

Darlington



County Durham and Darlington 

Improving stroke care for the people of County Durham and Darlington – A public consultation on proposed changes to hyperacute stroke services.

Consultation feedback

Report of: Darlington LINK

Title: ‘Stroke Care Consultation Feedback’

1. PURPOSE

1.1 To provide public feedback as a collective voice for the people of Darlington in response to the public consultation on proposed changes to hyperacute stroke services in County Durham and Darlington.

2. BACKGROUND

2.1 Darlington Local Involvement Network (LINK) is an independent network of local individuals, groups and organisations that work together to improve health and social care services. The LINK helps local people to influence and improve local services.

2.2 The role of Darlington LINK is to:

- Give everyone the opportunity to say what they think about their local health and social care services in terms of what is working well and what is not so good
- Give people an opportunity to monitor and review how services are both planned and delivered
- Provide feedback on what people have said about services, so that improvements can be made

2.3 Darlington LINK has ‘Task and Finish’ groups covering themed areas; one of which is to review and improve stroke care for the people of the Borough. County Durham and Darlington NHS released a public consultation document named ‘Improving stroke care for the people of County Durham and Darlington’.

2.4 The LINK task and finish group felt this information needed to be shared with everyone who had shown interest in stroke services in the term since the LINK began. The aim of which was to ensure anyone with a vested interest in stroke care were aware of the proposed changes and given the chance to share their feelings and contribute their opinions to the consultation.

3. RESEARCH AND CONSULATION

3.1 The LINK Stroke task and finish group got together to discuss the future actions of the group after receiving information about the then upcoming consultation process. This involved seven of the group meeting with Dr Mike Lavender to discuss the process and the implications these changes could have for the people of Darlington.

3.2 Darlington LINK sent out approximately 1600 copies of a summary of the consultation document provided to us by County Durham and Darlington NHS.

3.2 Darlington LINK attended public meetings surrounding the discussions and gathered information at promotional events and groups attended.

4. CONSULTATION QUESTIONS/STATEMENTS

4.1 The consultation ended with 6 questions/statements for members of the public to agree, disagree or mark as unsure and then respond with their own comments. It gave the public the opportunity to offer an alternative if they had one and to give general comments.

4.2 The questions/statements were as follows;

1. The split-site model cannot continue.
2. The single site is the best model
3. Specialist care is more important than care closer to home
4. The preferred option (Durham) is the best option
5. If you disagree with Q4, what alternative option would you like to see implemented and why?
6. Any other comments about this consultation?

5. LINK FINDINGS

5.1 Questions were raised about the consultation document itself mainly about the transport of patients and the inconsistencies that this raised Dr Mike Lavender was able to answer this question by advising the group that the travel time was insignificant and new data indicated that there was only 1 minute difference between the two sites. This was felt by the group to be misleading as the people reading the document were not given this up to date information.

5.2 Questions were also raised about the scanning equipment as the document again lead towards the Durham unit having more accessible scanning equipment this question was raised with Dr Mike lavender and scanning equipment is equally available at both sites

5.3 Weighting was put more on Durham within the consultation document yet they did not seem to be any difference between the two sites

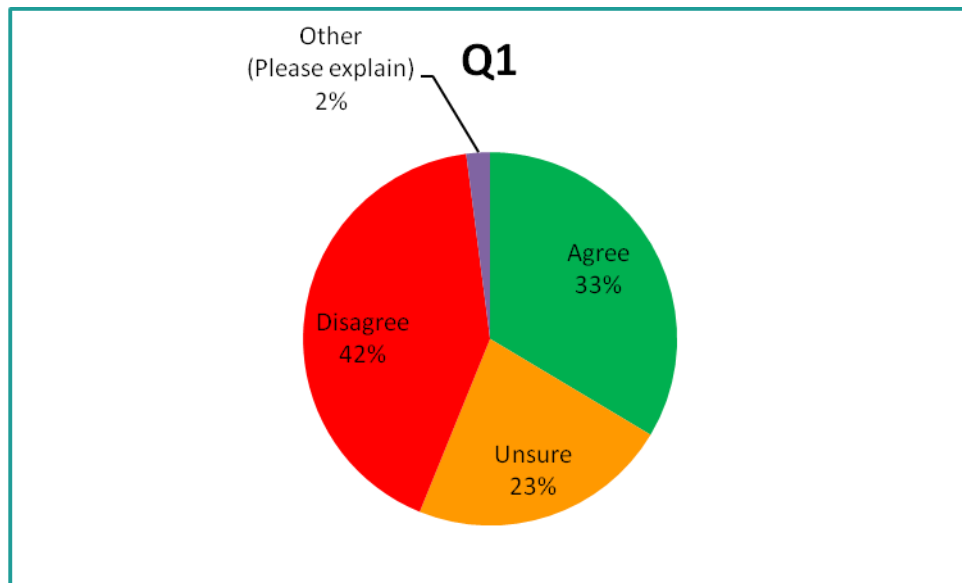
6. PUBLIC FEEDBACK

6.1 To date Darlington LINK have received 141 written responses from members of the public. The feedback of which is recorded in this report.

6.2 Many themes have been repeatedly identified such as travel times appearing to be incorrect. The report being heavily weighted in Durham's favour and not a true and fair representation; and numerous mentions of the problems which will inevitably occur if our winters continue to be as bad weather wise as they have in previous years.

6.3 An overwhelming 72% of the public felt that Durham was NOT the best option for the single site.

Question 1: The split-site model cannot continue.



DISAGREE

Politics before people.
Cost cutting at its worst

AGREE

1 site will always be
better. Services
under 1 roof



UNSURE



The recommended option may be the better
from a medical point of view, but I have
concerns about travelling times to Durham
from Darlington and outlying areas

Question 1 Feedback and Comments

The split-site model cannot continue.

AGREE

- We need it in Darlington
- **1 site will always be better. Services under 1 roof**
- But feel this is due to lack of staffing and cutbacks
- It is perfect as it is
- Lack of adequate cover 24/7
Lack of trained staff for full cover
- I reluctantly agree – increased financial investment would allow a properly staffed split site but this will not happen
- But quality care needs to be in one unit

UNSURE

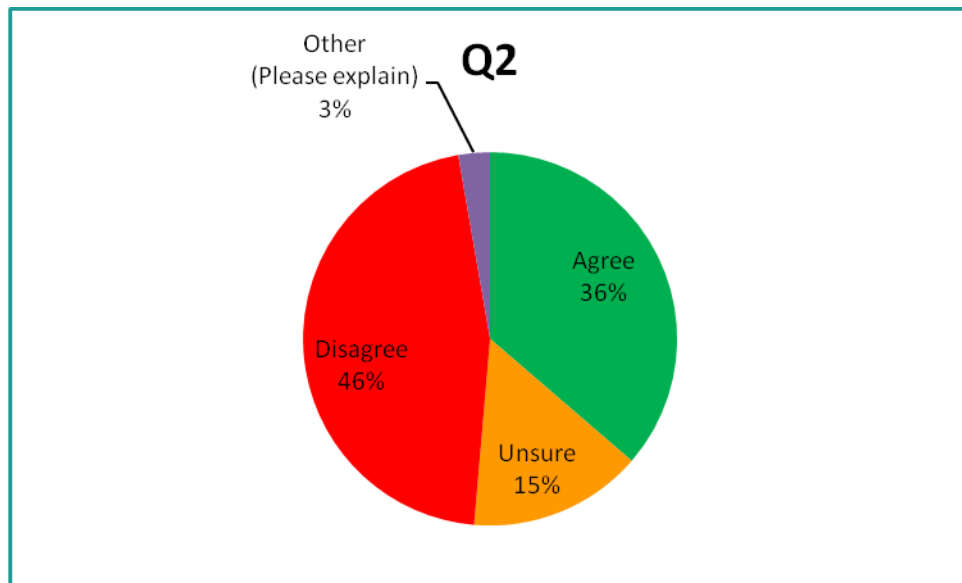
- I'm not best placed to judge this – staff and those controlling monies have to be trusted in this
- Why can it not continue if the resources were available at both sites?
- Split-site may be the only option against location with transportation
- As far as I understand the equipment exist in both Durham and Darlington. The issue is 24 hour staff specialist area
- Difficult – possibly depends a lot on the population in various areas
- It seems to me that we need care in Durham **AND** Darlington, not only for the towns but also surrounding districts, which takes longer for the journeys
- **The recommended option may be the better from a medical point of view, but I have concerns about travelling times to Durham from Darlington and outlying areas**
- It appears that the problem is not the facilities on offer at the two sites but the lack of qualified staff to keep the units open 7 days a week. Is this due to a scarcity of qualified staff or lack of money to pay them?
- Cannot accept the loss of the stroke services at Darlington but do not understand why we should be expected to understand the proposal to locate services at Durham only

