference that is not listed	14%
Prefer not to say	10%
Base	419

Figure 151 – Online and paper survey: Caring responsibilities

Base: Online and paper survey respondents (1,011)

Caring responsibilities	Percentage
None	54%
Primary carer of a child or children (under 2 years)	3%
Primary carer of a child or children (between 2 and 18 years)	15%
Primary carer of a disabled child or children	1%
Primary carer or assistant for a disabled adult (18 years and	3%

Caring responsibilities	Percentage
over)	
Primary carer or assistant for an older person or people (65 years and over)	12%
Secondary carer (another person carries out main caring role)	8%
Prefer not to say	10%
Base	1,011

Figure 152 – Online and paper survey: Race or ethnicity
Base: Online and paper survey respondents (1,011)

Race or ethnicity	Percentage
Asian/British Asian: Bangladeshi	0%
Asian/British Asian: Chinese	0%
Asian/British Asian: Indian	-
Asian/British Asian: Pakistani	0%
White: British	88%
White: Irish	1%
White: European	2%
Black/British Black: African	-
Black/British Black: Caribbean	-
Mixed Race: Black & White	0%
Mixed race: Asian & White	-
Gypsy or traveller	-
Prefer not to say	8%
Another race or ethnicity	0%
Base	1,011

Figure 153 – Online and paper survey: Sexual orientation
Base: Online and paper survey respondents (1,011)

Sexual orientation	Percentage
Heterosexual/straight	85%
Gay man	0%
Gay woman or lesbian	1%
Bisexual	1%
Asexual	0%
Prefer not to say	12%
Other	0%
Base	1,011

Figure 154 – Online and paper survey: Religion
Base: Online and paper survey respondents (1,011)

Religion	Percentage
No religion	30%
Christianity	58%
Buddhist	0%
Hindu	-
Jewish	0%
Muslim	-
Sikh	-
Prefer not to say	10%
Other religion	1%
Base	1,011

Figure 155 – Online and paper survey: Currently serving or have served in armed forces (or someone in family)

Base: Online and paper survey respondents (1,011)

Currently serving or have served in armed forces	Percentage
Yes	24%
No	70%
Prefer not to say	7%
Base	1,011

Focus groups with the public

4.7.3 Questionnaires asking participants their equality and diversity information were handed out at the public focus groups. It should be noted that not all participants completed a questionnaire (23 out of 29). **Figure 156** to **Figure 165** show the profile information only for those who did complete a questionnaire.

Figure 156 – Focus groups with the public: Sex

Base: Focus group participants who completed a questionnaire (23)

Sex	Percentage
Male	57%
Female	43%
Other	-
Prefer not to say	-
Base	23

Figure 157 – Focus groups with the public: Age group

Base: Focus group participants who completed a questionnaire (23)

Age group	Percentage
16-17	-
18-24	4%

Age group	Percentage
25-34	4%
35-44	13%
45-54	22%
55-64	30%
65-74	22%
75+	4%
Prefer not to say	-
Base	23

Figure 158 – Focus groups with the public: Gender identity matches sex as registered at birth

Base: Focus group participants who completed a questionnaire (23)

Gender identity matches sex registered at birth	Percentage
Yes	87%
No	4%
Prefer not to say	9%
Base	23

Figure 159 – Focus groups with the public: Pregnancy in last year

Base: Focus group participants who completed a questionnaire (23)

Pregnant or have been in last year	Percentage
Yes	-
No	43%
Prefer not to say	-
Not applicable	57%
Base	23

Figure 160 – Focus groups with the public: Relationship status

Base: Focus group participants who completed a questionnaire (23)

Relationship status	Percentage
Single (never married or in a civil partnership)	13%
Cohabiting	13%
Married	61%
In a civil partnership	-
Separated (but still legally married or in a civil partnership)	-

Relationship status	Percentage
Divorced or civil partnership dissolved	4%
Widowed or a surviving partner from a civil partnership	9%
Prefer not to say	-
Base	23

Figure 161 – Focus groups with the public: Disability, long-term illness or health condition

Base: Focus group participants who completed a questionnaire (23)

Disability, long-term illness or health condition	Percentage
Yes	48%
No	52%
Prefer not to say	-
Base	23

Figure 162 – Focus groups with the public: Caring responsibilities

Base: Focus group participants who completed a questionnaire (23)

Caring responsibilities	Percentage
None	61%
Primary carer of a child or children (under 2 years)	9%
Primary carer of a child or children (between 2 and 18 years)	26%
Primary carer of a disabled child or children	-
Primary carer or assistant for a disabled adult (18 years and over)	4%
Primary carer or assistant for an older person or people (65 years and over)	4%
Secondary carer (another person carries out main caring role)	4%
Prefer not to say	4%
Base	23

Figure 163 – Focus groups with the public: Race or ethnicity

Base: Focus group participants who completed a questionnaire (23)

Race or ethnicity	Percentage
Asian/British Asian	4%
White	91%
Black/British Black	-
Mixed Race	-

Race or ethnicity	Percentage
Gypsy or traveller	-
Prefer not to say	4%
Another race or ethnicity	-
Base	23

Figure 164 – Focus groups with the public: Sexual orientation
Base: Focus group participants who completed a questionnaire (23)

Sexual orientation	Percentage
Heterosexual/straight	91%
Gay man	-
Gay woman or lesbian	-
Bisexual	4%
Asexual	-
Prefer not to say	4%
Other	-
Base	23

Figure 165 – Focus groups with the public: Religion
Base: Focus group participants who completed a questionnaire (23)

Religion	Percentage
No religion	26%
Christianity	70%
Buddhist	-
Hindu	-
Jewish	-
Muslim	-
Sikh	-
Prefer not to say	-
Other religion	4%
Base	23

Public consultation events

4.7.4 Questionnaires asking attendees their equality and diversity information were handed out at the public consultation events. It should be noted that not all attendees completed a questionnaire (175 out of 326). **Figure 166** to **Figure 175** show the profile information only for those who did complete a questionnaire.

