

APPENDIX 3

ONLINE AND QUESTIONNAIRE RESPONDENTS' COMMENTS (NHS DATA ONLY)

Q1 The split-site model cannot continue

A single, site whether in Darlington or Durham, will cause access difficulties simply because of the geography of the area. In bad weather a trip from the Darlington area could be extremely slow and of course roadworks will always cause delays.

Access difficulties

After reading fully the comprehensive information within your document, it seems to me that Darlington and Durham require this service on each site

All about ""saving"" money

All emergency should be treated under one roof

Ambulance travel times will be greatly increased for patients in Darlington and parts of North Yorkshire

Are we not an aging community?

As usual, the preferred solution ignores the needs of rural communities in the south west of the county.

Because care is needed where the patients are.

Because of the distance incurred

Because of the distances involved in getting patients from rural areas to Durham

Because of the sites now available for patients.

Because the split model covers the greater geographical area. I understand that full staffing would be financially difficult, but relying on a single base of operations does not allow for the treatment of locally based patients on an equal footing. Basing everything outside Darlington on a permanent basis merely allows for a postcode lottery for stroke victims. While I appreciate patients cannot choose when they will suffer a stroke, dividing the centre of excellence between the two areas will help from the point of view of relatives being closer during rehabilitation once the initial treatment has been delivered at the 'on duty' hospital.

Care is close to home and offers patients and relatives the best opportunity to see loved ones at a difficult time.

Care should be available close to home

Darlington is nearer than Durham

Darlington is the obvious choice-otherwise the tail is wagging the dog

Depends which side of the county you live

Diagnostics could be done at any site, treatment/after-care in one centre

Distance to travel from the south of the county to one site is a long way

Durham is too far away from Darlington

Employ additional staff by paying the going rate to get them in.

Expanding older age group congested roads

Facilities, equipment and access are in place for 2-site working. Local people have been promised care near to home, fund raised and place a high value on Darlington Memorial Hospital.

For a catchment area this big, extending deep into the Yorkshire dales, it's essential.

For people living in or around Darlington area there is a large risk that by the time a patient has requested an ambulance and is subsequently transported to Durham the time could be anywhere up to an hour and this time lag could have disastrous effect on patients chance of recovery.

From what I have read services required at Darlington and Durham.

I am told that the sooner a stroke victim is seen, the less effect the stroke can have. Surely if someone is living in say, a suburb in the south of Darlington, it will take them longer to get to the university Hospital of North Durham

I don't see why not people want jobs, why is the memorial out of favour at the moment

I have several points to make to illustrate my opinion as to why the criteria given for the reasons to centre

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critical treatment at Durham are inaccurate are not based either on patient choice, for clinical reasons but for a short term fix and for financial reasons.

I live in North West Durham and it would be ideal for me to attend the University Hospital if I was in this situation, however if I lived in South East Durham this would not be the ideal for me. The University Hospital already has huge parking problems for patients and visitors alike and this would just make a bad situation worse.

I wouldn't say it cannot continue but I don't believe it is the preferred choice

It has functioned adequately to date

It is unacceptable not to have such a service in Darlington due to the size of the population and locality of patients

It is unfair and dangerous to expect people at risk to travel from isolated communities in North Yorkshire and upper Teesdale to Durham rather than Darlington

It must continue for patients & their families

It seems to work at the present

It's time to stop centralising services and provide expert local care

Less time spent travelling from south of Durham County

Let Durham folk go to Newcastle - Durham is a shorter distance to Newcastle than Darlington is to Durham

Local services for local people!

Lottery/charity funds should be required to install state of the art requirements at Bishop Auckland Hospital. Many years ago the township easily collected the funds necessary to install medical aids in the new hospital. Much pleasanter area and I understand, not fully used.

Nearest Hospital should provide the care

Not the way it is, but if ran efficiently with trained medical professionals.

Patients from south of region get delayed care

Patients in Derwentside cannot travel to Bishop Auckland. Too far for patients and relatives.

People experiencing a stroke need to attend their nearest acute stroke unit to get the care and treatment that they need within 3 hours of onset

People need to be near their own homes - not miles away

People want doorstep attention

Population and size of County Durham

See below. Elderly patients should be allowed to be ill and die near home. The extra benefits of a single site unit are enormously outweighed by the disadvantages to the majority.

Service needs quick access to all communities, especially rural area

Services must be timely, up to date and local

Speed of treatment is one of the vital elements

Stroke patients need medical intervention as soon as possible so long journey puts them at risk

Stroke services are under immense pressure at both sites following the closure of BAGH.

Stroke victims also need the support and attention from their families also. As the Trust covers such a large area, whichever site is chosen for the single site, some families will face expensive travel concerns, not to mention the journey time. Darlington is quite a distance for any relative who lives in say Consett and the same for others in the Darlington that would have to travel to Durham site.

Strokes happen in different places. 10 miles to a stroke unit is a long way 20 miles is too far, bearing in mind aged relatives may have to travel by public transport

The answer depends on resources. If adequate resources cannot be made available then a single site is probably the best for a majority.

The area covered by the Trust is too large

The catchment area for Darlington Hospital includes people from outlying rural areas and North Yorkshire.

The centre of population is in Darlington

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The damage and death using a single centre is obvious. 20 minutes plus travel time makes a poor outcome more certain

The fact that you do not have enough staff to man both sites is a fault of the Durham PCT, which to me says they are not fit for to run the service. Darlington is closer to where I live than Durham I live in Newton Aycliffe also we have Bishop Auckland and Spennymoor which are closer to Darlington than Durham so your journey time do not ring true. Let us have two centres employ more people and do what the public wants not just what the people at the top of the PCT who do not live in the real world want.

The figures don't balance neither site has capacity to deal with increase in patients if one closes

The geography of Co Durham necessitates a split site provision

The NHS 'Passionate about Health' is a service which is the envy of the world, capable of a range of treatments too expensive for its current budget. Increased taxation, increased national insurance and serious cutbacks of managerial and admin staff, however unpopular, must be enacted.

The people in Darlington area would prefer not to travel to Durham.

The split model is actually necessary time is critical how many will die due to extended travel time.

The split model works now and should continue

The split-site model could continue if sufficient resources (money, training, recruitment & retention of staff) were to be made available.

The split-site model must continue in order to offer good and speedy care to all people in the area.

The two sites are too far away from each other, it is too risky for patients from either area to travel that far for emergency treatment

There are people with needs in both areas

There needs to be a presence in both areas because stroke victims need the quickest possible attention

This exercise is about resources - more effort should be made to ensure stroke victims are cared for better, throughout the county including this area. The wrong 'hard choices' are being made.