DISAGREE

- Elderly patients who are most likely to have a stroke would prefer to be near home so that friends (if they have no family) can visit. Families with young families find it hard to get to Durham.
- Would prefer to have a quick admission to hospital which would be Darlington for me as I live 5 mins from the Memorial
- With a rapidly expanding population of elderly people in Darlington we need local services. Rather than a split site we need two. One in Darlington and one in Durham. Darlington has more beds than Durham
- Why not – for immediate response
- I disagree because the faster treatment is given the better, why get rid of a centre which is up and running, doing good work
- You need more than one site in the county
- The present method seems to have worked well in the past. Why change it?
- I live in Darlington
- The set up has worked alright in the past. I see no reason to change
- Darlington Memorial Hospital is 10 minutes for me. Durham University is 20 minutes to 30 minutes depending on traffic
- We feel that having two sites is the best option. With both sites having full time access to whatever treatment is needed
- The NHS is top heavy with 'non productive' staff earning far more than nurses/doctors and the 'shop floor'. You need to address this and make sure NHS money is spent where it is needed - on the wards in theatres etc not in clerical offices
- If last winter is what we expect next year living on the main A68 15 yards from the road, my neighbours in country lanes were unable to reach the main road. Journey times were not mins but hours
- Patients and family members having very long journey times
- When strokes occur time is of the essence
- There is not such position in any business as 'CANNOT' there is always an alternate solution – if one tries harder
- The size of Darlington MH could quite easily cater for all stroke patients within it's own area
- Ok as it is
- Nobody has stated that it has not worked for the last four years. There has been no headlines about failures that I have seen
- It would be too far to travel for people in the Darlington area if the stroke was of a curious nature. Speed is of the essence in such cases
- Update Darlington Hospital to fall in line with Durham. Spend less money on managers and more on equipment

- Keep both units open
- The 2 centres would be at opposite ends of the county. Even if Darlington is only open part of the time it is better than taking to Durham every time
- North and South used to be covered first response and speedy, is essential for stroke care
- Given a condition that requires a fast treatment to prevent patient deterioration it would seem perfectly clear that residents in Darlington and surrounding area. Plus Teesdale will become remote to a treatment centre this is so obvious!!!
- Too far to travel. Medical intervention in the early stages is crucial
- **Politics before people. Cost cutting at it's worst**
- Both sites could operate if additional medical staff was recruited
- Weekday care should continue 5 days/24 hours in Darlington and if necessary care at weekends in Durham
- Reading the information to hand – it seems as though Darlington and Durham require this service on each site
- If finance is the main reason – the people of Darlington can not be disadvantaged. The patient population demands its own stroke unit
- Why can the present split site not continue, surely it is essential to have a stroke service for each town
- Distance – Durham too far away
- I am 93 years young, my only family live 11 miles away. I have lifeline but it would take 25 mins for my daughter to arrive at my address. At my age I am likely to need the stroke unit
- It is too far for the people south of the area to travel. In weather like we had in Dec, 2010 and Feb, 2011, and at rush hour many will not make it
- The distance is too far for all to travel
- All hospitals should have a stroke unit
- It should continue . People who have strokes are mostly elderly
- I cannot see why the Darlington unit cannot be brought up to the standard of the Durham unit
- Required stroke services to be retained locally. I.e. Darlington. Speed of access to stroke services crucial in emergencies
- Patients and visitors want to be close to home
- Any treatment is better than none.
- If there is no great shortage of money, why cannot staff be appointed for both sites?
- This would be a great loss to the Darlington community

Question 2: The single site is the best model.



DISAGREE

2 full time sites would be better in a Trust area as large as Durham and Darlington

AGREE

Cost effective.
Better one on one care



UNSURE



A single site is only a good idea if it can be easily accessed. The bus service between the Memorial and Durham Hospital is very infrequent. Many older people do not have a car. To use a taxi, then train, then taxi would be very expensive

Question 2 Feedback and Comments

The single site is the best model.

AGREE

- As residents of Darlington, if Durham was the only option after a stroke. The delay in travelling could be fatal
- Darlington Memorial Hospital is perfect for dealing with Stroke patients
- It may be necessary in a time of financial constraints, but I have a number of reservations including that stated above. *(The recommended option may be better from a medical point of view, but I have concerns about travelling times to Durham from D'ton and outlying areas.)*
- **Cost effective**
Better one on one patient care
- *(Referring to having the unit in Darlington)* – because it's closer to home
- Everyone in one place
- But only due to staffing levels
- Consolidation of equipment and expertise, and the staffing to ensure these can be made available 24/7 on a single site
- Standard
- Quick and easy access

UNSURE

- **A single site is only a good idea if it can be easily accessed. The bus service between the Memorial and Durham Hospital is very infrequent. Many older people do not have a car. To use a taxi, then train, then taxi would be very expensive**
- I feel we should have care in Darlington for the town people and also districts outside
- I am conscious that there is going to be no specialist in strokes at Darlington Hospital, who is skilled in diagnosing stroke symptoms, especially in the vital early stages
- It seems that time is of the essence in diagnosing and treating for stroke. Can people living in S. Durham/Darlington be assured an ambulance will arrive 'PDQ' and that UHND will always have the capacity to cope with additional patients?

- Is the single site a cost saving?
- Not proven that single site is best solution. But if that should be the case then Darlington and district should be selected and not Durham

DISAGREE

- **2 full time sites would be better in a Trust area as large as Durham and Darlington**
- It would be better with two sites with a town like Darlington and its outlying districts such as Richmond and Northallerton. (These are not mentioned)
- It's too far away to go from Darlington to Durham, supposed to be a 30 minute window to get an injection for stroke
- Also more consideration should be given to how much time and expense is included to family and friends who need to visit patients
- The NHS is top heavy with 'non productive' staff earning far more than nurses/doctors and the 'shop floor'. You need to address this and make sure NHS money is spent where it is needed - on the wards in theatres etc not in clerical offices
- Both places need stroke unit. Especially elderly whose visitors can be elderly and not all people have cars or use of one
- The journey times in the winter time make getting to Durham hours. Main 68 blocked several times, gritting very limited due to shortage of funding
- In winter weather like last winter ambulances stuck in the snow not workable
- When strokes occur time is of the essence. This is a cost cutting exercise and lives are more important than money
- Durham UHND is too far away
- Is this all about money saving. Lives are more important
- Has worked well so far
- Why. That would suggest that we could have just 1 site for the whole of the N. East
- Too far away
- It would be too far to travel for people in the Darlington area, if the stroke was of a curious nature. Speed is of the essence in such cases
- In the enclosed document the travel time to Durham is 16 minutes – by helicopter maybe but I have travelled to Durham regularly over 6 years and have never managed 16 minutes
- Too far to travel from Darlington. At least 35 mins to the Durham turn off without getting out of Darlington. If the weather is bad like previous winters looks like longer

- Two sites are obviously best for the patients
- Distance relatives will have to travel – family support important for recovery
- Too far to travel. Medical intervention in early stages is crucial
- Figures regarding travel incorrect
- If Durham is nominated then this disadvantages Darlington. The same if Darlington is nominated for Durham
- Both hospital deserve acute stroke care otherwise it downgrades the service of both hospitals
- Darlington people will have their health put at risk not only for stroke services but it will have knock-on effects with other services
- Why is single site the best model – for residents in Durham obviously but certainly not for residents in Darlington
- Stroke needs to be treated fast
- It would disadvantage many patients who live in South Durham and Darlington
- Because of time to get there. What happens to the overflow. The best care is for visitors, Will there be transport laid on. Public transport is not as good as it should be
- Darlington Memorial Hospital is in South Durham, where the stroke service is needed. We have population south of the town too. North Durham has it's own population so we need 2 sites
- Proper help asap very important
- We need a centre in both towns
- Same as above (You need more than one site in the county)
- Ideally one would like all the best services to be under one roof but in our opinion both sites cater for residents of Darlington and homes closer to Durham
- I live in Darlington
- Care closer to home is a priority for many people
- Single site model only useful if located locally
- I am 93 years young, my only family live 11 miles away. I have lifeline but it would take 25 mins for my daughter to arrive at my address. At my age I am likely to need the stroke unit
- With proviso as Q1. *(increased financial investment would allow a properly staffed split site but this will not happen.)*
- The convenience for the old and ill is more important that clinicians and managers
- The new site will be too large