Figure 166 – Public consultation events: Sex
Base: Public consultation event attendees who completed a questionnaire (175)

Sex	Percentage
Male	38%
Female	61%

Sex	Percentage
Other	-
Prefer not to say	1%
Base	175

Figure 167 – Public consultation events: Age group

Base: Public consultation event attendees who completed a questionnaire (175)

Age group	Percentage
16-17	-
18-24	2%
25-34	1%
35-44	2%
45-54	3%
55-64	23%
65-74	42%
75+	26%
Prefer not to say	2%
Base	175

Figure 168 – Public consultation events: Gender identity matches sex as registered at birth

Base: Public consultation event attendees who completed a questionnaire (175)

Gender identity matches sex registered at birth	Percentage
Yes	93%
No	-
Prefer not to say	7%
Base	175

Figure 169 – Public consultation events: Pregnancy in last year

Base: Public consultation event attendees who completed a questionnaire (175)

Pregnant or have been in last year	Percentage
Yes	2%
No	52%
Prefer not to say	2%
Not applicable	44%
Base	175

Figure 170 – Public consultation events: Relationship status

Base: Public consultation event attendees who completed a questionnaire (175)

Relationship status	Percentage
---------------------	------------

Relationship status	Percentage
Single (never married or in a civil partnership)	6%
Cohabiting	3%
Married	67%
In a civil partnership	1%
Separated (but still legally married or in a civil partnership)	-
Divorced or civil partnership dissolved	4%
Widowed or a surviving partner from a civil partnership	16%
Prefer not to say	3%
Base	175

Figure 171 – Public consultation events: Disability, long-term illness or health condition

Base: Public consultation event attendees who completed a questionnaire (175)

Disability, long-term illness or health condition	Percentage
Yes	47%
No	46%
Prefer not to say	7%
Base	175

Figure 172 – Public consultation events: Caring responsibilities

Base: Public consultation event attendees who completed a questionnaire (175)

Caring responsibilities	Percentage
None	61%
Primary carer of a child or children (under 2 years)	1%
Primary carer of a child or children (between 2 and 18 years)	2%
Primary carer of a disabled child or children	1%
Primary carer or assistant for a disabled adult (18 years and over)	2%
Primary carer or assistant for an older person or people (65 years and over)	12%
Secondary carer (another person carries out main caring role)	6%
Prefer not to say	17%
Base	175

Figure 173 – Public consultation events: Race or ethnicity

Base: Public consultation event attendees who completed a questionnaire (175)

Race or ethnicity	Percentage
Asian/British Asian	1%
White	91%
Black/British Black	-
Mixed Race	1%
Gypsy or traveller	-
Prefer not to say	7%
Another race or ethnicity	-
Base	175

Figure 174 – Public consultation events: Sexual orientation
Base: Public consultation event attendees who completed a questionnaire (175)

Sexual orientation	Percentage
Heterosexual/straight	85%
Gay man	1%
Gay woman or lesbian	-
Bisexual	1%
Asexual	-
Prefer not to say	13%
Other	1%
Base	175

Figure 175 – Public consultation events: Religion
Base: Public consultation event attendees who completed a questionnaire (175)

Religion	Percentage
No religion	15%
Christianity	75%
Buddhist	-
Hindu	-
Jewish	-
Muslim	-
Sikh	-
Prefer not to say	9%
Other religion	1%
Base	175

VCSO focus groups

4.7.5 At some of the VCSO focus groups participants completed Easy Read equality and diversity questionnaires. Again, it should be noted that not all participants completed a questionnaire (39 out of 81). **Figure 176 to Figure 185** show the profile information only for those who did complete a questionnaire.

Figure 176 – VCSO focus groups: Sex
Base: VCSO focus group participants who completed a questionnaire (39)

Sex	Percentage
Male	44%
Female	56%
Other	-
Prefer not to say	-
Base	39

Figure 177 – VCSO focus groups: Age group

Base: VCSO focus group participants who completed a questionnaire (39)

Age group	Percentage
16-17	-
18-24	10%
25-34	13%
35-44	10%
45-54	10%
55-64	21%
65-74	21%
75+	10%
Prefer not to say	5%
Base	39

Figure 178 – VCSO focus groups: Gender identity matches sex as registered at birth

Base: VCSO focus group participants who completed a questionnaire (39)

Gender identity matches sex registered at birth	Percentage
Yes	3%
No	77%
Prefer not to say	21%
Base	39

Figure 179 – VCSO focus groups: Pregnancy in last year

Base: VCSO focus group participants who completed a questionnaire (39)

Pregnant or have been in last year	Percentage
Yes	-
No	46%
Prefer not to say	10%
Not applicable	44%
Base	39

Figure 180 – VCSO focus groups: Relationship status

Base: VCSO focus group participants who completed a questionnaire (39)

Relationship status	Percentage
Single	44%
Living with a partner	5%
Married	31%
Separated or divorced	5%
Widowed or partner has died	5%
Prefer not to say	10%
Base	39

Figure 181 – VCSO focus groups: Disability, long-term illness or health condition
Base: VCSO focus group participants who completed a questionnaire (39)

Disability, long-term illness or health condition	Percentage
Yes	62%
No	33%
Prefer not to say	5%
Base	39

Figure 182 – VCSO focus groups: Caring responsibilities
Base: VCSO focus group participants who completed a questionnaire (39)

Caring responsibilities	Percentage
None	62%
Carer for a child under 18 years	5%
Carer for a disabled child under 18	-
Carer for a disabled adult	13%
Carer for an older person	13%
Prefer not to say	10%
Base	39

Figure 183 – VCSO focus groups: Race or ethnicity
Base: VCSO focus group participants who completed a questionnaire (39)

Race or ethnicity	Percentage
Asian/British Asian	-
White	100%
Black/British Black	-
Mixed Race	-
Gypsy or traveller	-
Prefer not to say	-
Another race or ethnicity	-
Base	39

Figure 184 – VCSO focus groups: Sexual orientation
Base: VCSO focus group participants who completed a questionnaire (39)

Sexual orientation	Percentage
Heterosexual/straight	79%
Gay man or woman	3%
Bisexual	-
Asexual	-
Prefer not to say	18%
Base	39

Figure 185 – VCSO focus groups: Religion
Base: VCSO focus group participants who completed a questionnaire (39)

Religion	Percentage
No religion	26%
Christianity	56%
Buddhist	-
Hindu	-
Jewish	-
Muslim	-
Sikh	-
Prefer not to say	15%
Other religion	3%
Base	39

4.8 General feedback about the consultation

Criticism of the consultation document

- 4.8.1 Following the launch of the consultation in September 2019, the Consultation Institute published an article that was critical about the consultation document designed by the CCG and the information it presented. This criticism was picked up in the local media and was mentioned by a few attendees at the first few public consultation events.
- 4.8.2 The response from the Richmond Town Council working group expressed the following concerns about the consultation document:
- No reference to the NHS England bed closure test
 - That the out-of-date Equality Impact Assessment was referred to rather than the current Quality, Privacy and Sustainability Impact Assessment
 - That the Urgent Treatment Centre was considered in isolation without reference to any options relating to vulnerable inpatients
 - An ageing population and a planned increase in military personnel and dependents were not referred to as factors increasing demand on the emergency services.