This is due to distance moving the unit to Durham means long distance when you live in upper Teesdale

Time is of the essence yet why should you travel further I live near Bishop Auckland we have lost a lot of services at our hospital so Darlington is our nearest. I would be concerned if a relative was having a stroke and died having to travel to Durham

Time to treatment is critical. Delay kills, any delay, bad weather, traffic, lack of transport. To move from Darlington would save money but cost lives

To give the best coverage of acute stroke services to the people of County Durham & Darlington

To meet standards it should continue. It's about money not standards. Durham should not have been made unequal by having a greater capacity for diagnostic services, leaving Darlington less able to meet standards.

Too far to travel between Darlington & Durham

Too far to travel.

Travel distance will endanger life/recovery prognosis

Travel especially during winter months

Trust makes case for single site. Do not state good reasons against.

We have a perfectly efficient unit in Darlington. Why not use it?

We need Darlington. Convenient, equipment already there. It's cost cutting at the expense of our health future.

We need to minimise the time it takes to get patients to hospital after a stroke - it is after all a 'brain attack'

What happens if chosen site is not available?

Why not?

With more central managers, admin etc covering a number of hospitals front line services could be left, what they should be, front line.

With the mix of rural and towns throughout the county there is a need for more than the one unit one to look after the northern half and one for the southern half of the county

Would like it at Durham

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Q2 The single site is the best model – Disagree (comments)

A geographical centre (BAGH) would be the best of the region as a whole. If Bishop and Darlington cant have on doorstep service why should Durham be the one to benefit?

A single site will inflict damage and death when considering the extra travel time from either Darlington or Durham

Access to any one particular place can be very difficult bearing in mind the terrain and the winter weather problems as well as the usual traffic problems.

As I understand it and according to the television advertising stroke patients need to be treated immediately. The distance to travel from Darlington to Durham is too far for any immediacy to be received.

As major hospitals covering a wide area both hospitals deserve hyperacute services otherwise the service levels of both hospitals would be downgraded. Both sites require the new proposed services. The report states that this is not sustainable and yet national standards state that hyperacute services should be available around the clock with patients being directly admitted to a stroke unit where specialist stroke consultants and quick access to tests such as brain scans are available. It is known nationally that immediate action is the answer to anyone suffering a stroke.

As travel costs rise, NHS will be for wealthy only.

Because of the distance incurred

Because people would have to travel

Become learning organisations that share best practice and raise the standards across all establishments!

Best for whom?

Best for whom? Clearly the patients, who live furthest from a single sight, cannot benefit from having to travel further to a single site than they would if they travelled less far to two or more sites.

Best is not about saving money but about what is the most efficient way to serve the public

Care should be provided closer to home

County Durham is a very rural area. If you take into account the time it takes for an ambulance to reach outlying areas then get patient to Durham I just feel that the time involved is unacceptable.

County Durham is a large area.

County Durham should ideally have more than one site.

Darlington is the area with the largest population and therefore would seem to merit a site of its own.

Darlington serves a large area in itself. The town alone has 100,000 inhabitants

Dependant on the location not being moved from Durham

Disadvantages the south

Distance for some stroke victims, time is vital in this.

Distance plus time delay kills...two sites will save more lives and provide better outcomes for clients

Durham is not the most geographically accessible hospital for all of the area covered by Darlington

Durham would be too far for those further south in the County and North Yorkshire.

Easy access for relatives at closest hospital

Employ more people at Darlington and this problem would not exist, Change the people in charge of Durham PCT as they seem unable to run our NHS correctly.

Faulty logic in the analysis.

From Darlington to UHND 20+ miles at peak times will take a lot longer than the 17 minute average could mean the difference between life and death if a single site is best option why is there a need to recuperate at a separate hospital involving more cost of travel

Geographic distance (time)

Great staff shortages

How can a single site be an improvement on the present two hospital options with 24hr x 7 days a week availability!

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How many people will die because they had to travel further the distress caused to families then the complaints but they don't bring a life back the powers that be are not living in the real world

I am sure this is more of a cost cutting exercise.

I don't see how or why they would prove correct unless it is down to finance of course.

I would not like to travel to UHND or have visitors travel there regularly

If 10 patients were being treated at Durham and 10 at Darlington on one giving day of the week, how could one site deal with 20 patients and receive the same individual treatment required in the same time period.

If access to a particular site cannot be made rapidly, bearing in mind possible and often probable delays caused by weather conditions and geographical area and dubious state of roadworks the expertise of the selected site will be of no benefit.

If it is necessary to cover a greater geographical area, then two sites would be better, even if the focal point of treatment were to be shared.

If not possible to have two sites, it's better to have one in Darlington where most of the population is.

If the stroke happens to occur when Durham is the only option for thrombolysis, then patients from Darlington will be no worse off than is a single site was available but would be significantly disadvantaged for the other 50% of the time

In Darlington

Inhabitants do not consider UHND local to Darlington or Bishop Auckland. There is a greater affinity with James Cook University Hospital. Will GPs consider this hospital as a future option?

It completely disadvantages people living rurally where it takes 30 minutes to get to Darlington, let alone Durham. This is not a sufficient service.

It doesn't serve the area properly.

It is not the best model for maintaining standards of treatment for Darlington area patients. Short distance travel to any of the hospitals should ensure appropriate care to meet required needs and standards.

It seems that it could be offered on both if enough staff were trained to provide the service

It was not so long ago that 3 sites were available for stroke treatment, Bishop Auckland being the third and it had a better reputation and facilities for stroke treatment than either Darlington or Durham. Now we are being asked to accept only one site. I do not believe that Durham can cope effectively with the numbers of stroke patients in such a large area.

It would have made more sense to have the unit in Bishop Auckland and not Darlington when you look at distance

It's the travelling - if you have to travel from one side of the county to the other it will take too long

Less waiting time for treatment

May involve too a long a journey for treatment

Most people have access to this town

No competition to balance costs and quality of care

No good for travel, visitors, patient morale, discharge planning, car parking

Not enough data has been collected to prove that this is the best option

Not good for family & relatives

One site for the whole of County Durham is no good to the NHS.

Only if Durham is the chosen site – more central

Only proposed as reasoned above - based upon cutbacks to meet existing, inadequate budget and uneconomic use of resources.

Other It is difficult for relatives to travel the distance to the Durham site - buses are irregular and take 1 hour and 50 minutes to get to Durham from parts of Newton Aycliffe - not everyone has a car.

People from south of Durham face longer travel times

Population on each side will suffer

Public transport cannot support this not just for those receiving treatment but staff also

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Smaller is better.

Surely more centres are required rather than less.

The area covered by the Trust is too large

The catchment area is too wide.

The distance to travel is too great

The distance, and timing of journey's is way out

The distances throughout Durham county are too great for many residents

The growing number of residents in both areas will need the facilities of both sites

The need in Darlington is greater than Durham

They can't cope now so how are they going to cope when this happens. Come on, play fair.