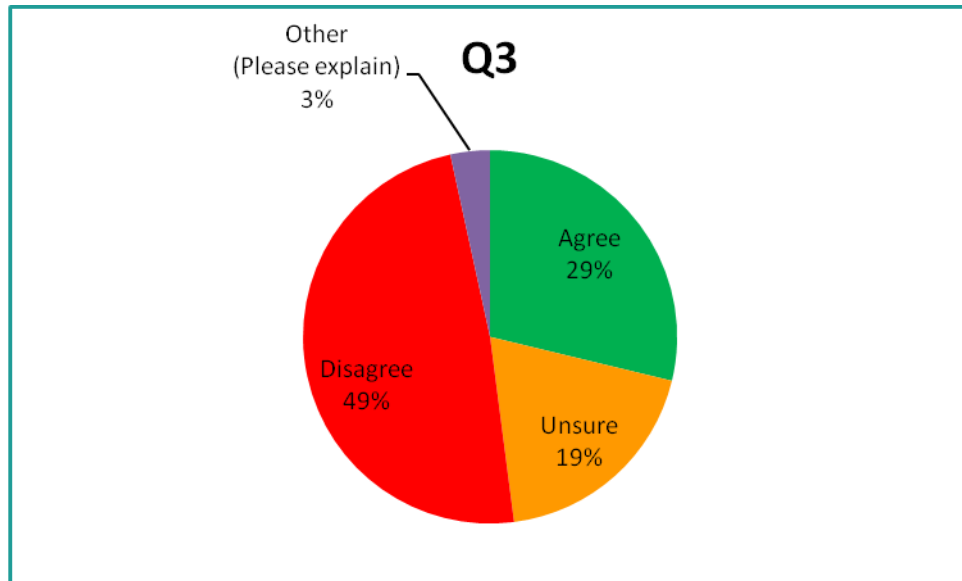
- Time to get everyone there
- Durham is too far away. People could die on the way
- Is it not possible that a single unit could be “OVERLOADED”!!
- Local services must be retained for the population of Darlington and surrounding areas
- Durham is too far from elderly visitors to travel
- Any treatment is better than none
- Split sites allow for immediate attention which I understand is vital for stroke victims
- Darlington unit benefits community and surrounding areas

OTHER

(No tick in any box but comment made)

- As long as it delivers what is promised
- If a single site has to be! The memorial or Bishop Auckland are far more central for the area to be covered
- Stroke patients need treatment as quickly as possible. From my address and many others it would take 10 mins to Darlington Hospital but 20-30 mins to Durham

Question 3: Specialist Care is more important than care closer to home



DISAGREE



Specialist care should be available at all sites

AGREE

Treatment better in one place



UNSURE



Specialist care can only take place once the patient has arrived. Whichever site is chosen many patients are going to have a much longer journey. Non-car drivers are going to be dependent on ambulances.

Question 3 Feedback and Comments

Specialist care is more important than care closer to home

AGREE

- But still think being nearer to home is as important
- Yes **IF** you can get there in time, but Darlington Memorial Hospital is on the doorstep for most people in and around Darlington. It covers a big area. Durham isn't
- I agree with reservations. It is a pity that we have to make this choice
- Need for best treatment possible wherever that might be

Lots of little unspecialised units not the way forward
- **Treatment better in one place**
- Agreed that specialist care is ultimately more important BUT distance to the specialist care could delay the start of that treatment. That would obviously be of concern to people actually in Darlington where treatment is currently available
- Limited care would be alternative

UNSURE

- I still believe both could be kept open
- Specialist care is useless if given too late. Your timings are incorrect, having travelled to Durham many times myself
- Most people who suffer strokes are older and if a full recovery is to be made the patient needs the support of relatives and friends. The members of the Darlington ARMD group would find it very difficult, if not impossible to make the journey to Durham
- Specialist care is important but with a stroke it has to be quick
- **Specialist care can only take place once the patient has arrived. Whichever site is chosen many patients are going to have a much longer journey. Non-car drivers are going to be dependent on ambulances. Inclement weather can cause a long delay**
- Given that time is of the essence I'd rather be taken somewhere closer to home that can offer a degree of specialist care as well. I'd have to trust a specialist opinion that my chances of minimising brain damage/survival were increased by travelling longer/further
- Specialist care close to home is the most important for the patients and relatives
- We already have specialist care at Darlington and do not wish to see that specialisation lost to any other locations.
- Specialist care, but closer to home as well

DISAGREE

- Specialist care. That can't be reached in time is of limited use
- Ambulance times may be a problem for individuals living in rural areas
- You need to be able to reach the specialist care as a rural inhabitant 2 miles from Heighington soon as a snowfall happens the road is closed
- **Specialist care should be available at all sites**
- Specialist care should always be available
- Early treatment locally is essential, even if it means going to a specialist later
- Patient and their relatives would have much further to travel to visit
- Quick response is more important
- Both as important as each other
- We have been led to believe that time is of the essence. Therefore surely care should be closer to home
- In a stroke victim time is of the essence
- It's the time element that's of most importance in urgent cases relating to strokes
- Patients need good treatment but also need family able to visit them. Elderly visitors will find difficulty travelling to Durham also the expense
- Important to get care S.A.P
- Possibly wouldn't survive the delay in getting to Durham, if the stroke has happened some time earlier
- It is not always the case
- Distance relatives will have to travel – family support important for recovery
- Again it is recognised that speed of initial treatment is a fundamental requirement. Therefore it cannot be a sensible route forward to delay this by extending journey times. Q/ Will ambulances have travel from Durham to collect patients
- Too far to travel. Medical intervention in the early stages is crucial
- It should be a patients choice. Darlington has served our town well. The staff are wonderful
- Surely some quick action is better than a long trip to Durham from Darlington
- There needs to be a relatively local theatre where patients can be treated correctly during critical period. There should always be specialists on hand wherever needed
- Both are as important – stroke patients need family and friends close at hand to support and visit regularly to help with recovery. If Darlington patient are treated in Durham – social care will be difficult to organise

- Both are as important – specialist service and scanning equipment must be available at Darlington
- If there is already specialist care in local areas why change it. What about the so called ‘golden hour’ for stroke patients
- The damage may become unrecoverable if you have to travel a distance. Specialist care should be closer
- As I have had stroke being near home was better for me and having my family close was much better than far a long way off
- We need special car near home
- Access to nearest hospital
- I feel immediate attention to stabilise most important. Then follow with specialist care
- Closer care is essential. Quickest and closest facilities are necessary
- Special care is very important, but patients do relax better when near home and helps them to recuperate better
- Specialist care should be available at all major hospitals, particularly in Darlington with a population of approx 100,000. Many N Yorks residents are nearer to Darlington than Durham
- I thought speed for treatment was best if a person had a stroke. Does this mean the staff at Darlington are not as good as Durham
- When patients are frightened and unwell it is proven that the family and friends are vital to be nearby. Travelling to Durham is difficult if own transport not available, especially in winter
- What about supporting family members?
- Specialist care is o.k but if you are dead before you get there, then it is no good
- Sooner seen the better
- Both are as important as each other. Whichever hospital is chosen specialist care is as vital as having a hospital nearer to home
- I live in Darlington
- Specialist care can be delivered in both sites. This is more important. Why close down DMH stroke unit. Allocate more funding to keep it open
- As stroke victims need immediate care – it seems ridiculous to have to travel to Durham
- Would take too long to arrive at Durham. How would my family visit me. It’s such a distance
- For recovery from illness, people need family and friends about them
- Too far from Darlington
- All hospitals should have specialist care