Event evaluation forms

- 4.8.3 Evaluation forms were handed out at the public consultation events. In total, 78 were completed and handed back.
- 4.8.4 All attendees who completed a form agreed that the venue for the event was easy to get to.
- 4.8.5 A further 96% of attendees who completed a form agreed the venue was accessible.
- 4.8.6 Almost nine in ten (86%) of those who completed a form agreed that the room was appropriate for the event.
- 4.8.7 Of those that completed a form, 86% agreed that they found the event informative.
- 4.8.8 Eight in ten (82%) of those who completed a form agreed that the presentation and the video were informative.
- 4.8.9 Eight in ten (81%) of those who completed a form agreed that they found the event ran to schedule.
- 4.8.10 Sixty-three (81%) detailed where they heard about the public consultation event. As shown in **Figure 186**, social media was the most common (32%), followed by newspapers, the local press and media in general (27%), and leaflets and posters (24%).

Figure 186 – How attendees heard about the public consultation events
Base: Event attendees who completed form and answered question (63)

Method	Number	Percentage
Social media	20	32%
Newspaper/press/media	17	27%
Posters and leaflets	15	24%
Word of mouth	8	13%
Email	5	8%
Networks/meetings	2	3%
Other	5	8%
Base	-	63

- 4.8.11 Thirty-nine of those completing a form provided a comment about the event (50%). The most common theme was that the event was useful and informative (36%). This was followed by issues with the acoustics leading to the video or presenters being hard to hear (31%).

Further feedback about the public consultation events

- 4.8.12 Many attendees were positive about the public consultation events, saying that they found them informative and were reassured about the future of the Friarage Hospital having heard Trust and CCG representatives speak about the vision for the services.

- 4.8.13 However, a few attendees commented that the public consultation events were not well publicised and at some there was a low turnout from the public. However, this could be because the CCG and the Trust were not able to extensively promote the events during the run-up to the general election in December 2019 (see **Appendix 2**).
- 4.8.14 A few also expressed concerns about the timing of events, a large number of which were held during the day. However, two events were held in the evening and the decision was made to hold a drop-in public consultation event on the morning of Saturday 11 January 2020 in Northallerton, which was well-attended (see **Figure 13**). These gave those who worked full-time during the week a chance to attend an event.
- 4.8.15 On 3 January 2020 the CCG received a telephone call from a resident who was disappointed that the public consultation event was cancelled in Masham due to the general election and was not rearranged in January 2020.
- 4.8.16 An email was received on 11 November from a resident who expressed their concern at not being able to ask questions at the public consultation event. This led them to believe that attendance at the event would be a waste of time. In an email reply the CCG explained that questions could not be taken in public during the pre-election period. It was highlighted that there would be CCG and Trust staff present at the meeting who would be able to answer individuals' questions during the table discussions.
- 4.8.17 A report published by Healthwatch in regard to the consultation¹⁸ claimed "*there was a feeling that engagement was not adequately promoted to raise awareness of it so there were not enough people involved in having their say*".

¹⁸ Thoughts on changes to the Friarage Hospital report – Healthwatch North Yorkshire – January 2020

List of figures

Figure 1 – Proposed vision for the future of the Friarage Hospital	7
Figure 2 – Options for the opening hours of the Urgent Treatment Centre	8
Figure 3 – Number of responses/participants/attendances by response method	10
Figure 4 – Proposed vision for the future of the Friarage Hospital	22
Figure 5 – Options for the opening hours of the Urgent Treatment Centre	22
Figure 6 – Number of responses/participants/attendances by response method	26
Figure 7 – Number of interviews in on-street survey by district	27
Figure 8 – Number of interviews in on-street survey by town.....	27
Figure 9 – Quotas for sex and age group for on-street survey	28
Figure 10 – Number of responses to online and paper survey by district	29
Figure 11 – Number of responses to online and paper survey by sex and age group	29
Figure 12 – Details of the focus groups moderated by Enventure Research	30
Figure 13 – Details of the public consultation events	31
Figure 14 – Questions asked to public consultation event attendees	32
Figure 15 – Strengths and weaknesses of each consultation response method	33
Figure 16 – Proposed vision for the future of the Friarage Hospital	37
Figure 17 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1).....	38
Figure 18 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by sex and age	38
Figure 19 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by disability, long-term illness or health condition	39
Figure 20 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by district and distance from the Friarage Hospital.....	39
Figure 21 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by armed forces association	40
Figure 22 – On-street survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by caring responsibilities	40
Figure 23 – On-street survey: Do you have any comments about proposed vision? (Q2) Coded responses.....	41
Figure 24 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1)	42
Figure 25 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by sex and age.....	42
Figure 26 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by disability, long-term illness or health condition	43
Figure 27 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by district and distance from the Friarage Hospital	43
Figure 28 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by armed forces association	44

Figure 29 – Online and paper survey: To what extent does this proposed vision for the future of the Friarage Hospital meet the needs of you, your family and anyone you care for? (Q1) by caring responsibilities.....	44
Figure 30 – Online and paper survey: Do you have any comments about proposed vision? (Q2) Coded responses	45
Figure 31 – Options for the opening hours of the Urgent Treatment Centre	58
Figure 32 – On-street survey: Which of these two options is your preferred option? (Q3)	59
Figure 33 – On-street survey: Which of these two options is your preferred option? (Q3) by sex and age	59
Figure 34 – On-street survey: Which of these two options is your preferred option? (Q3) by disability, long-term illness or health condition	60
Figure 35 – On-street survey: Which of these two options is your preferred option? (Q3) by district and distance from the Friarage Hospital	60
Figure 36 – On-street survey: Which of these two options is your preferred option? (Q3) by armed forces association	61
Figure 37 – On-street survey: Which of these two options is your preferred option? (Q3) by caring responsibilities.....	61
Figure 38 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4).....	62
Figure 39 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by sex and age	62
Figure 40 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition	63
Figure 41 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital	63
Figure 42 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association.....	64
Figure 43 – On-street survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities	64
Figure 44 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4).....	65
Figure 45 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by sex and age	65
Figure 46 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition.....	66
Figure 47 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital.....	66
Figure 48 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association	67
Figure 49 – On-street survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities	67
Figure 50 – On-street survey: Do you have any comments about Option 1 (24 hour Urgent Treatment Centre)? (Q7)	68
Figure 51 – On-street survey: Do you have any comments about Option 2 (Urgent Treatment Centre open 8am to midnight)? (Q8)	68
Figure 52 – Online and paper survey: Which of these two options is your preferred option? (Q3)	69