This idea is driven solely by money there is no other consideration at senior management level

This is one occasion when the government must supply funding

This wastes resources invested on the site in the south, and is inconvenient to some patients and staff.

This will mean that patients in more remote areas, will have further to travel, than in Zambia, a 3rd world country

Time is the essence for the treatment of strokes so having just one site will be detrimental to some patients with the extra travel time involved.

Too far away for stroke patients to get to hosp quickly

Too much travelling for people who live on the fringe of the site if they need to be transferred to the other site

Transport, carbon footprint, global warming etc

Travel time will harm patients

Travel times from the south and south west of the county require adjustment due to rush hour congestion on the west side of Durham City

Travelling distance

Travelling in and out of Durham is a nightmare. Parking exorbitant, poor bus services, regular hold-ups on roads in and out of city. Hundred cars in and out of County Hall/Aykley Heads/colleges before reaching hospital.

Trick question answer as above

UHND

We need local services

We need to focus on what is best for the patient not what is best for management

Will involve extra time travelling from Darlington area. Extra burden on relatives travelling. Will tie up emergency ambulances and take them from Darlington.

Will not provide a satisfactory level of service to the population of County Durham or Darlington.

Will only work if patients can get there within that 'golden hour'

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Q3 Specialist care is more important than care closer to home – Disagree (comments)

A nonsense question - both are important

Actually they are equally important

All care should be equal wherever it is based

Although it is preferable to have specialist care, this should be available at both sites because of the size of each population and the distance which would have to be travelled and the subsequent risk to the patient

Best to have specialist care and care closer to home - why is this not possible for Darlington patients?

Better for relatives visiting and closer to the service, sorry but like A+E we are going to end up with all services at one large centre at "Newcastle" with most victims dying on route in a traffic jam, it could be you!

Both are equally important to save lives

Both are important - stroke patients need family and friends close at hand to support and visit regularly to help with recovery

Both are important -- this is a false dichotomy. Time is of the essence in dealing with stroke.

Both are major factors; and one shouldn't take precedence.

Both are needed in south Durham

Both present options have the specialist care needed

But specialist care exists in both sites

Care closer to home is more important

Care closer to home more important

Care closer to home must improve survival/level of impact?

Care should be at home where one can be looked after properly. Hospitals can't cope.

Closer to home is better and quicker for patients and families.

Concerned that it's no use having a more specialised single site if it can't be accessed by all in a timely manner

Depends on length of stay - all right for a few days but if patients lose heart because of apparent lack of family interest there will be a tendency to give up the struggle, and distance and parking very important in this.

Everyone should have a service no matter what near their community

Familiarity and access for family important

Family/friends support is equally as important

For a stroke patient the sooner you get to hospital the better.

For strokes time is the essence and living south of Darlington it takes ages before one gets to the motorway

For the main it is elderly people who have a stroke. Therefore, their family and friends tend to be aged. Getting to Durham will be difficult for them and will cause stress for the stroke patient. It states surgical care is available in Darlington not Durham - surely then the choice of hospital should be Darlington.

I already have to spend 2 to 3 week periods in hospital at Wythenshawe. I come out totally depressed and dread the next stay. Family and friends really struggle to visit due to cost and time.

I am not convinced that we are unable to have both options i.e. specialist care which is close to home.

I believe the quicker you can be treated and stabilised then moved to a specialist unit

I live in a village 5 miles south of Darlington. It takes me 15 minutes to get to the Memorial hospital and 35 minutes to get to UHND and I timed that on a Sunday. Time is important to get treatment ASAP.

I think support from friends and relatives is vital to patients who suffer a stroke

I would think that home care improves recovery time.

If I had a stroke I would want to go to my nearest hospital rather than travel another 20 miles.

If specialist care cannot be given speedily, the specialist capabilities will be wasted. Is specialist training not feasible?

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If specialist care is more important then why is it only now that this is realised? Have we not had important care up to now?

If the service was to be sited solely at UHND then stroke patients from Darlington and villages further south would feel isolated. This would not be ideal at a very frightening time for them. Support of family and friends close at hand is essential.

In some cases care closer to home is more suitable.

Initial treatment is time dependant. Delay leads to worse outcomes. Time Kills

Initially the scan and injection are the most important, and then sort out where the specialist team are.

Is it equally as important? Again Durham is the more obvious choice

Is there ""no specialist"" care available at Darlington

It is not always proved that the best specialist give the best care

It will add at least 20 minutes to get to Durham, concerned the delay could cost lives

Magic Hour. Specialist advice can be relayed to Darlington electronically if not available on site

Mainly elderly immobile people

Many elderly pts and pts without access to a car (a third of Derwentside's population) cannot get to Bishop Auckland to visit friends and relatives

Most convenient place for patient and all the family

Need both specialist care and proximity to home

Not for all conditions, Acute condition like Stroke and myocardial Infarction will have better results if treated by specialist closer to home

Other Specialist care is obviously important, the Trust should be able to deliver this at a local level- this survey is biased so that the data is interpreted to get the result the trust wants and does not reflect the true feelings of the community it serves!

Patients need family support

People require both specialist and doorstep care

Proven fact people recover more quickly if nearer to home

Quicker response time for me in Darlington

Relatives are unable to be there if they have to travel

Relevant to my opinion is the fact that I moved to Darlington from a rural area in order to be near a hospital in my older age. I now live only 4 minutes drive from a well-respected hospital. I do not want to be 30 minutes away for stroke care

See below. Specialist care (i.e. thrombolysis benefits at most 1% of stroke victims. Many suffer and die because of it. 98% are disadvantaged. If thrombolysis is thought essential there are other ways of delivering it.

Specialist care can be near your home; it's the will of the managers that determine the level and value.

Specialist care close to home is more important with out the need for another hospital for recuperation

Specialist care closer to home should be the aim.

Specialist care is extremely important, but not if the patient deteriorates or dies on their way to hospital

Specialist care is important closer to home as it gives a better chance of survival,

Specialist care is very important but it may be too far from home to get regular visits from family and friends, especially if they are old or infirm. They might not have anyone who can take them to visit.

Specialist care is very important but should be provided at all the larger hospitals in the region

Specialist care is very important but to many patients so is care closer to home, a specialist site for the more complex patients and an outreach site would work well

Specialist care must be available wherever there is the need

Specialist care should always be available to those that need it and ease and speed of access is also vitally important.

Specialists can share best practice so that there is an equitable quality service

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Speed is the crucial thing with strokes. I live in Darlington and Durham is too far away if I had a stroke myself.

Speed of access to care is vital. Increasing specialist care at both sites should be the goal.

Speed of treatment is more vital. Would seem that costs and status are more important to those who are putting forward this proposal. A Fascist planning committee. Mother knows best?