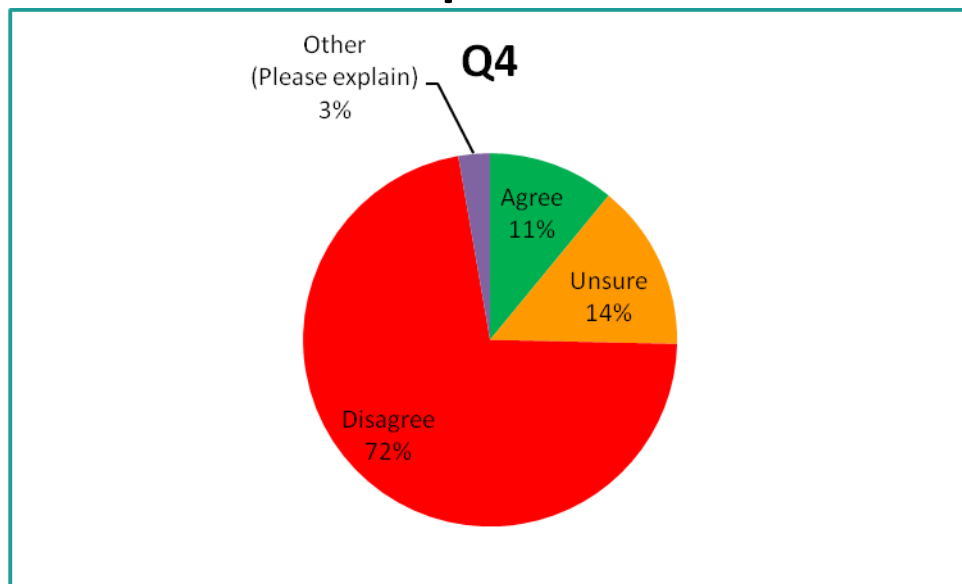
- Nursing is important also, they are excellent
- Not if the care in Darlington is as good as the care in Durham
- Why not provide specialist care to both areas? Darlington and district have a large enough population to expect stroke services at their local hospital
- Specialist care is important I agree, but so is patient care and need to be close to home
- Closer to home for quick response to clinicians and easy access
- Any treatment is better than none
- If staff can be provided for both sites then this question is irrelevant
- Care should be available immediately
- Specialist care should be available to varying localities

OTHER

(No tick in any box but the following comment was made.)

- Whilst we understand the NHS has limited resources consultant care is very important! This is another reason we should have constant care at both sites
- You have carefully worded this question. Of course specialist care is important but I refer you to my comments in question 5. *(The NHS is top heavy with 'non productive' staff earning far more than nurses/doctors and the 'shop floor'. You need to address this and make sure NHS money is spent where it is needed - on the wards in theatres etc not in clerical offices)*
- Some patients settle better knowing they are closer to home and are more at home in an environment they are familiar with

Question 4: The preferred option (Durham) is the best option



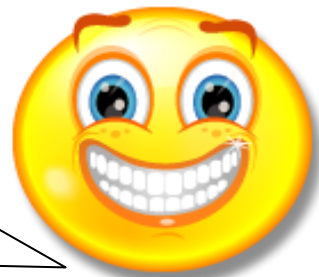
DISAGREE



People could be dead by having to travel the extra distance to Durham, if they lived in the Darlington area

AGREE

Obviously anyone actually IN Darlington is going to prefer Darlington to be the preferred option. However, with a 'county' had on instead of a 'local' one, it would seem Durham should be where the best specialist teams and equipment should be based



UNSURE



It needs to be central, so all involved gets a chance to be treated at all times

Question 4 Feedback and Comments

The preferred option (Durham) is the best option

AGREE

- I agree reluctantly. (See above) – *(refers to comment 'I agree, with reservations. It is a pity that we have to make this choice')*
- **Obviously anyone actually IN Darlington is going to prefer Darlington to be the preferred option. However, with a 'county' had on instead of a 'local' one, it would seem Durham should be where the best specialist teams and equipment should be based**

UNSURE

- If there is to be one site only then location wise Durham appears to be the best option but I have reservations about closing the unit at Darlington
- What about bad weather conditions in the winter, as in last 2 years, for travel to DURHAM
- Unsure as to whether travel times would be seriously affected (as we live in Darlington). However ok if paramedics are able to stabilise before journeying to hospital.
- The site should be central or as it can be so all the area's involved can get to it in a short time
- This depends on where stroke patients are mainly coming from. If Darlington's larger population has a greater number of cases it would perhaps seem unfair that their facility goes, that than facilities and equipment being improved (transferred to Darlington instead.)
- **It needs to be central, so all involved gets a chance to be treated at all times**

DISAGREE

- Durham might be the best option for some areas but not for Darlington. We only need an accident on the motorway and all roads will be blocked in that direction
- Para 1. States travel time to Durham 16 mins, To Darlington 17 mins. That is clearly dependent on where one lives. The members of the ARMD group live in or near Darlington and could reach the memorial in 10 mins. I believe travel to Durham would take 25 mins by road from Darlington
- Patients and relatives and friends need to be near home
- See answers 1 and 2. *(refers to the comments – both sites could operate if additional medical staff was recruited. – If Durham is nominated then this disadvantages Darlington. The same if Darlington is nominated for Durham)* Time is of the essence when a stroke occurs. What happens in bad weather or accidents on the roads. DELAY!!!

- Too far to travel
- Too far from Darlington and N Yorks
- To go to Durham is at least another 30 mins on a good day. Weather conditions make a difference
- 23 mile travel
- Too far to travel. Medical intervention in the early stages is critical
- Distance relatives will have to travel – family support important for recovery
- Obviously people who live in Darlington/South Durham would prefer the unit (in total) to be located as near as possible. i.e Darlington Memorial Hospital
- Darlington has a good hospital, capable of giving that initial response. We need to keep it
- As stated above. *(Refers to – The 2 units would be at opposite ends of the county. Even if Darlington is only open part of the time it is better than taking to Durham every time. – Too far to travel from Darlington . At least 35 mins to the Durham turn off without getting out of Darlington if the weather is bad like previous winters looks like longer. – Possibly wouldn't survive the delay in getting to Durham, if the stroke has happened some time earlier.)* Would not prefer Durham. The report appears to be quite biased in Durham's favour
- Why not Darlington
- We need a good stroke unit in Darlington
- **People could be dead by having to travel the extra distance to Durham, if they lived in the Darlington area**
- Too far away
- Darlington is a major town with good transport links. Durham is far more difficult to access
- Far too far from Darlington. Largest population Darlington area.
- No
- Why not Darlington? (x2)
- When strokes occur time is of the essence. This is a cost cutting exercise and lives are more important than money. Specialist care should always be available
- NEED and want split model.
- Split model, this is only a cost cutting exercise to save money. Not the patients best interests at heart
- Prefer the site stayed in Darlington
- Prefer the site to stay at Darlington
- Should have one Darlington

- I have always had good treatment etc. in Darlington Mem Hospital
- We feel that having two sites is the best option. With both sites having full time access to whatever treatment is needed. Also more consideration should be given to how much time and expense is incurred to family and friends who need to visit patients. Whilst we understand the NHS has limited resources consultant care is very important. This is another reason we should have constant care at both sites
- As residents of Darlington if Durham was the only option after a stroke the delay in travelling could be fatal
- It will take too long to get there. I have driven to Darlington Memorial and to Durham University and there is a big difference, your timings are wrong
- Darlington is a bigger area. The age profile of Durham City is shared because of the university to the younger end
- Darlington has the bigger number of people. Durham has a lot of students who come and go
- The same facilities exist in Darlington
- Darlington
- Immediate primary care vital
- For all the reasons stated above we need a good stroke unit in Darlington. *(Refers to – Update Darlington Hospital to fall in line with Durham – spend less money on managers and more on equipment – In the enclosed document the travel time to Durham is 16 minutes – by helicopter maybe but I have travelled to Durham regularly over 6 years and never managed 16 minutes. – Patients need good treatment but also need family able to visit them. Elderly visitors will find difficulty travelling to Durham also the expense)*
- Geographically Darlington has no association with Durham, they tend to be referred to Middlesbrough and North Yorks, also visiting consultants come from James Cook to Darlington – Durham refer to Newcastle. Did you research how often UHND has no beds, this will have a major impact for patients
- Definitely disagree – how often are patients diverted from Durham to Darlington due to lack of beds
- The preferred option ‘Durham is the best option’ for whom, certainly not the residents in Darlington and surrounding areas. It certainly takes more than 16/17 minutes to get to Durham from Darlington or have the consultation team get some supersonic transport in mind
- Darlington is a no mans land. We have everything to do with M’bro Stockton and nothing to do with Durham Nil – North Tees Hospital is (closer)
- Too far away need to be seen in Darlington
- Darlington has same or better facilities on my doorstep
- Darlington is better situated to serve the surrounding area
- Own local hospital in Darlington and services should be available locally
- I live within 5 minutes of Darlington hospital. So would not have to drive 20 minutes or more