Figure 53 – Online and paper survey: Which of these two options is your preferred option? (Q3) by sex and age.....	70
Figure 54 – Online and paper survey: Which of these two options is your preferred option? (Q3) by disability, long-term illness or health condition.....	70
Figure 55 – Online and paper survey: Which of these two options is your preferred option? (Q3) by district and distance from the Friarage Hospital.....	71
Figure 56 – Online and paper survey: Which of these two options is your preferred option? (Q3) by armed forces association	71
Figure 57 – Online and paper survey: Which of these two options is your preferred option? (Q3) by caring responsibilities	72
Figure 58 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4).....	72
Figure 59 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by sex and age	73
Figure 60 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition.....	73
Figure 61 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital.....	74
Figure 62 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association	74
Figure 63 – Online and paper survey: To what extent does Option 1 (24 hour Urgent Treatment Centre) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities	74
Figure 64 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4).....	75
Figure 65 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by sex and age	75
Figure 66 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by disability, long-term illness or health condition.....	76
Figure 67 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by district and distance from the Friarage Hospital	76
Figure 68 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by armed forces association	77
Figure 69 – Online and paper survey: To what extent does Option 2 (Urgent Treatment Centre open 8am to midnight) meet the needs of you, your family and anyone you care for? (Q4) by caring responsibilities.....	77
Figure 70 – Online and paper survey: Do you have any comments about Option 1 (24 hour Urgent Treatment Centre)? (Q7).....	77
Figure 71 – Online and paper survey: Do you have any comments about Option 2 (Urgent Treatment Centre open 8am to midnight)? (Q8)	78
Figure 72 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5)	87
Figure 73 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by sex and age.....	87
Figure 74 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by disability, long-term illness or health condition.....	88

Figure 75 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by district and distance from the Friarage Hospital.....	88
Figure 76 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by armed forces association	89
Figure 77 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities.....	89
Figure 78 – On-street survey: Do you have any comments on the criteria? (Q6) Coded responses...	89
Figure 79 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5)	90
Figure 80 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by sex and age.....	91
Figure 81 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by disability, long-term illness or health condition	91
Figure 82 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by district and distance from the Friarage Hospital	92
Figure 83 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by armed forces association	92
Figure 84 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities	92
Figure 85 – Online and paper survey: Do you have any comments on the criteria? (Q6) Coded responses.....	93
Figure 86 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10).....	98
Figure 87 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by sex and age	99
Figure 88 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by disability, long-term illness or health condition	100
Figure 89 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by district and distance from the Friarage Hospital	100
Figure 90 – On-street survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by armed forces association	101
Figure 91 – On-street survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities.....	102
Figure 92 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10)	102
Figure 93 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by sex and age.....	103
Figure 94 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by disability, long-term illness or health condition	104
Figure 95 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by district and distance from the Friarage Hospital.....	104
Figure 96 – Online and paper survey: If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Q10) by armed forces association	105
Figure 97 – Online and paper survey: Do you agree the criteria we have used to arrive at our proposed options are the right ones? (Q5) by caring responsibilities	106
Figure 98 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11)	111

Figure 99 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by sex and age.....	112
Figure 100 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by disability, long-term illness or health condition	113
Figure 101 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by district and distance from the Friarage Hospital	114
Figure 102 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by armed forces association	115
Figure 103 – On-street survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by caring responsibilities.....	115
Figure 104 – On-street survey: How would you travel to the following places during the day? (Q12)	116
Figure 105 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13)	117
Figure 106 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by sex and age.....	118
Figure 107 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by disability, long-term illness or health condition	119
Figure 108 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by district and distance from the Friarage Hospital	120
Figure 109 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by armed forces association	121
Figure 110 – On-street survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by caring responsibilities	121
Figure 111 – On-street survey: How would you travel to the following places at night? (Q14)	123
Figure 112 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11).....	123
Figure 113 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by sex and age	124
Figure 114 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by disability, long-term illness or health condition	125
Figure 115 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by district and distance from the Friarage Hospital	126
Figure 116 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by armed forces association.....	127
Figure 117 – Online and paper survey: How easy or difficult would you find it to travel to the following places during the day? (Q11) by caring responsibilities	127
Figure 118 – Online and survey: How would you travel to the following places during the day? (Q12)	128
Figure 119 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13).....	129
Figure 120 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by sex and age	129
Figure 121 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by disability, long-term illness or health condition	130
Figure 122 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by district and distance from the Friarage Hospital	132
Figure 123 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by armed forces association.....	133
Figure 124 – Online and paper survey: How easy or difficult would you find it to travel to the following places at night? (Q13) by caring responsibilities	133
Figure 125 – Online and paper survey: How would you travel to the following places at night? (Q14)	135

Figure 126 – On-street survey: Are there any other options we should consider? (Q9)	139
Figure 127 – Online and paper survey: Are there any other options we should consider? (Q9)	140
Figure 128 – On-street survey: District	144
Figure 129 – On-street survey: Distance from the Friarage Hospital where respondents lived	144
Figure 130 – On-street survey: Sex	144
Figure 131 – On-street survey: Age group	145
Figure 132 – On-street survey: Gender identity matches sex as registered at birth	145
Figure 133 – On-street survey: Pregnancy in last year	145
Figure 134 – On-street survey: Relationship status	145
Figure 135 – On-street survey: Disability, long-term illness or health condition	146
Figure 136 – On-street survey: Nature of disability, long-term illness or health condition	146
Figure 137 – On-street survey: Caring responsibilities	146
Figure 138 – On-street survey: Race or ethnicity	147
Figure 139 – On-street survey: Sexual orientation	147
Figure 140 – On-street survey: Religion	148
Figure 141 – On-street survey: Currently serving or have served in armed forces (or someone in family)	148
Figure 142 – Online and paper survey: District	148
Figure 143 – Online and paper survey: Distance from the Friarage Hospital where respondents lived	149
Figure 144 – Online and paper survey: Sex	149
Figure 145 – Online and paper survey: Age group	149
Figure 146 – Online and paper survey: Gender identity matches sex as registered at birth	150
Figure 147 – Online and paper survey: Pregnancy in last year	150
Figure 148 – Online and paper survey: Relationship status	150
Figure 149 – Online and paper survey: Disability, long-term illness or health condition	150
Figure 150 – Online and paper survey: Nature of disability, long-term illness or health condition	151
Figure 151 – Online and paper survey: Caring responsibilities	151
Figure 152 – Online and paper survey: Race or ethnicity	152
Figure 153 – Online and paper survey: Sexual orientation	152
Figure 154 – Online and paper survey: Religion	152
Figure 155 – Online and paper survey: Currently serving or have served in armed forces (or someone in family)	153
Figure 156 – Focus groups with the public: Sex	153
Figure 157 – Focus groups with the public: Age group	153
Figure 158 – Focus groups with the public: Gender identity matches sex as registered at birth	154
Figure 159 – Focus groups with the public: Pregnancy in last year	154
Figure 160 – Focus groups with the public: Relationship status	154
Figure 161 – Focus groups with the public: Disability, long-term illness or health condition	155
Figure 162 – Focus groups with the public: Caring responsibilities	155
Figure 163 – Focus groups with the public: Race or ethnicity	155
Figure 164 – Focus groups with the public: Sexual orientation	156
Figure 165 – Focus groups with the public: Religion	156
Figure 166 – Public consultation events: Sex	156
Figure 167 – Public consultation events: Age group	157
Figure 168 – Public consultation events: Gender identity matches sex as registered at birth	157
Figure 169 – Public consultation events: Pregnancy in last year	157
Figure 170 – Public consultation events: Relationship status	157
Figure 171 – Public consultation events: Disability, long-term illness or health condition	158
Figure 172 – Public consultation events: Caring responsibilities	158
Figure 173 – Public consultation events: Race or ethnicity	158
Figure 174 – Public consultation events: Sexual orientation	159