Speedy treatment is essential

Surely time is of the essence in stroke cases?

The earliest possible intervention is the best treatment

The importance of specialist care is important, but should be available close to both centres at Durham and Darlington.

The length of time it would take to get to stroke unit

The people of Bishop Auckland can no longer have care close to home.

The speed of care is more important than specialist care in most stroke cases

There is evidence to suggest that people do better closer to home

There needs to be a balance of emergency care to give immediate treatment - such as the proven clot busting drugs and access to specialist care as soon as possible afterwards

They are both of utmost importance

This is a medical decision - and very much depends on the time involved in getting to the Unit for an individual

This is more due to cuts, Try more training of care staff in local units

This is scaremonger tactics to allow the accountants to proceed with their unimaginative 'bottom line' hypothesis. Do not allow this to be the guiding light. Accountants are without the basic sense of caring!

This must not be a choice; we need specialist care which is also close to home

This question asks us to compare apples and oranges: They are both important for different reasons and to meet different needs of patients

This question is misleading and therefore unfair. It is not a fair consultation. Timing of diagnosis is paramount prior to any care being given - you are completely removing this from Darlington hospital.

Time is a huge factor in stroke outcome - drug treatment immediately is crucial in minimising damage. As long as treatment begins by Doctors/Paramedics on the way to a single facility then the outcome will be good but if there is a delay in treatment whilst getting to a central facility then the outcome will be poor.

Time is of the essence

Time is of the essence in these situations. Hence all that money spent on the FAST advertising campaign.

Travelling time may be crucial to long term outcome of patient

Treatment must begin immediately to minimise damage. So immediate drug treatment - before transfer to a central facility is crucial.

Unreliable and non-existent transport for visitors, and excessive costs of visiting. Darlington is a major conurbation with in excess of 100,000 population

Unsure - This is a trick question! Of course specialist care is important in any treatment. Care close to home is also important of course. Stroke care/recovery is a long haul after skilled early intervention Both should be borne in mind.

Using the Golden Hour, as transport time will mean some patients die en route, who may well have survived

Very rapid intervention

Visiting by relatives can be compromised if the patient is a long way from home.

We had a unit with specialist care in Bishop Auckland looking at a map this was more central when you look at the Durham map than Darlington

We seem to have specialist care working very well at both Durham and Darlington at the present time!

What about relatives travelling with patients. They may be disabled too e.g. blind!

Wherever the site will be too far for some

Why can't specialist care be closer to home? Isn't specialist training feasible

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Why can't we have both? Your travel figures are incorrect.

Why have to travel when it could be life or death

Why not both? Find the money.

Why not good care close to home

Why not specialist care at all sites

Why specialist care can't be done at both hospitals should not be an argument but should be a set standard.

You should be able to have both that what you pay your taxes for the NHS should not be run as a business if you got rid of senior managers you need not cut essential services

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Q4 The preferred option (Durham) is the best option – Disagree (comments)

Access problems

Access to the site is not straightforward. Time for a by-pass around Neville's Cross.

Again distance and timing

All residents of DL8, 9, 10 and 11 can access Darlington far faster than Middlesbrough.

All the acute services and diagnostics should be done on the same site as the surgery facilities.

As a Darlingtonian I am of course prejudiced but apart from that we have had occasion to need treatment at Durham. Getting there, getting lost on the way and getting car parking space was pretty bad. So bad that we were tempted to simply not bother keeping the appt and just go home. We did keep the appt but I would imagine outpatients or visitors to inpatients could find it a bit of a nightmare

As people living in Darlington will have to travel longer distance to Durham

Because I and many others live 40 mile away from Durham

Because of traffic on the route to Durham, this could hinder access to stroke treatment which is vital for a successful outcome

Because that leaves the North and South of the county without cover creating a greater need for transportation.

Being right on the boundary with North Yorkshire, as far as I know, medically Darlington has little or no association with Durham. Patients tend to be referred to Middlesbrough and North Tees. Geographically, we are part of the Tees Valley corridor. The proposal would not work for the people of Darlington and the area south of Darlington (North Yorkshire and the Dales). Travelling time to UHND would take too long, particularly in adverse weather conditions and traffic problems. How could patients be dealt with quickly from such a long area? The population of Darlington alone is around 100,000 without taking into account rural areas south of the borough. Durham County residents must have equal concerns having these added numbers. Finance is obviously an issue but this should not be the case where people's lives are concerned. This is not just for now but for the future.

Being trailed up the A1 from Darlington is ridiculous

Best model for who - patients who live near Durham? Not convinced by the arguments.

Best option is the nearest centre of excellence - Newcastle Hospitals

Bishop Auckland has a very good unit, why change it?

Both Durham area and North Yorkshire need to be served.

Car parking, travel from the south

Case for Durham not proven

Centralisation of this unit is absolutely essential and for the majority of people living in Durham, speed and shorter travel time must be taken into consideration.

Darlington cannot afford to lose the unit I am staff on the unit and not all the staff want to travel at Durham we are all thrombolysis trained and if we do not go not all the staff at Durham are therefore you will be left with untrained staff then how effective will the care be

Darlington has a larger population than Durham & Bishop Auckland

Darlington has a potential catchment area

Darlington has the larger population

Darlington has the largest population

Darlington has the largest population

Darlington is a much bigger town than Durham

Darlington is more than three times the size of Durham. Centring the service in Durham cannot make sense

Darlington is the best option

Darlington is the biggest centre of population

Darlington Memorial also serves residents of North Yorkshire

Darlington memorial hospital is superior to Durham hospital and is more readily accessible to a greater number

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of people than Durham

Darlington Patients would have travel 20 miles for care

Darlington should be the preferred option and all hyperacute stroke services set up there. The Memorial hospital has the capacity to take this if given the chance that Durham is.

Delay kills...rapid treatment leads to a more positive outcome

Disagree with the evidence base that travel time to Durham is the shortest option. Cannot accept that average travel is no longer than 16 minutes, especially in view of recent winter conditions.

Durham and Darlington Trusts have already decided what the economists have agreed to

Durham does not give the best feed back from the people I know

Durham is difficult to access because of traffic congestion

Durham option for the people of South Durham does not add up, I believe that you have run the staff down at Darlington just so that you can give us this argument

Each site should have stroke services

For inhabitants of Barnard Castle and the Tees valley this certainly is not true.

For the best prognosis, the treatment of a stroke is time critical. I can foresee traffic and weather conditions that would extend the travel time and reduce effective treatment.

For the reasons given above. Is all about saving money

For the reasons stated above I think it will be detrimental to rural patients' welfare

Friends of Darlington hospital have collected a lot of money for the stroke unit and it should not go out of the town.