- Seems this has already been decided. New equipment to D'ton is essential
- Time is of the essence with stroke victims. Some form of immediate care needed in D'ton – then transfer if deemed necessary
- Quick and rapid response is essential
- Transportation would be a problem
- A lot of relatives will have difficult getting to Durham and they will also be watching the cost
- See question 2 (*Stroke patients need treatment as quickly as possible from my address and many others it would take 10 minutes to Darlington hospital but 20-30 to Durham*)
- As above - (*I thought speed for treatment was best if a person had a stroke. Does this mean the staff at Darlington are not as good as Durham*) - + 1 place to go – gd. The staff be extra busy at times? Transport for visitors are a premium
- We need two centres, staff would be available if employed in a stroke unit which could be set at the memorial. Local doctors would then visit their own patients
- With a population of 100,000 there should be no valid reason why Darlington should not have it's own stroke unit
- Greatest concentration of people reside in Darlington
- Same as above (*You need more than one site in the county – sooner seen the better*)
- Preferred option for people living in Durham not in Darlington and District
- As residents of Darlington we are both over 70 – 78 and 73 respectively. At this age strokes could happen at any time being closer to Darlington is of prime importance
- I live in Darlington
- Specialist care can be delivered in both sites. This is more important. Why close down DMH stroke unit. Allocate more funding to keep it open
- Single site in Durham would only be useful to Darlington patients if ambulance times could be reliable
- The further away from Durham you are, the less attractive it is. Your average travel times confuse me
- Too far from Darlington
- Too far away
- Darlington is too far to travel in an emergency especially in the winter months. Plus most relatives of patients are elderly. How are they going to get to Durham? We don't all have transport of our own
- Darlington residents and local areas have a large population requiring the stroke service within easy access to their homes. They do not want to travel to Durham causing unnecessary delay in emergencies

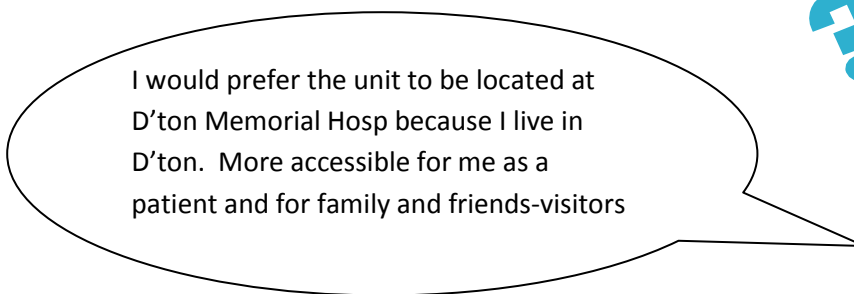
- As above (We already have specialist care at Darlington and do not wish to see that specialisation lost to any other locations) Bearing in mind the large population in the Darlington and District area, requiring specialist stroke services in their own area
- Too far away. What about transport
- People living in Darlington will have too far to travel in an emergency
- Darlington covers a large area and encompasses Teesdale
- Excellent for people residing in Darlington
- Keep the Darlington unit open

Question 5 Feedback and Comments

If you disagree with Q4, what alternative option would you see implemented and why?



I would like to see a unit in Darlington and also Durham. We have almost lost Bp Auckland hospital and we do not need lack of hospitals as we are told we are a nation of ageing people



I would prefer the unit to be located at D'ton Memorial Hosp because I live in D'ton. More accessible for me as a patient and for family and friends-visitors



Recruitment of stroke consultant to run DMH unit. Allocation of pounds to allow both units to run efficiently with triage and thrombolysis in both units



- I would prefer 2 sites. But if one then Darlington as it serves the biggest population
- I would like to see Darlington as the main site if 2 sites can't continue. Travelling would be terrible for people living in Darlington. There are very few buses
- The services should remain in Darlington
- We should have a good stroke unit here. (D'ton) The town and area is big enough. These ideas look good on paper but don't work in practice. Look at the mileage again
- Really not very sure
- The government should keep it's promise to invest more into the NHS not make life more difficult for us in England whilst sending millions of £'s abroad and allowing the rest of GP free health care education etc.
- The NHS is top heavy with 'non productive' staff earning far more than nurses/doctors and the 'shop floor'. You need to address this and make sure NHS money is spent where it is needed - on the wards in theatres etc not in clerical offices
- I would wish to stay in own hospital where I was well looked after
- I would prefer the alternative option should be in Darlington as I am a resident in the town
- Prefer the site stayed in Darlington
- Split model – Remove managers then funds could buy Doctors and Nurses. Too many chiefs and not enough Indians
- Darlington and Bishop Auckland. Roads to Bishop are less congested
- Leave the status quo and stop all this centralisation
- Leave things as they are. Why mend what isn't broken
- Darlington is a better location. I can not find any cost effectiveness analysis or financial business plan to say Durham is best
- There is no mention of how many patients are seen at each hospital. Bearing in mind Darlington has a greater population than Durham, one would expect Darlington to see more patients
- Leave as it is, working perfectly well for years. Why change now. Another winter as we have just had many will die before they get to Durham
- Leave well alone
- Bishop Auckland could have been used as a top class stroke unit. Central place, Brand new building. Why do the NHS have no planners
- Leave things as they are
- I agree that cuts have to be made but I am also of the opinion that a basic service is still required in Darlington

- I would like to see a unit in Darlington and also Durham. We have almost lost Bp Auckland hospital and we do not need lack of hospitals as we are told we are a nation of ageing people
- Durham is too far to travel. Bishop Auckland has already closed and patients have just cog used to Darlington and to move further away is unfair
- To stay as it is or based in Darlington
- Leave well alone. (2 units)
- I would prefer it to stay as it is. A smaller unit is better than none locally and having to travel to Durham
- South Durham is losing too many of its services. We need to keep and indeed improve what we have
- I would prefer the unit to be located at D'ton Memorial Hosp because I live in D'ton. More accessible for me as a patient and for family and friends-visitors
- Too continue 2 centre treatment
- Have to question rota between hospitals for out of hour treatment. It seems quite incredible that health managers should have evolved such a situation
- If Durham was the only stroke unit, the visitors from Darlington would not visit if they did not have a car
- Stay as it is
- Leave in Darlington, failing this James Cooke is nearer and has helipad for emergencies
- I have no alternative. Leave Darlington alone
- Bishop Auckland is a more central site, if we are to have a single site unit the surely it would be best placed geographically in a more central location!!!! And then you are in the same place for rehabilitation!!
- Not sure – sorry
- Darlington more central
- Keep Darlington open. Why is Durham the best option. Not even central to Durham
- Both sites could operate if additional medical staff were recruited. All too often cost is mentioned. This should not be given as an excuse. Both sites should be maintained, regardless
- I am 86 years old. I wouldn't like to travel to Durham for treatment when Darlington is on the doorstep
- Stroke care at both sites should continue if cost is the least important fact – as stated on the summary version
- 1. I should like to see Darlington Memorial Hospital as the SINGLE SITE. 2. The population of Darlington is much larger than Durham. 3. Cases can quickly be transferred to James Cook Hospital in Middlesbrough
- I can't think of an alternative option as I am not medical but surely something could be managed to keep the health care in Darlington secure