Figure 175 – Public consultation events: Religion	159
Figure 176 – VCSO focus groups: Sex	159
Figure 177 – VCSO focus groups: Age group	160
Figure 178 – VCSO focus groups: Gender identity matches sex as registered at birth	160
Figure 179 – VCSO focus groups: Pregnancy in last year	160
Figure 180 – VCSO focus groups: Relationship status	160
Figure 181 – VCSO focus groups: Disability, long-term illness or health condition.....	161
Figure 182 – VCSO focus groups: Caring responsibilities.....	161
Figure 183 – VCSO focus groups: Race or ethnicity	161
Figure 184 – VCSO focus groups: Sexual orientation	161
Figure 185 – VCSO focus groups: Religion	162
Figure 186 – How attendees heard about the public consultation events	163

Appendix 1: Standard survey questions

1. To what extent does this proposed vision meet the needs of you, your family and anyone you care for?

- ☐ Completely meets needs
- ☐ Somewhat meets needs
- ☐ Neither meets needs nor fails to meet needs
- ☐ Somewhat fails to meet needs
- ☐ Completely fails to meet needs
- ☐ Don't know

2. Do you have any comments about the proposed vision?

3. Which of these two options is your preferred option?

- ☐ Option 1 – 24 hour Urgent Treatment Centre
- ☐ Option 2 – Urgent Treatment Centre open 8am to midnight
- ☐ Either
- ☐ Neither
- ☐ Don't know

4. To what extent do these options meet the needs of you, your family and anyone you care for? (Select one answer for each option)

24 hour Urgent Treatment Centre

- ☐ Completely meets needs
- ☐ Somewhat meets needs
- ☐ Neither meets needs nor fails to meet needs
- ☐ Somewhat fails to meet needs
- ☐ Completely fails to meet needs
- ☐ Don't know

Urgent Treatment Centre open 8am to midnight

- ☐ Completely meets needs
- ☐ Somewhat meets needs
- ☐ Neither meets needs nor fails to meet needs

- ☐ Somewhat fails to meet needs
- ☐ Completely fails to meet needs
- ☐ Don't know

5. Do you agree the criteria we have used to arrive at our proposed options are the right ones?

The criteria are: Safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when) and opportunity for integration.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. Do you have any comments on the criteria?

7. Do you have any comments about Option 1? (24 hour Urgent Treatment Centre)

8. Do you have any comments about Option 2? (Urgent Treatment Centre open 8am to midnight)

9. Are there other options we should consider?

10. If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Select up to three options from the list below)

- ☐ Access to and from hospital
- ☐ Quality and safety of care
- ☐ Range of services available
- ☐ Easy access for family and friends
- ☐ Quality of the environment in hospital
- ☐ Waiting times for treatment
- ☐ Duration of treatment
- ☐ Other
- ☐ Don't know

11. How easy or difficult would you find it to travel to the following places during the day?
(Select one answer for each)

Friarage Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

The James Cook University Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

Darlington Memorial Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

12. How would you travel to the following places during the day? (Select as many as apply for each)

Friarage Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner
- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

The James Cook University Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner
- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

Darlington Memorial Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner
- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi

- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

13. How easy or difficult would you find it to travel to the following places at night? (Select one answer for each)

Friarage Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

The James Cook University Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

Darlington Memorial Hospital

- ☐ Very easy
- ☐ Fairly easy
- ☐ Neither easy nor difficult
- ☐ Fairly difficult
- ☐ Very difficult
- ☐ Don't know
- ☐ Not applicable

14. How would you travel to the following places at night? (Select as many as apply for each)

Friarage Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner

- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

The James Cook University Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner
- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

Darlington Memorial Hospital

- ☐ Walk
- ☐ Cycle
- ☐ Drive my own car/in car with my spouse or partner
- ☐ With a friend or relative in their car (other than spouse or partner)
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Don't know
- ☐ Not applicable

15. How far away do you live from the Friarage Hospital?

- ☐ 0-5 miles
- ☐ 6-10 miles
- ☐ 11-20 miles
- ☐ 21-30 miles
- ☐ More than 30 miles
- ☐ Don't know
- ☐ Prefer not to say

16. What are the first 4 or 5 digits of your home postcode? We only need the first 4 or 5 digits e.g. 'DL7 0' so individual households cannot be identified

17. How old are you?

- ☐ 16 – 17
- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ 75 or older
- ☐ Prefer not to say

18. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to say

19. Does your gender identity match your sex as registered at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

20. Are you currently pregnant or have you been pregnant in the last year?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Not applicable

21. Are you currently...?

- ☐ Single (never married or in a civil partnership)
- ☐ Cohabiting
- ☐ Married
- ☐ In a civil partnership
- ☐ Separated (but still legally married or in a civil partnership)
- ☐ Divorced or civil partnership dissolved
- ☐ Widowed or a surviving partner from a civil partnership

- ☐ Prefer not to say

22. Do you have a disability, long-term illness, or health condition?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

23. Please can you tell us what your disability, long-term illness or health condition relates to?
(Select all that apply)

- ☐ A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
- ☐ A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
- ☐ A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder)
- ☐ A specific learning difficulty (e.g. dyslexia, dyspraxia or ADHD)
- ☐ Blind or have a visual impairment uncorrected by glasses
- ☐ Deaf or have a hearing impairment
- ☐ An impairment, health condition or learning difference that is not listed above
- ☐ Prefer not to say

24. Do you have any caring responsibilities? (Select all that apply)

- ☐ None
- ☐ Primary carer of a child or children (under 2 years)
- ☐ Primary carer of a child or children (between 2 and 18 years)
- ☐ Primary carer of a disabled child or children
- ☐ Primary carer or assistant for a disabled adult (18 years and over)
- ☐ Primary carer or assistant for an older person or people (65 years and over)
- ☐ Secondary carer (another person carries out main caring role)
- ☐ Prefer not to say

25. Which race or ethnicity best describes you? (Select one only)

- ☐ Asian/British Asian: Bangladeshi
- ☐ Asian/British Asian: Chinese
- ☐ Asian/British Asian: Indian
- ☐ Asian/British Asian: Pakistani
- ☐ White: British
- ☐ White: Irish
- ☐ White: European
- ☐ Black/British Black: African

- ☐ Black/British Black: Caribbean
- ☐ Mixed Race: Black & White
- ☐ Mixed race: Asian & White
- ☐ Gypsy or traveller
- ☐ Prefer not to say
- ☐ Another race or ethnicity - write in box below