Geographically, Darlington has no association with Durham; they tend to be referred to Middlesbrough and North Tees. Visiting consultants come from James Cook to Darlington. Durham refer to Newcastle.

Greater population in Darlington

Having had a husband with full stroke, travelling to Durham would have been too much daily, as I wished to feed him to help relieve staff who had to deal with other patients.

How do countryside districts fair time wise to reach hospital in the critical time frame?

How often are admissions diverted for UHND to Darlington because there are not enough beds at Durham? This will destroy DMH on several levels and it will be Bishop Auckland Hospital all over again.

I believe that Darlington is the best option there being more people in Darlington and surrounding area

I believe that the specialist stroke unit would be better in Darlington given that Darlington is the largest conurbation in County Durham. Therefore, Darlington has the highest number of stroke patients.

I live in Darlington

I live in Darlington, the largest centre of population in the County.

I live in Darlington. Is the possibility of research at Durham influencing the decision?

I live near Darlington. I have previously has a stroke and my support, which was the only thing that got me through it, was hindered when I was moved away from DMH.

I think Durham is too far away for people from here in Teesdale

I think other options need to be reviewed.

I thought time was vital in a stroke situation for immediate first course of action nearest hospital seems to be the best option with, perhaps, forwarding to post stroke specialist care

I would like the single site to be at Darlington. There are plenty of elderly people in Darlington. Buses are not frequent to Durham hospital. Road conditions in the winter can be treacherous.

I would prefer more localised, coordinated services nearer to home (see results obtained at Calderdale about 5 years ago)

If regional centralisation is the only option, the better facilities at BAGH should be utilised rather than the poor wards/layout at Darlington Memorial Hospital. Moving services from DMH to Darlington would have saved the money now spent on DMH.

If something is not broken why change it?

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In any case, according to the video, one hospital is going to start with A&E assessment, followed by direct advice and treatment before being moved to preferred hospital. Durham's hinterland is more urban and better provided with roads and alternative routes; better to take people to A&E there for fast consultation and beginning of treatment, then journey to Darlington, than face slower - especially in winter - journey to Darlington A&E followed by assessment, first treatment and the journey to Durham.

It has never been tried and tested where as the present option is very successful

It is too far away from patients in the Darlington area

It should be a patient First policy and not an easy NHS policy.

It would appear that the data is not conclusive and is open to question on validity

Local is better for emergencies

Locality

Logistically Bishop Auckland is better placed.

Look again at split site provision and centres of population. Durham is not as easy to reach as the report suggests

Main centre should be a specialist centre, e.g. James Cook or Newcastle

Need both

Newcastle would better serve patients from the north end of our trust

No - too far away for some areas of Darlington and County Durham

Noisy, very busy city, growing residentially larger. Not as conducive to patient care as Bishop Auckland Hospital (quiet, easily accessible services)

Not for Darlington area people! It does not have faster access. Bishop Auckland would be a better option and improving Darlington's facility would be the first option.

Not for those who live in Seaham! It takes at least 30 minutes to reach UHND - we would reach Sunderland in 10 minutes.

Not if the patient has to travel a long distance to have the care

Not when you live in Darlington.

Option is a dangerous route down which to travel in the case of serious health concerns.

Other - being isolated from family and friends does not aid recovery.

Patients may die before they get to Durham because of distances involved and response times of ambulances.

People from south of Durham face longer travel times

People need to access quick near home and family help

Permanent stroke consultants who are passionate about the single site scheme are based in Darlington. CDDFT covers the largest population of anyone in the Northern deanery, including largest geographical area covered by DMH and the biggest population. Would you like to see your relatives having to travel from Richmond to UHND?

Preferred by whom? Is it the preferred option of the specialist team currently operating in Darlington

Roads around Durham have good access to the Durham hospital, when you go south west of Durham the roads are not as fast up in the Dales

Severe access difficulties are a very strong possibility in poor weather conditions. Again, access problems (causing stress) to out patients and family members. Private transport will definitely be needed and subsequent parking problems will be a nightmare

Should be Darlington and Durham

Should be in Darlington as this is the county's largest populated area

Specialist care in Newcastle could serve the North Durham area

The analysis is flawed. The figures used are influenced by artificial boundaries.

The closer you are to the hospital the better

The county is too large to concentrate on one centre. What about those on the Cumbria/North York border where Darlington has always been nearer

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The facilities at Darlington are good and access is better for transport and more central than Durham

The language used here, i.e. 'The preferred option' relates only to those who dwell purely on the financial aspect of care. They have no soul. Do not be drawn into their cold arguments. Remember we all have parents, we all have siblings and relatives and this is not a factor included in the equations pondered by the NHS BUPA brigade.

The need for acute intervention, possible surgery and rehabilitation means being in or at a hospital for weeks or months. What evidence is there that patients/families have had poor care/services with the current model? How can Durham provide all the proposal suggestions with the current facilities/estate? Poor use of Bishop Auckland after the PFI build was a result of bad forward planning, how is this going to be different? Travelling out of Darlington/Bishop Auckland for families will be tiring, frustrating, expensive and not feel "local".

The people of Durham can go to Newcastle or Darlington which is equidistant from Durham

The travel time to Durham from Darlington could cause a delay in treatment for patients in Darlington and surrounding area

They can't cope now so how are they supposed to cope? I have just had my eyes opened the NHS stroke care is not good there now.

This is only the best option for the money managers and a few highly paid consultants who don't want to travel

Those close to Durham could benefit but again distance could prove a problem

Time is important

Too far to travel

Too far away

Too far away

Too far away for the people of County Durham (average)

Too far away from people in south and west of County Durham

Too far away from where I live, will take too long to get treatment

Too far from Darlington and the outlying areas - heavily reliant upon traffic being light on the A1M this is not always the case.

Too far to travel especially in winter months if the roads are blocked by snow and ice

Too far to travel, too difficult to park

Too far to travel.

Too peripheral on the county map

Transport links to Durham are not effective.

Travel

Travelling time to Durham from Darlington

Two centres are preferred.

Two sites option is the caring alternative

We have an under used hospital in Bishop Auckland or has it been completely forgotten

We think Bishop Auckland is more central

Why is Durham the best option when Darlington has the same facilities and is closer for 107,000 people, and travelling 23 miles on a very bad road,

Why should patients have to travel to Durham when we have a good hospital in Darlington which is more central? Darlington is more central for North Yorkshire and how would they get there after the weather we had last winter? Also most patients who have strokes are elderly and therefore their families would not be able to travel to see them and this would not help their recovery.

Why should the people of Teesside have to travel so far?

Will not be the best option for patients at the south end of the County.

With the size and makeup of Durham there must be a case for more than one unit has this option been fully discussed

You should not have to strip hospitals what happens next will Darlington be stripped the same as Bishop Auckland has been

APPENDIX 3

Q5 What alternative option would you like to see implemented and why?