- Ideally I would like to see both units retained, fully staffed and equipped 7 days a week. After hours service alternating as now between the two hospitals
- Cannot a stroke ward be conjoined to another speciality at Darlington. Is there any way GP's can be involved in a Darlington stroke unit. Are there any GP's with an interest with acute stroke willing to overlook this service alongside a specialist at DMH
- Cannot a stroke unit and consultant be conjoined to another speciality at Darlington and be assisted by GP's with a specialist interest
- Primary care should still be available in Darlington. Time taken to access primary care in Durham could be disastrous. Specialist care to follow in Durham might be acceptable if necessary
- Why cannot the present service in Darlington continue with the support of the excellent stroke unit at Bishop Auckland and why is it not sustainable in the future. If this proposal goes ahead I only hope my heart condition gets me and not a stroke
- My big concern is the fact that one site could not cope with the amount of people requiring care and attention at any one time
- My main concern is that Co Durham is a large area, therefore one site would be unable to cope with that amount of people
- Darlington/North Tees – Stroke needs to be attended to quickly. Visitors couldn't attend at a distance and couldn't give their help and support
- Being in my home town and for other people being near their loved ones is much better than being miles away and having no visitor at all
- The stroke unit to be kept open in Darlington
- Darlington – Better access than Durham especially for Dales and Rural areas
- Improvement to Darlington services better access for local people
- For Darlington to be the single site option
- Should be at Darlington. Much larger town
- Would prefer centre at Darlington
- More services to Darlington, larger population base
- I don't necessarily disagree, but would like to be assured that there is a rapid response medical transport system that if necessary is allowed to break the speed limit to get me/anyone to the best place, with flexibility to e.g. divert to another centre of excellence if needs be
- Development and improvement of current facilities and services at DMH
- Both units working, so that everyone to receive attention as quick as possible

- The D'ton hospital been updated as necessary. This would alleviate peoples worries about speed of being attended to
- Both sites to be bought up to the required standard and service
- Location nearer home base
- The Memorial Hospital is a good hospital and always will be. It will service locals and the surrounding areas and Durham could service the Northern area up to Northumbria
- The NHS should provide specialist staff at both Darlington and Durham to ensure that stroke treatment as quickly as possible
- Set up a unit in Darlington and employ more staff. We know it is vital to have treatment as soon as possible, involve local doctors. REMAIN IN DARLINGTON
- Improved facilities at Darlington Memorial Hospital
- Leave things as they are
- Unit in Darlington - So there is care in North and South of region
- Why must there be change which usually costs more and will only work out for a few
- Your report seems very biased towards Durham. Why? If staff need to be transferred to one or the other why Durham? We still feel a Darlington –based stroke unit is imperative for this area. Transfer staff to Darlington instead of Durham
- Leave Darlington alone
- Darlington Memorial Hospital
- Suitable unit to be at Darlington, the sooner attended to the better chance of survival
- A split facility would be more beneficial to those who are unable to travel long distances. A consultant split between the two location would provide better care in the community and is more likely to prove beneficial for those receiving care/treatment
- Keep both sites open and get in a consultant!
- Recruitment of stroke consultant to run DMH unit. Allocation of pounds to allow both units to run efficiently with triage and thrombolysis in both units
- More specialised care locally
- Doctors capable of treating me, or training should be given, at both sites, sack chief executives on large salaries, wards should be given back to matrons. Lived in Darlington over 60 years
- Have the service at Darlington and then each town in the whole area should have a rehabilitation centre
- I would like to see things stay as they are. If money is short, staff should be asked where they think cuts could be made

- Every hospital should have a stroke unit
- Stay in Darlington
- I would like to see a 'specialist' unit built in the Darlington area
- I would prefer the Darlington Hospital to have it's own stroke services
- I would like to keep a stroke unit at Darlington, because as we are told by the medical profession that the earlier the patient gets special care after a stroke the greater chance of a recovery there is
- It is essential that the stroke services are referred in Darlington notwithstanding the Durham areas problems. Speed of access to services is essential in stroke cases!!
- Prefer Darlington
- James Cook hospital stroke unit is nearer for many than Durham
- Keep the split site model
- Status quo
- As an ex stroke club group member (helper). The other members complained about being sent elsewhere for treatment
- Care and attention should be administered immediately do transportation con aggravate the situation and cause further distress
- To keep Darlington unit open
- Keep the Darlington unit open

Question 6 Feedback and Comments

Any other comments about this consultation;

- Your consultation figures were dubious. Sunderland area was included for the Durham figures but Richmond/Northallerton not included in Darlington case.. You do not show costs related to both sites or give an example of funding 2 centres with B/A as a county based specialist rehabilitate centre
- Don't feel your figures were accurate. Sunderland is mentioned but not Northallerton, Richmond and Barnard Castle areas. I feel very strongly that things are being taken away from a big town and outlying areas such as Darlington. What happens to family members who wish to visit? Durham is a terrible place to get to on a bus. Not everyone drives and even if you do you can't always get parked and it can be expensive. (I know, I have been through it)
- Why not specialist care closer to home?
- Use the money more sensibly in our hospital. You are moving things out of Darlington. There will be nothing left soon. What will be left in Darlington Memorial Hospital? The pain clinic has gone to Bishop Auckland. Now I hear the eye clinic is going there as well. At this rate, if everything is moved out you will be closing DMH. Is that the idea? Also, if you haven't got a car, it can take at least two buses to get to Bishop Auckland. I for one, am not well enough to travel early morning by bus so have to take a taxi which I can't afford. I have no idea how I would get to UHND for clinics. Have you thought how people are going to get to these hospitals? Bishop Auckland want me to go twice a week to them, for treatment and once a week to Durham University, that's 3 times a week for 6 weeks. I can't do it or afford it. To which they understand, so I go once a week not easy at 80. Do you care about the effort it takes to get to hospital, especially if it's miles away?
- There are so many 'pro's and con's' depending on age or where living at the time
- We had 3 good hospitals in the group, it was a big mistake to try and make them all one facility. The distances to travel are far too much. Peoples needs must come first
- Yes – stop wasting even more money on endless consultations. My husband had a severe stroke 7 ½ years ago in which they couldn't believe he had survived. Despite this he has discharged from Bp Auckland Hospital after only 6 weeks. Since that day (apart from one appt we had to request ourselves). We have had no follow up form any stroke unit. We have not started to have yearly blood tests since his medication has changed. Is this normal procedure!!! If it is it's rubbish. Not thought is given to families, especially if O.A.P on visiting these and of the way stroke units or the time and cost involved
- I was taken to D'ton Mem Hospital in the early hours of 8.12.2010 in really snowy weather. Ambulance there very quickly – well looked after by paramedics. I was seen immediately by stroke nurses and on ward 51. I had the best attention by nurses who never made you feel you were a time waster. I also watched as they tried to coax patients to eat who didn't want to. I would hope that if I ever had another stroke I would be cared for by the same Doctors and Nurses. The Doctors made sure I knew exactly what was going on and made you feel you mattered. – **(Mary Bramley)**

- This was tried weeks ago to be pushed and rushed through. I rang to speak at the meeting or sit and listed, told it was a closed meeting but I could leave a question by telephone to the board. May I will all due respect remind board members they are public servants paid by the public, we speak and they should act accordingly to our wishes. My question I asked over the telephone was, you cannot close a unit without public consultation. It is illegal. Hence this document. Thank you for this you have listened! I hope you will continue to do so. – **(Valerie Whitby)**
- It's a done deal one bit only. We speak please listen
- Has any consideration been given to the relatives, many are elderly. Some stroke patients will have no visitors if it is moved to Durham. Visitors are often a tonic to patients. At the end of the day the only reason it is moving is to save money. After consultations have finished the answers will still be the same. The result is cut and dried before any consultation with the general public even began. You might think you can fool the public but we are not easily fooled.
- It is already based in the favour of Durham. Spell out all of the +/- financial justification so the layman can understand them please. It is a good discipline for any business
- Durham too far away from Darlington for emergencies. You say take stroke patients immediately to hospital. Travelling could make condition much worse. What about bad winters like last winter making stroke patients even worse while travelling could eventually cost the health authority much more money in the future looking after them both my wife and myself are well over 70 years. - **(G Dauber)**
- To get to Durham during the last 2 winters would have been a nightmare. To read all of your notes it is obvious that 'you' have already made up your minds!
- No consideration seems to be given to the relatives having to travel to visit their loved ones. Stroke patients are often elderly and their partners who probably don't drive and are in poor health can't be expected to travel all the way to Durham
- By listening to the adverts on the TV when someone has a stroke FAST is the way to recovery. This cannot apply to victims if Darlington Hospital is closed and I do not agree that 16 minutes will get you to Durham. The enclosed literature appears to be in full favour of Durham and I feel it is very one sided. We as a nation now get rough ridden over by some bright sparks who decide that they know best. I am sure on the medical side – they actually do – but on the common sense side the layman has a lot of practical issues to give. I am totally against the unit going to Durham as are a lot of other people and I do hope our wishes are taken into consideration
- The traffic and parking at Durham is very poor
- What if I arrive and Durham and there isn't room. Where in this paper is Darlington Hospital mentioned so it can be voted properly. It is of great importance that we have a stroke unit in Darlington not only for the people of Darlington but surrounding areas. Strokes mostly effect the elderly and travel comes into the issue taking this into consideration those effected would need assistance to travel to Durham. This would put a great expense on the NHS. Why can't we have the same as we have now. 2 clinics on a bases of 3 days at each area