26. Which of the following terms best describes your sexual orientation?

- ☐ Heterosexual/Straight
- ☐ Gay man
- ☐ Gay woman or lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Prefer not to say
- ☐ Other

27. What do you consider your religion to be? (Select one only)

- ☐ No religion
- ☐ Christianity
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Other religion

28. Do you or a member of your immediate family currently serve, or have previously served, in the armed forces?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Appendix 2: Leafleting evidence

DATE	LOCATION	COMMENT
13/9/19	Co-op, Brompton Rd, Northallerton	One poster left
13/9/19	Convenience Store, Brompton Village	One poster left
13/9/19	Boots Pharmacist (Thirsk)	One poster left
13/9/19	Thirsk Tourist Information	One poster left
13/9/19	<ul style="list-style-type: none"> -Hambleton district council offices, Stonecross, Northallerton -Northallerton library, High Street, Northallerton -North Yorkshire County Council offices, Racecourse Lane, Northallerton – -Tesco, Northallerton -Northallerton Forum -Friarage Hospital – UTC and main reception 	<ul style="list-style-type: none"> -poster on public notice board -2 x A4 posters, 1 x A3 poster, A5 flyers - poster, flyers and consultation document in reception -2 x A4 posters for display on community notice board and in Costa -1 x A4 poster on display and flyers -Plus further distribution throughout the hospital
16/9/19	Swainby Village Notice Board	One poster displayed
16/9/19	Mowbray House GP Practice, Northallerton	2 posters, large bundle of flyers and 30 Consultation documents left with Practice Manager for display in Waiting Room
16/9/19	Mayford House GP Practice, Northallerton	2 posters, large bundle of flyers and 30 Consultation documents left with Practice Manager for display in Waiting Room
16/9/19	Leisure centre Strikes Sam turners Sainsburys superstore Waterstones Newsagents Golder lion British heart foundation Johnsons The works Butcher - J Thompson Herriot hospice home Lakeland Greengrocer Cancer research Nags head Durham Ox Blue cross Wilko	Leaflets and posters to staff plus discussions where possible to impart additional information. Where staff were unable to display in the window they all agreed to display in their staff area.

	M&Co Thomas the Baker Costa Holland and Barrett Kitsons butchers Greggs Cooplands WHSmiths Save the Children Superdrug Barkers Town council Cafe Nero Lewis and cooper Masons arms Potting shed All saints church 2 x solicitors Cancer Research	
17/09/19	Stokesley Health Centre	Left bundle of flyers/1 poster/ consultation documents and questionnaires with prepaid envelopes
17/09/19	Central Dales Practice	Left bundle of flyers/1 poster/ consultation documents and questionnaires with prepaid envelopes
17/09/19	Reeth Medical Practice	Left bundle of flyers/1 poster/ consultation documents and questionnaires with prepaid envelopes
17/09/19	Great Ayton Health Centre	Left bundle of flyers/1 poster/ consultation documents and questionnaires with prepaid envelopes
17/09/19	Hambleton District Council	1 x poster displayed on Staff Noticeboard in Staff Room and flyers left in Staff Room
18/09/19	Swainby Parish Council	Flyers distributed to attendees and Parish Councillors at local meeting to discuss old school site.
18/09/19	The Orchards, Brompton Extra Care	1 x poster
18/09/19	Notice board, Village Hall Brompton	1 x poster
18/09/19	Notice board, the bus stop, The Green, Brompton	1 x poster
18/09/19	McColl's, Romanby (Near the green)	1 x poster
18/09/19	Kirk House, Romanby (sheltered/supported housing/)	1 x poster

18/09/19	Northallerton High Street – market day	Approx. 140 leaflets handed out to members of the public
18/09/19	Omega House, Northallerton (Base for Palliative Care Team/Community teams)	1 poster displayed
18/09/19	Romanby WI Hall	1 poster displayed
18/09/19	Tesco, Thirsk	1 poster displayed
18/09/19	Osmotherly	1 poster displayed – Village Shop 1 poster displayed – Post Office
18/09/19	Thimbleby	1 poster displayed – Village Notice Board
18/09/19	Knayton	1 poster displayed – Village Notice Board
18/09/19	Borrowby	1 poster displayed – Village Notice Board
18/09/19	Kepwick	1 poster displayed – Village Notice Board
19/09/19	Appleton Wiske	1 poster displayed – Village Notice Board
19/09/19	Whites Butchers, Morton on Swale	1 poster displayed
19/09/19	Co-op Leeming Bar	1 poster displayed
19/09/19	Braithwaite Nurseries, Leeming Bar	1 poster displayed
19/09/19	Lambert Medical Centre	1 poster displayed
19/09/19	Thirsk Health Centre	1 poster displayed
19/09/19	Glebe House Surgery	1 poster displayed
19/09/19	Aldbrough St John Surgery, Richmond	1 poster displayed
19/09/19	Quakers Lane Surgery, Richmond	1 poster displayed
19/09/19	Scorton Medical Centre, Richmond	1 poster displayed
19/09/19	Friary Surgery, Richmond	1 poster displayed
19/09/19	White Rose House Northallerton (NYCC Social Care Building)	One poster
19/09/19	NY Fire Service Northallerton Headquarters	One poster
19/09/19	Northallerton Police Station	One poster
19/09/19	Red Cross Northallerton Headquarters	One poster
20/09/19	Stokesley Butchers (Great Ayton)	1 poster displayed
20/09/19	Village Hall (Great Ayton)	1 poster displayed
20/09/19	The Book Emporium (Great Ayton)	1 poster displayed
20/09/19	Suggitts Café (Great Ayton)	1 poster displayed
20/09/19	Library (Great Ayton)	1 poster displayed Flyers left

20/09/19	Great Ayton Co-Op (Great Ayton)	1 poster displayed
20/09/19	Petch's Butchers (Great Ayton)	1 poster displayed
20/09/19	Coopers Chemist (Great Ayton)	1 poster displayed
20/09/19	Thompsons Hardware (Great Ayton)	1 poster displayed
20/09/19	Worthy Pearson Newsagents (Great Ayton)	1 poster displayed
20/09/19	Great Ayton High St	25 flyers handed out to members of public
20/09/19	Herriot Hospice (Stokesley)	1 poster displayed and flyers left
20/09/19	Boots Pharmacy (Stokesley)	1 poster displayed
20/09/19	Cancer Research Charity Shop (Stokesley)	1 poster displayed and flyers left
20/09/19	Co-Op (High St Stokesley)	1 poster displayed
20/09/19	Masonic Hall (Stokesley)	1 poster displayed
20/09/19	West Green Deli (Stokesley)	Flyers left on display for customers
20/09/19	Sadlers (Stokesley)	1 poster displayed
20/09/19	Mind Charity Shop (Stokesley)	1 poster displayed
20/09/19	Feet First (Key cutting/shoe repair shop) (Stokesley)	1 poster displayed
20/09/19	Age UK (Stokesley)	1 poster displayed
20/09/19	Police Station (Stokesley)	1 poster displayed Flyers Left
20/09/19	Stokesley High St	Approx. 70 flyers given out to members of public
23/09/19	All of the rest of Stokesley High Street covered plus the Library and Springfield Coop store	Posters, leaflets plus some consultation documents and pre-paid envelopes
23/09/19	Approximately 40 flyers handed out to shoppers on the high street, outside Boyes.	Flyers
27/09/19	Colburn Town Council	Colburn Town Council have put posters on their notice boards and circulated an email to councillors. The Catterick events poster will also be added to the website and Facebook page. The town clerk completed the online survey.
30/09/19	HIVE Blog (Catterick Garrison and Army Welfare Service online blog and newsletter to 20k local army personnel and families)	
01/10/19	Catterick Village Surgery	Poster/flyers/ consultation documents and surveys
01/10/19	Catterick Village Primary School	Flyers left in reception