24/7 at Darlington. The staff at BAGH and DMH are similar. I have more trust in DMH. I know my support network would be there.

A continuation of both sites in order to treat all patients nearer to home

A revolutionary concept this, find the funding (it's there) and have two centre's of excellence

Adequate training, appropriate triage and response to possible stroke

All hospitals should have at least basic stroke treatment abilities and a consultant available on short notice. It may be possible to make 1 or 2 hospital better staffed with a few over paid consultants on call but I say again all hospitals should be able to perform basic stroke treatment with possible later movement after the patient has been stabilized.

All medical staff (A and E) to be trained in basic awareness of stroke and getting the sufferer to a scan and injection - then worry about the bed and space and where the specialist team are.

Area of highest population being the preferred outcome that is Darlington. Treat the largest population centre. You know it makes sense...Imagine. Winter snow and ice. Blocked roads. And many clients. Who decides which ones DIE? A split service saves lives. Could Be Your Life. Who knows?

Arrangements need to be made to shorten the time it will take to get inhabitants of the remoter places to the hospital. Is any arrangement being made for the air ambulance to be available 24/7? Or at all? It will take 4 hours for admittedly a small part of the population to be seen.

As a resident of Darlington I should prefer the Memorial Hospital to be the centre chosen

As above, centralise those jobs that don't need to be on site, appointments, management etc. Costs of services are then minimised for better looking after patients. There is no harm in consultants being at numerous hospitals as now.

As above, option precludes a comprehensive, national reappraisal of methods of funding and economies of administration.

As many sites as possible should be available. We are bombarded with ""FACE"" so surely a site closer to home must be the ideal

As most stroke patients are elderly it would be difficult for elderly relatives to visit Durham from Darlington - will patients be moved to Darlington once the initial crisis is over?

Best option - two sites - one in north and one in south of County Durham.

Bishop Auckland

Bishop Auckland as main site, it is central and easy for access

Bishop Auckland Hospital - central to all in County Durham. Only one on major motorway - accident/incident free roads. A68 both Darlington and Durham mean travel through major towns or slower villages encumbered A167. Page 16/17 statistic cannot include travel ambulance to a home or from outlying areas West Lees, Hepburn, Wingate etc

Bishop Auckland hospital to be used more. Its more central

Bishop Auckland Hospital. It is situated in a better-centralised position of County Durham. This middle position will be able to cover Durham (north), Darlington (South), the moors and rural areas (east and west) in a shorter travelling time (on average), than either Durham or Darlington. The approach to Bishop Auckland Hospital is less congested than either of the other two hospitals. It carries less traffic, even at peak times. Bishop Auckland Hospital has adequate parking facilities for visitors (very important) and is a newer building. It is designated to be the rehabilitation unit, why should aftercare be separate? Keep it all together and centralised at Bishop Auckland Hospital.

Bishop Auckland should be considered first choice if cost is not an option. It is central to both Durham and Darlington. So many other services have been taken away from Bishop Auckland at least make it the Stroke Unit a centre of excellence which is possible. For the last 15 years Bishop Auckland has been the only designated area for stroke, carried out first thrombolysis in County Durham. When there is a strong history behind Stroke Unit in Bishop Auckland I cannot understand why it can be taken away now and not given any considerable they were top of the league table.

Both centres to be kept open, which would mean that the more isolated communities could enjoy the same benefits as the urban majority.

Both hospitals having admission and urgent treatment before making final decision as to which was the better

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hospital to continue treatment

Cannot see an alternative option

Change preferred option to Darlington

Darlington as it will end u like Bishop Auckland a waste of time and money

Darlington as preferred option for hyperacute hospital - ambulance personnel trained to recognise likelihood of stroke - and able to warn by radio of possibility - increased trained staffing in A&E to allow for going directly to trained nurse/doctor aware and ready to pass on efficient reports and start treatment before move to specialised hospital

Darlington closed and moved to Bishop Auckland as Bishop did have a good unit and there is space in the hospital plus ample parking and more central for the area

Darlington hospital improved to cope with the need

Darlington Hospital is my choice. It will be difficult for carers and family to get to other hospitals. Travelling times and car parking fees are expensive. The majority of stroke patients will be elderly putting extra stress on relatives who have to travel.

Darlington Memorial Easy access and closer for most patients

Darlington serves a large community and this justifies special care on the doorstep

Darlington should continue as stroke unit as it has such a large population already

Darlington to have its own hyperacute services, possibly involving local GPs within this unit.

Darlington to have Stroke Service

Direct by ambulance to Newcastle

DMH for me & the majority of people in this large catchment area as travelling to Durham would be horrendous especially if winters are as last year

DMH is a long-standing district general hospital with a number of specialist units typically required for the treatment of stroke patients. Therefore, it makes better sense to locate the stroke unit in DMH from a clinical perspective.

DMH is best and James Cook.

DMH single site

Each area of Co Durham, having an A&E capable of handling Cardiac cases, with the more acute, being sent to a specialist unit if necessary, once stabilised.

Extra training for existing staff

Funding for split site should remain

Give Darlington people a clear option to either go locally or go to North or South Tees. The latter is much more convenient for local people than Durham which is a long way away

House a fully staffed unit at Bishop Auckland, which is more central - and under used.

How would the increased travelling time affect patients living in Darlington or remote rural areas having to access services in Durham as opposed to Darlington?

I believe I have outlined my opinions in the answers that I have given above.

I believe that every patient should be seen at their local hospital stabilised then transferred to wherever can help them most like they do with cardiac patients.

I believe that the use of a dual site would benefit a greater part of the community. Start doing things that do not rail against logic. For example, my uncle, who lived in Darlington, was receiving dialysis from the wonderful Darlington Memorial Hospital. However, some one decided it would be efficient to send a taxi for him each week from Middlesbrough! For a journey that was contained within Darlington. Get rid of that sort of nonsense thinking and we could be on our way!

I don't agree or disagree to the proposal, I just feel if you have a local hospital it is better to use it. But I know things have to be more cost-effective and more specialised then something has to change.

I don't have a preference about whether Durham or Darlington would be the better site - just that a single site is needed

I don't think there is enough information in the public domain for people to make a well founded or evidence based decision.

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I don't understand why this needs to be changed - it could cost lives for people a long way from Durham

I think things should be left as they are and use both hospitals.

I would like Memorial Hospital to be upgraded as Darlington is very populated more so than Durham and also people on the outskirts will benefit greatly

I would like to have a unit at Durham and a unit at Darlington, because in your argument you state the time taken to get the person to hospital is critical, then the time for the people of South Durham to go to Darlington is shorter than going to Durham, Employ more staff at Darlington

I would like to see Bishop Auckland hospital used to its full potential. An almost new hospital costing a fortune being forgotten. The patients can travel to Bishop Auckland just as easily as going to Durham the road is open all ways The promises we were given when our A/E was taken all seem to have fallen by the wayside and it just is not good enough.