- I hope the consultation is fair and not 'cut and dried' It is only reasonable to expect genuine consultation with the public. **1)** If you listen to the advert for strokes 'speed is of the essence' – not if you have to be taken to Durham, too far, roads too busy. **2)** Durham will make it very difficult for visiting especially elderly relatives. Many wish to visit at least once daily but as Durham is at least 25 miles away (from where we live in Darlington) will not always be possible. **3)** There has not been sufficient publicity about this possible move. If you don't take the local paper. I know several residents who know nothing about it. Perhaps all households should have received a flyer with the proposals and suggested meeting dates. **4)** Every household should have received a questionnaire, not just a select few. A decision like this can affect many families who have members who will have, or already have had the misfortune to suffer a stroke, either massive or just a warning
- I believe this consultation is a waste of time and money. I suspect that unless an overwhelming majority of the people who formally respond request the unit be located at D'ton Memorial Hosp. Then it will go to University Hosp. N. Durham -

Assuming the unit is located at university Hosp N. Durham -

The majority of stroke patients are elderly and their spouses and close friends also elderly. Therefore if no close family, or close family living a distance away the majority of patients from D'ton / S. Durham would be unlikely to receive many/or any visitors while in hospital due to travel difficulties especially in winter and bad weather conditions. They would feel very isolated. If we have another winter like 2010/2011 (highly probable) then some would be lucky to survive long enough to get them to Univ Hosp N. Durham – unless helicopter ambulances can be provided! -

I consider that respondees should not be anonymous therefore name and address below. – **Mr E Suggett**

- Who is there listening to the people who know their needs most. Darlington Memorial Hospital was built with funds raised by the railway men of this town. Why upset people who are ill by making them go to a strange hospital. Some patients are going to have a longer journey than us. Surely this can't be right. Also for visiting we don't all have transport. A winter like last year roads could be closed. Elderly people want peace of mind not taken here there and everywhere
- Moving the service to Durham would be a kick in the teeth for Darlington and the surrounding areas. Bishop is at least a compromise for both sites
- I consider this proposal by the health authority is already decided and Durham will be nominated. I can only hope I am wrong. If consultations are to mean anything they should take notice of what the people want and abide by that. It seems to me the authority has already decided on Durham, so why this added expense of a consultation. Please for a change listen to the wishes of the people.
- I thought the sooner a stroke victim needed urgent attention not having to travel miles especially in winter time when roads are bad
- Please please keep stroke consultation in Darlington

- After the publication in 'The Echo' regarding Lady Calman's letter and comments, most people feel the consultation is a sham and that no notice will be taken of their wishes and comments.
If we have another long bad winter, like last winter, it would be impossible to get to Durham. It would need a helicopter to make that journey.

The way the first question on this form is worded is not giving people a choice. It should have been worded in a more open way.

Why should the residents of Durham and area have a quicker and better access for stroke care than the people in Darlington and area

- Sorry can't see a solution , apart from a unit in Both towns
- We are having to face an invidious choice. We should all like to see both hospitals offering the full range of facilities, but financial considerations seem to be making this impossible. The best use of resources at a time of financial problems is partly a political question: should our nation be spending millions on fighting wars and a 'defence procurement?'

As far as the existing health budget is concerned, I think we should be concerned about the colossal waste of public money in dealing with alcohol abuse. Government seems to have done little in 'tackling' the problem of binge drinking, with hospital admissions to A&E, drunk driving accidents, threatening of staff etc. People admitted to hospitals as a result of drinking should be surcharged. We still don't have a zero limit for alcohol consumption when driving, or a limit on supermarket sales of alcohol.

The growing problem of obesity is also worrying and needs to be tackled in the early years.

If the drinking and drug taking culture continues, I cannot see the NHS continuing to survive in its present form. Drastic measures are needed

- Darlington Memorial Hosp has horrendous parking problems. This may also be the case in Durham. Nothing should get in the way of ambulances.
- I do agree about 1 place for stroke victims but am not confident you will have sufficient staff to run it. How can you be sure it won't close down for lack of funds and staff? We hear often of brand new hospitals with excellent facilities having to close wards because of lack of qualified staff. Are you sure this won't happen at Durham?
- Specialist care is important but there are so many things to be considered here to make the best choice
- I understand medical attention at the first sign of a stroke is of great importance in saving a life
- Don't know enough about it, hope the experts know what is best
- A great deal of consultation has already taken place and it appears that the decision has already taken place to have one specialist unit only. The question is which one? Living in Darlington I naturally would like it to be Darlington Memorial Hospital. On purely selfish grounds If I were to have a stroke I would like to be taken to a specialist unit as soon as possible. Darlington – 10 minutes – Durham – 30 minutes – In mid-winter longer! As people living near to Durham will take the opposite view I think that this 'consultation' is probably a waste of money and time

- I agree to the single site model in getting the best specialised attention and care but do have to say should elderly patients be admitted for treatment it would cause transport difficulties in visiting your partner. Relying on buses from Darlington to Durham could cause distress too, in that being unable to see the patient every day would also cause anxiety to the elderly patient. Not everyone owns a car or maybe do not have any family support to help out
- Transport must have high priority. Not everyone has a car!!
- Please remember not everyone has transport of their own. Can public transport be relied on
- It appears that it has already been decided – in that Durham has more facilities for scanning.
 - This is a cause for concern as if these 24 hour facilities are not available at Darlington, what is happening when other emergencies require this service – they obviously are also disadvantaged.
 - If this acute service is withdrawn from Darlington there will be even more problems attracting medical students and quality consultants – as these people are looking for acute and innovative challenges.
 - Has anyone timed the distance to Durham in a bad winter.
 - Darlington has always had connections with South/North Tees. Visiting consultants tend to come from this area. It is geographically easier to be involved in the Tees area.
 - If this move happens it will destroy Darlington Hospital on many levels and it will be Bishop Auckland Hospital over again
 - Darlington will become a cottage Hospital with no doctors out of hours.
 - Can figures be obtained on how after Durham hospital has to be closed due to lack of beds
- After reading the report several times I found it has been presented as almost a ‘fait accompli’ and all the consultation meeting and surveys are just to placate the general public. I strongly feel that if the stroke unit is centralised in Durham, how long before the heart unit at the Memorial Hospital goes or how long before the Memorial Hospital is closed and what happens to all the equipment paid for and donated by the generous people of Darlington. If the stroke unit does close in Darlington I can see the next step being the Memorial will close and one huge hospital to cover the whole of the North East will be set up. All that will happen is that more people will die on the way to hospital and I suppose that is one way of getting rid of the ailing population - **(Dawn L Smith (Mrs))**
- If thousands of £’s was not wasted in the NHS we could afford to train up specialist teams and afford equipment for two units (D’ton and Durham) It is a very sad situation when the public have to make a life and death decision such as you are asking. If the NHS was run more efficiently and thousands of £’s had not been wasted we would not be in a position where you are asking us to choose. In my opinion we should have specialist units in both Durham and Darlington. You have let the public down by putting us in this situation of having to choose. How can one site cope with all admittances for such a vast area?
- Money in certain areas in the NHS is wasted! Which I’m sure could be put to better use. i.e. ‘to keep two stroke services open’. This is a ‘life or death’ decision which you are asking the people of Co Durham to vote for, which to me is very unfair!