01/10/19	Catterick Village Football Club	1 poster left
01/10/19	Catterick & Colburn Medical Centre	Poster/flyers/ consultation documents and surveys
01/10/19	Catterick Village Co-Op	1 Poster Left
01/10/19	Catterick Village Community Facebook Page	Shared by admin to page
09/10/19	Agreement from Catterick Garrison Ladies Choir to share Catterick 18 th Nov event details with network	Poster
10/10/19	Posters and flyers to shops and businesses across the town centre area including market hall, town hall, library, shops, businesses, pharmacies, GP practice, cafes and restaurants, charity shops etc. Some leaflets also given to members of the public.	Leafletting and poster distribution in Richmond town centre on market day
21/10/19	Thea Fulton Age UK North Yorkshire and Darlington 1 Zetland Street Northallerton North Yorkshire DL6 1NB	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Hudson House Community Information Centre Reeth Richmond North Yorkshire DL11 6TB	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Masham Community Office 7 Little Market Place Masham, HG4 4DY	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Upper Dales Community Partnership Ltd The Neukin Market Place Hawes, North Yorkshire DL8 3RA	Pack sent – including consultation documents, easy read, surveys and posters
22/10/19	Bedale Library	Poster & Flyers left
22/10/19	Bedale Slimming World Club	Flyers left
22/10/19	Bedale Town Council Notice Board	Poster
22/10/19	Costa Coffee (Bedale)	Poster
22/10/19	Co-Op (Bedale)	Poster
22/10/19	Tesco (Bedale)	Poster
22/10/10	Pharmacy (x2) (Bedale)	Flyers left
22/10/19	Weigh & Pay Shop (Bedale)	Poster
22/10/19	Floral Elegance (Florist) (Bedale)	Poster
22/10/19	Bedale Sewing Club	Flyers and Surveys
--- No activity during Purdah period – 30 th October to 12 th December 2019 ---		
16/12/19	Northallerton High Street	Posters and flyers to majority of shops and businesses on the high street

16/12/19	Northallerton: Sam Turners, Sainsburys, Tesco, Library and Strikes	Posters
20/12/19	Brompton Village; village shop, village notice boards	Posters
11/01/20	Northallerton High Street	Leafletting to passers-by in the market to promote final event.

Appendix 3: Public focus group guide

This guide is to be used for focus group discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.

Introduction

My name is.....and I work for a company called Enventure Research.

We are currently working with Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust.

We have been commissioned by Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust to undertake research with residents of the local area to find out what they think about local health services. Don't worry, you don't need any specialist knowledge about the topic for today, we just want to know what you think.

IMPORTANT: Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the CCG or the Trust and therefore will not be offended by your views. Enventure Research works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and your comments will remain anonymous with nothing linked to you by name.

All views and opinions of all present are valid and your contributions will help shape the future of local health services. Please listen to other participants' views and try not to speak over each other. Some people may have more to say than others, but I will try to make sure everyone gets a chance to share their opinion.

There is a lot to discuss and we only have an hour, so from time to time I may have to move the conversation on. Please don't be offended if I have to cut you off to move the conversation on or to allow someone else to have their say.

Please also turn off your mobile phone or put it on silent.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used, and is not passed on to any third parties. Please sign this consent form to indicate you are happy to be recorded today.

The session will finish at approximately (INSERT TIME). Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Where you live
- How long you have lived in the local area

Introduction to the future of the Friarage Hospital

- Who here has used services or visited the Friarage Hospital before today?
 - What services have you used?
 - Have any friends or family used services there before?
 - *Moderator to probe and prompt as necessary.*

Please now watch this video about the challenges at the Friarage Hospital and the options for the future.

Moderator to show video

- What is your initial reaction to this video?
 - What do you think about the points discussed?
 - What did you like about what is said?
 - What did you not like about what is said?
- What are the main points raised in the video?
 - *Moderator to probe understanding of the challenges, the proposed changes, the reasons for change etc.*
- Have you got any concerns about what has been said in this video?
 - If yes, what are they and why are you concerned?

Proposed vision

I'm now going to show you the proposed vision for the future for the future.

Moderator to show vision slide.

- What do you think about this vision?
 - How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
 - What do you like about it?
 - What do you dislike about it?
 - Are there any services missing?
 - Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Options for local urgent care

Now please look at these two options for the local urgent care services based at the Friarage. The first option is the one that is currently in operation at the side and there is an alternative – option 2.

Moderator to show options slide.

- What do you think of our options and the different opening hours?
 - How do they / do they not meet your needs or those of your family and those you care for? Why?
 - What do you like and dislike about Option 1?
 - What do you like and dislike about Option 2?
 - How do the options compare to each other?
 - Which is your preferred option? Why?

Criteria

Now please look at this list of criteria that has been considered when developing the proposed model for the future of the Friarage Hospital.

Moderator to show criteria slide.

- Are these the right criteria to use when considering the future model?
 - Criteria are: safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when), and opportunity for integration
 - Why are these / are they not the right criteria?
 - Is there anything missing?

Important aspects of care

- If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

PROBE WHAT IS MOST IMPORTANT

- *patient access*
 - *quality and safety of care*
 - *range of services available*
 - *ease for carers and family to travel*
 - *quality of environment*
 - *waiting times for treatment /duration of treatment*
- How does/doesn't this proposed model and Option 1 and 2 meet these?

EDI questionnaire

Now please fill in this short questionnaire about yourself. Completing it is voluntary, but it really helps us in keep tracking of who has taken part in the consultation.

Moderator to hand out questionnaires.

Thank and close

Moderator to collect up questionnaires and thank participants for their contributions to the group.