I would like to see specialist care across all sites.

I would like to see the hyper acute stage of stroke follow the cardiac pathway. All patients are taken to James Cooke for the hyper acute stage and then transferred to Bishop Auckland for continuing care/rehab.

I would prefer Darlington as the single site. I think this would give better access to more people. From the point of view of people in Darlington the next best option would be the regional model with patients going directly to James Cook - at least then, for a comparable travel time, they would be in a centre of excellence. If patients from the south of the region go first to Durham then they would be transferred to Newcastle as the regional centre of excellence should the need arrive. Similar arguments would apply to patients from the North if Darlington were the single site - hence my answer to q2, perhaps the best solution, in the interest of patient care, would be the regional model.

I would prefer stroke services to be available at both Darlington and Durham for the reasons already given and with the number of patients quoted as being seen in the past. Surely coping will be more difficult in one centre.

I would rather the stroke unit remained as it is now

If as claimed the scanner at Durham is superior there is no reason for Darlington not to provide a service closer to rural and local residents. Travel to Durham delays medical input.

If Darlington is to be ignored then what about Bishop Auckland Hospital? A comparatively new building which was unfortunately downgraded before the paint was dry

If Durham can provide 24hr 7 day a week access, all well and good, but I live in Darlington. In a bad winter, like last year, severe delays could be encountered on the roads. Patients need the quickest care possible.

If Durham is the chosen for a single comprehensive service then urgent surgery facilities should be made available on the same site.

If not Darlington, what about Bishop Auckland?

If single site option is required it is difficult to see how this can be at UHND. Trust boundaries should not determine healthcare provision and should be ignored and closer working with adjacent trusts encouraged. If the acute service leaves Darlington, the University Hospital of North Tees is considerably closer than UHND for most Darlington residents and it would be much more sensible to send hyperacute strokes there than to UHND.

If single site option were to proceed would like even a basic facility maintained at Darlington where patient could be stabilised and then if necessary moved to Durham.

If we are to move to a single site option and despite this being a consultation exercise I think this is a done deal then I would need to see what contingency plans are in place to ensure that emergency treatment is immediately and easily available at Darlington Hospital or in the ambulance. The paramedics would need to be able to give life saving medication and be able to send readings to Durham to be read by a specialist who could direct emergency care

If we need to put this service on one site, there is a large and modern site at BAH that is half way between the two acute sites and offers a reasonable compromise and makes use of the otherwise wasted facilities.

Improve both units

Improvement of stroke services for all who need them within easy reach - a) at the time of the stroke, b) in early days of care, c) during rehabilitation. If you are counting nurses only, my reply is 'provide the services in Darlington'

Improving specialist care at both sites should be seen as cost effective as a result of reduced ongoing medical treatment and rehabilitation resulting from treatment delays from the one site option.

Initial diagnosis and immediate treatment at nearest hospital then onward transmission, when stabilised, to

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specialist unit wherever that may be

Is there any room for a first rate hospital like Chester le street in your plan i.e. ward 2 closed for nearly one year at tax payers expense

Is there anyway GPs can be involved in a Darlington Stroke Unit?

It has been proved that intense cooperation of all support services immediately following a stroke (medical, support at home, physiotherapy, social services etc) gives best recovery prospects for stroke victims' long-term recovery. Not all patients can tolerate this intensive programme but those who can make better recovery and regain most use of their abilities. Distance treatment cannot maintain this level of support in intensive initial treatment and would lead to a large number of patients never making long-term recovery possible. This is purely a measure to limit staff involved and cost cutting (short term). The patients could be condemned to lifelong debility through lack of timely intensive short-term local treatment.

It should be left as it is for all patients from each area.

Keep both sites open employ/train medical staff at the expense of managers and other none medical staff

Keep Darlington.

Keep first response at both sites and then transfer to a single site when stable

Keep it as it is now

Keep the stroke unit in Darlington. My late husband had a stroke 11 years ago. I do not think he would have had any chance of making travelling to Durham from our home in Darlington.

Leave it in Darlington

Leave the units as they are.

Leave things as they are

Leave things as they are and if there is a shortage of either beds, facilities or qualified staff then obtain more because I think you will have to do this if the unit is transferred to Durham.

Leave things as they are and train a larger pool of specialists and nurses

Local care with trained staff

Local services for local people should be provided with units at all 3 hospitals.

Look towards North Yorkshire or Tees Valley to increase resource sharing. Step over your geographical boundaries.

Maintain services at both sites

Maintain status quo. Finance, additional equipment at Darlington from savings on ambulance time / costs.

Maybe two sites north and south Durham.

More consideration for all stroke services to be located at Bishop Auckland. Which is more central

More staff, more home care nearer to me. More rehab, beds needed locally not just at Bishop Auckland.

Move services to Darlington.

One hospital alone should not be allowed to have greater capacity for diagnostic services. Funding can be put in place to rectify the situation that has been allowed. Other sources of funding can be looked at - charities and lottery.

Option 3 would be my favourite - the points score is so close only 26 points. Also the rehab at BAH is closer to DMH. The other problems could be addressed easily.

Option 6; Time is extremely important BAH is central in the county some of North Durham are probably nearer to Newcastle Great advantage in having acute and rehab. On the same site

People in Darlington will think it should be in their Hospital.

People want high quality local services - 'service' being the key issue. Why can't NHS experts rotate across different sites so that best practice can be shared and high standards can be achieved across a number of hospitals? Try thinking outside the box!

Perhaps emergency treatment at both units and then transfer when patient stabilised

Put hyper acute at DMH where we have a good team of qualified nurses and HCAs all with many years experience in stroke and provide excellent care, the staff do not want to go to UHND yes we are a small team to start with however, if it goes to UHND you will have a smaller team with less qualified nurses is stroke

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therefore what type of acute service can then be provided with no stroke nurses as the staff at UNHD do not even thrombolysed on the unit most of the time as they are untrained

Seaham people go to Sunderland

Single site centre of excellence in Darlington

Some of the south and east of the patch covered by Darlington is closer to Middlesbrough, which already has a hyperacute centre. Given the importance of receiving thrombolysis within 4 hours of some types of stroke, not considering this option for some of the patch increases risk of death or increased disability for many patients.

Specialist care at each major hospital to ensure easy access for those living within the area.

Specialist care that is closer to everyone. Ideally having the facilities available at both UHND and BAGH.

Specialist equipment at both centres and better technological lines of communication to any specialists in the field

Staff need to be increased

Stay as it is

Stroke Care Should be Provided at both Durham and Darlington as time is vital for people who have had a stroke

Stroke patients should be able to be admitted to each site, and stay at the site closer to their home.