- Family Dr's don't work weekends. If my Doctor hadn't come out 20 yrs ago I wouldn't have known my husband had a stroke. There are problems with 111 and paramedics, it is all a concern. I have just lost a close friend to stroke. She lived at Hurworth and was in North Tees.
The meetings in this area are in the middle of the school holidays. Was that by design
- More thought required
- Some data misleading Durham is not closer.
- To my knowledge the stroke unit in Darlington has just upgraded following Seizing the Future
- When I had my second stroke felt because I was sent to casualty at Darlington instead of a specialist unit I was worse and am still not as fit nearly 1 ½ yrs on as I was fine after first stroke.

I think the transport between hospitals also needs to be addressed. If I was in Durham now it would be a problem for my husband to visit and would cost him £7 a day taxis to and from home and Darlington Hospital and home again

- I would like to have seen the statistics on which journey times etc. have been based and details of what the staff said, to enable me to form a clearer opinion. The way the case has been presented for UHND seems rather like a 'fait accompli'
- The present model does seem clumsy with potential for ????? . I don't feel in a position to comment or choose between sites
- If it ends up being a single site, lets hope many lives are saved and n a lot more people get the treatment they need at the times it's needed
- I feel that reducing administration would help to finance more nursing staff. After all that is what hospitals are all about
- Sounds like a fait-a-complit. Darlington covers a wide area and needs it's own facilities
- I perceive this to be a cost saving exercise
- Alleviate need

Single hospital site. Sustainable for first rate care

- Has the bus services and cost been taken into account.. Not every person runs a car. (Senior citizens) bus from Darlington 26 go and 26 return with a car the cost of fuel and parking adds to cost.

Being over 70 and having spoken to others of the age groups they feel that one would not be able to be near a loved one, to give comfort and support in a serious situation. Therefore it is not practical. If a patient becomes serious ill and they want the relatives to come in, how soon could they get to Durham on public transport. The way it is run today. It's an hour in the bus from Darlington then waiting or getting a bus to Hospital. Then there is the difficulty of getting home. It might be quicker in a car if traffic isn't too heavy or an ambulance with lights flashing.

I can not get to any meeting at the moment as I am having trouble getting about

- Please keep 'something' at D'ton

- We need care in our own hospital!!
- Last October I was involved in a road traffic accident in the West End of Darlington. The paramedics and police were on the scene within minutes but for some reason – presumably known to someone – the ambulance took 30 minutes to reach the scene, having to travel all the way from Durham. It would have taken only 5 minutes from Darlington Hospital and those extra minutes could have resulted in a fatality solely due to inferior service. Someone suffering a stroke may not be able to travel to Durham and live. It is patently obvious that with a stroke unit in Darlington Hospital the people of Darlington would receive a much better service even if a consultant was not immediately available
- Darlington Memorial have excellent links with James Cook, where first class treatment is available
- You say that if a stroke is recognised it is vital to reach hospital as soon as possible. Someone living in Darlington could deteriorate while being driven to Durham. You say specialist consultants work from Darlington therefore, it is important to keep a stroke unit open in Darlington. As was said above, your report seems very biased in favour of moving the unit to Durham. In this case, why bother to start this consultation if the group's minds have already been made up. **(Geoff and Marion Dauber)**
- Why are all the answers you want underlined, why is it so biased? Don't insult peoples intelligence!!
- Dear Link,

I don't have any particular expertise in or close connection to stroke services, other than the possibility that one day I just might get a stroke. However, I would make the following observations:

- 1) I think that a single, optimally-located centre of excellence for stroke services is a good idea. However, having read the options appraisal report (52-page one) & all the bumph in the post and the press, I don't think there is enough information in the public domain for anyone, including the Trust, to make a fully informed or evidence-based decision. The kinds of information that are missing are accessible cost-benefit analyses (inc NICE figures), detailed ambulance service travel time analyses, mortality / morbidity outcome studies of current and proposed stroke services, and the more intangible benefits of people being treated in more familiar surroundings or closer to home.
- 2) I haven't seen any information to indicate that the ambulance service, which will be subject to significant funding cuts, will be able to deliver its part in the service. The Trust is assuming that the ambulance service will just carry on providing the same delivery times, and that the more constant, central location at Durham will mean more patients are seen in good time. But there has been no analysis of the variances (2σ) of ambulance mean times, the causes of slower than average times, or how morbidity relates to delivery times. The savings on morbidity costs for patients getting to Darlington in good time may outweigh the costs for patients getting to Durham in slower than average times. And what if ambulance services are cut back? Hope this helps

Yours faithfully - (Neil Campling)

- This proposal to move to Durham appears to have already be determined by the slant of the question and this document, a poor attempt to appear democratic
- Why has this consultation not been carried out independently offering an unbiased and fair outcome
- The whole idea of a single site mode is absurd. Apart from medical issues that are bound to arise with the increased distances involved and ????? time delay in treatment, there is the additional travel and costs in visiting patients by relatives who will live further away

- This has not been 'independent' from the start. I recommend an independent group study it and then make reports for the best outcome for the people of Durham and Darlington FT
- Dear LINK

On 10th April out of the blue I had a T.A. I had no idea what it was and my husband dialled 999. In 5 minutes an ambulance arrived and I was taken to Darlington Memorial and was looked after with great care by Dr Mehrzad and his wonderful nurses. In fact I was only in hospital 4 days and made a full recovery.

When I heard that the service could be transferred to Durham City, I thought someone had lost their marbles. This move is unthinkable for Darlington people, why must everything move North, why cannot it come to Darlington.

If this move goes ahead it will be very difficult for families to get to Durham without a car.

Yours Sincerely,

Anne Plant

- When I read the summary of the consultation I was dismayed, a more one sided document I have never read. I feel this consultation exercise is a sham. The decision has already been made.

I feel that the authors of the so-called consultation document have forgotten that they are writing about people. People who have friends and families who will need to visit. Not all have private transport.

As services keep being taken away we in Darlington feel we will end up living in a wilderness. To concentrate health services to one part of the area is wrong.

Remember you are dealing with people who need to feel safe and happy if they are to get well they should not be treated like parcels and move from place to place. At the whim of civil servants

- A high percentage of stroke victims, although not all, are late middle age to elderly and whilst the single site is designed to give them the best care (Something that everyone aspires to) we have to consider the relatives.

If you live in the south of the region for example and don't have your own transport then the simple task of getting to Durham becomes a major problem. Even with your own car, the journey can become a problem in itself.

Realistic and properly funded arrangements to help with travel need to be implemented along with any move to creating a single site. Failure to do this could and in some cases will , result in patients relatives becoming patients themselves

- Living in Darlington I would naturally prefer the Memorial to be the main centre however I appreciate that might be a selfish attitude. Talking to people (friends) in their areas i.e Scotland, they prefer and see the benefits of centralisation providing transport is express. As time is a main factor in stroke situations this must be a priority. If faster access is made available then the choice – Durham or Darlington in not a big issue . – The care of the patient becomes the main priority.
- I disagree totally with the proposal to relocate stroke services from Darlington to Durham.

- Darlington has a large catchment area, and further travel to Durham will surely put lives at risk, and also make visiting by relatives very difficult.
- I don't know who is responsible for suggesting the stroke services be located in Durham, but I could not disagree more with the proposal.
- The single site should be the one with the present greatest expertise. My relevant experience of Darlington leaves me to believe that Durham has got to be better.
- Darlington residents could be dead or paralysed by the time they reach Durham.
- Travelling time must be queried. From which point have the times been calculated? Darlington serves villages on the south side of the town. Has this been taken into consideration when calculating travelling time. What about the time factor in adverse weather conditions? I appreciate that specialist care is essential but this benefit could be negated if there delays in treatment
- From experience I know how distressing a stroke can be and a patient needs to be an accessible care for visitors
- I think that T.I.A patients will get very anxious that the unit is not on the doorstep. Could affect their health further
- We need a local unit, the other thing to consider is the extra time and money spent travelling if there is no Darlington unit. **(K.F Arrowsmith)**