- To help summarise what we have been talking about this evening, I am going to ask each person in turn to tell me what they think the most important thing is that we have discussed.
- Any other questions/points to raise?
- The consultation ends on 6 December 2019. If you haven't so already, please do make sure you take part in the consultation online which can be found on the CCG's website. Enventure Research is going to collate and review the feedback from all of the public meetings and the online consultation and we will provide a report for the CCG and the Trust.
- *Thank & close*

Appendix 4: VCSO focus group guide

This guide is to be used for focus group discussions lasting one hour. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses. Suggested timings for each section have been included. The reporting template included is to be used for making notes of the discussion.

Introduction

(SECTION TO BE ADAPTED AS NECESSARY FOR ORGANISATION MODERATING)

We have been asked by Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust to discuss their consultation about the future of the Friarage Hospital and the care provided there for local people. This forms part of a wider consultation that includes a large survey with local people, public meetings with local people and focus groups.

Don't worry, for this discussion you don't need any specialist knowledge about the topic for today, we just want to know what you think. There are no right or wrong answers, we have been asked to let them know our thoughts and opinions around some questions which I will ask you later.

Our contributions will help shape the future of local health services. Please listen to other participants' views and try not to speak over each other. Some people may have more to say than others, but I will try to make sure everyone gets a chance to share their opinion.

There is a lot to discuss and we only have an hour, so from time to time I may have to move the conversation on. Please don't be offended if I have to cut you off to move the conversation on or to allow someone else to have their say.

Please also turn off your mobile phone or put it on silent.

I will be writing notes about today's discussion and what you are saying. I will then send the notes to the CCG so that our thoughts and opinions can be included in the consultation. However, don't worry we won't be making a note of our names, so no-one will be identified in the feedback.

The session will finish at approximately (INSERT TIME). Do you have any questions before we begin?

(IF APPLICABLE) Can you please introduce yourselves?

Introduction to the future of the Friarage Hospital (5 mins)

- Who here has used services or visited the Friarage Hospital before today?
 - What services have you used?
 - Have any friends or family used services there before?
 - *Moderator to probe and prompt as necessary.*

Proposed vision

Please show participants the video at the following: <https://youtu.be/78ufaQD9Bs4>

South Tees Hospitals NHS Foundation Trust has developed a proposed vision and supporting clinical model for the future of the Friarage Hospital that will ensure its sustainability for the next 10 to 15 years, as shown in the video. This includes:

- access to acute assessment and ambulatory care
- consultant-led care with daily admissions
- access to urgent care in an Urgent Treatment Centre including children's minor illness
- daily inpatient care for people that do not need specialist services
- diagnostic services
- integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- short stay elective surgery and day cases for specialities including orthopaedics, urology, breast surgery and gynaecology
- extended recovery in theatre to ensure safe surgery for more complex cases
- prompt transfer to and from specialist services at other hospitals
- a full range of outpatient services

This new model of hospital services would mean that 90 per cent of people who are currently cared for at the Friarage Hospital would continue to receive their care at the hospital. Therefore, nothing will change for 9 out of 10 patients.

Patients who require the expertise and facilities of an emergency department (A&E) or critical care would be directed or transferred to the James Cook University Hospital in Middlesbrough or another provider if closer.

- What do you think about this vision and supporting clinical model?
 - How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
 - What do you like about it?
 - What do you dislike about it?
 - Are there any services missing?
 - Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Options for local urgent care

There are two proposed options for the future of local urgent care:

Option 1 - A 24 hour 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses.

Option 2 - A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 8am to midnight.

Criteria

South Tees Hospital Trust has considered a list of criteria when developing the proposed model for the future of the Friarage Hospital.

The criteria are: Safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when) and opportunity for integration.

- Are these the right criteria to use when considering the future model?

- Criteria are: safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when), and opportunity for integration
- Why are these / are they not the right criteria?
- Is there anything missing?

Important aspects of care

- If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

PROBE WHAT IS MOST IMPORTANT

- *patient access*
 - *quality and safety of care*
 - *range of services available*
 - *ease for carers and family to travel*
 - *quality of environment*
 - *waiting times for treatment /duration of treatment*
- How does/doesn't this proposed model and Option 1 and 2 meet these?

EDI questionnaire

Now please fill in this short questionnaire about yourself. Completing it is voluntary, but it really helps us in keep tracking of who has taken part in the consultation.

Moderator to hand out questionnaires (Equality and Diversity questionnaires).

Thank and close

Moderator to collect up questionnaires and thank participants for their contributions to the group.

- To help summarise what we have been talking about this evening, I am going to ask each person in turn to tell me what they think the most important thing is that we have discussed.
- Any other questions/points to raise?
- The consultation ends on 6 December 2019. If you haven't so already, please do make sure you take part in the consultation online which can be found on the CCG's website. Enventure Research is going to collate and review the feedback from all of the public meetings and the online consultation and we will provide a report for the CCG and the Trust.
- *Thank & close*

Appendix 5: Public consultation event presentation slides



Consultation:
Building a sustainable future
for the Friarage

13 September to 6 December 2019

Welcome

Today's event will include;

- Introduction and welcome
- Video to explain the details of the consultation
- A summary of the vision and the proposed options
- Questions and table discussions

 Excellence in Patient Outcome and Experience

www.southtees.nhs.uk

 Excellence in Patient Outcome and Experience


www.southtees.nhs.uk


Video

Building a sustainable future for the Friarage;


<https://youtu.be/78ufaQD9Bs4>

Friarage Hospital Proposed Sustainable Model



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 Excellence in Patient Outcome and Experience

www.southtees.nhs.uk

Proposed vision

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialties (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services

Proposed Options

Option 1

24/7 Urgent Treatment Centre

A 24 hour, 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

Option 2

16/7 Urgent Treatment Centre

8am to midnight, 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

Both options also include:

- A consultant delivered acute medical service, admitting to 6:30pm weekdays, 4:30pm weekends
- Repatriation of patients to the Friarage for care closer to home
- Elective (planned) surgery for day case and short stay inpatients

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Our criteria to assess the options

- safety/quality
- accessibility;
- feasibility;
- affordability;
- clarity for the public (where to go and when); and
- opportunity for integration.

Questions to consider

Q1

What do you think about our vision?

Q2

Are we using the right criteria when we consider the future model?

Q3


What do you think of our options and the different UTC opening hours?

Q4


If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

Q5

Are there any other options we should consider?

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Communication & engagement timetable

- Led by HRW CCG and South Tees Hospitals Foundation Trust (STHFT)
- Supported clinically by STHFT
- Positioned with Partners
- Close public & service user involvement

Action	End Date
NHSE check point 1	November 2017
Scrutiny of Health committee	Quarterly updates 2017-2019
Pre-consultation engagement	October – December 2017
Organisational approval of potential options	June 2019
NHSE check point 2	July 2019
Formal consultation on options	September – December 2019
NHSE check point 3	February 2020
Consultation feedback & recommended outcome	March 2020
Service change & mobilisation	April 2020