Stroke services at an acceptable level at all hospitals, specialists services available at perhaps one unit when required after patient stabilised/assessed?

Stroke services spread around the county where medical and rehabilitation facilities already exist.

That the preferred option is Darlington

The argument that underpins the decision not sufficiently outlined prior to this questionnaire to determine whether I believe it is the right thing to do. Will rehab be available at other localities nearer to home once the acute treatment deemed to be complete?

The hospital at Bishop Auckland is easily reached from the whole area and is brand new and VERY underused.

The needs of stroke victims vary as all patients of any condition vary. The system needs to be flexible to meet the needs of each stroke patient - the severity of their condition, their social environment, their age, etc. Shortage of resources and funds seems to make us want to adopt a crowd control mentality but we know from research that when patients have a choice in their treatments they get better quicker and are less likely to develop mental health difficulties (like depression) on top of their physical problems.

The NHS has enough money to provide local emergency services and until somebody important dies on route, you keep decreasing the services, listen to local requirements, or we will end up travelling to "London" think about it please.

The options appraisal identifies that the options offering service excellence are those that would routinely deliver the first days of hyperacute care at regional centres, i.e. Newcastle and James Cook. I would rather have to travel to visit a friend or relative to Tyneside or Teesside for a few days if it meant they were to have a better chance of: a) surviving the stroke b) minimising the medium and long term damage caused by the stroke. Durham / Darlington are more convenient and politically acceptable, but at a cost of risking more dead or disabled patients - too high a cost.

The present system fully implemented is all that is necessary

The reason why many people in South Durham are concerned about the single site is the time needed to ferry victims to Durham from perhaps 20 or more miles away. I take in the reasons for Durham, which are valid ones, but cannot there be some emergency provision at Darlington and/or Bishop Auckland, where 'first aid' may be applied, maybe prior to transfer to Durham's extensive facilities?

The site should be based back in Bishop Auckland - more central for North and South County Durham and was originally there.

The two centres remaining open

There appears to be no need for an alternative solution. The shortage of specialists is a red herring.

There is no alternative to Darlington to residents of North Yorks. The first word in NHS is ""National""

There should be split site provision until a western by pass is built around Durham City to alleviate congestion during the rush hours and the traffic lights which slow the traffic flow on the A167

There should be treatment available in all 3 of our hospitals and specialists should come out to the units as well

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as having electronic communication facilities

There still needs to be sufficient specialists in Darlington Hospital who can facilitate emergency treatment for patients suffering a stroke, and once patients are out of danger then they could be transferred to Durham or Newcastle; whichever is appropriate to the patients medical needs. It is a good idea that people go direct to a stroke unit and not to an A&E dept, but I would be concerned that delays could cost lives of those furthest away, for the sake of cutting costs.

To centralise the acute stroke service at BAGH followed by the removal of services where possible at Darlington Memorial, leaving BAGH as a centralised hospital for acute care/rapid medical assessment/referral.

To continue with the split site, intensify on site training with two-way support by a video link. The cost of equipment may be high but so are the financial costs of caring for patients left with permanent health problems. The costs must not be the only factor.

To evaluate the decision stroke services at neighbouring Trusts need to be considered

To remain as two centres with Durham having more acute services if required

Train additional locally based specialists from the available medical personnel and not rely on a quick fix to this issue.

Treatment for acute stroke available at both Darlington and Durham. For the above reasons. For example, it takes over 1 hour to get from mid-Wensleydale to Durham University Hospital.

Two specialised sites at Durham & Darlington

Upgrade Darlington and make DMH single site instead of Durham.

Use of DMH for all patients. As pointed out in the documentation, This will mean a 17-minute average journey for Durham area patients. For North Yorks patients this will in most instances more than halve present journey times, provide increased ambulance and crew availability, reduce fuel costs, and help with carbon emission targets.

We really need services in both centres. NHS has had billions of pounds pumped into it and govt should find the money.

We should have our stroke unit back at Bishop Auckland it moved to Darlington now you want to move it even further away perfectly good hospitals are being run down but at what costs to peoples health

When reading about strokes, we are told the most important aspect is to reach a stroke centre very quickly. Logically what is needed is an excellent centre nearby. Money up front to achieve this means savings in the long term caring for stroke victims who did not reach a centre soon enough to get the necessary treatment.

Where the 'single site' is located could be viewed as academic. The main concern is providing the right treatment to the patient at the right time and given the size and rural nature of the county, there remains a significant risk to the patient. If the single-site were UHND, would it be possible to have a 'flying squad' of professionals who could administer stabilising treatment to the patient en-route (at either Darlington or Bishop Auckland) before the on-going transfer to a future determined single site?

Why not at Darlington Memorial Hospital or Bishop Auckland (newly built!)

Working in partner ship with other trusts and having a stroke unite based at DMH

Would like both site kept but not realistic. Because of the area the sites cover which is very large.

You do not appear to have promoted any other site. Are you fixated with Durham?

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Q6 Any other comments about this consultation?

1) 82% of patients with stroke are age>65, 57% >75. These are elderly patients. One third die. Under the proposed arrangements they will die far from home unable to be visited by family and loved ones. 2) Thrombolysis is the driving force for much of this. But less than 10% are suitable and of these only 13% benefit (i.e. just over 1% of all stroke victims benefit). This is at the expense of increased intracranial haemorrhage and early death in the treated group. 44 people suffer a symptomatic i-c haemorrhage within 36 hours of treatment for every 100 that make a complete recovery and 20 die acutely who would not have otherwise died for every 100 that make a complete recovery. 98% of those from the south will be disadvantaged for this small gain benefit in 1% of patients. 3) There won't be enough beds in Durham so Durham patients will have to be shifted south to make beds again disadvantaging Durham patients 4) When there are no beds in Durham or if patients refuse to move there (many will) there will be no stroke services in Darlington to care for them 5) There are more imaginative ways to provide stroke services on two sites: Turn CCUs into cerebro as well as cardio vascular units treating both stroke and heart attacks. Train acute physicians to manage stroke. 6) Ask patients and relatives before admission. Do you want to go to Durham for a 1% better chance of recovery but far from home and the possibility of dying there or stay nearer home with the same physiotherapy and scanning facilities available and being able to be visited by relatives and friends 7) ""Durham is nearer Newcastle"". Darlington is nearer James Cook. Both have neurosurgical units. This is not a valid argument

A very good idea

Ability to swallow tested within 24 hours

Adjacent audience member at discussion considered die had been cast (mainly on cost). No answer to my consideration of shuffling between hospitals for seriously ill patients (Dar/Dur/BAH) - mentally patients appreciate no movement after admission.

Agree - simply by starting from the premise that Durham is reasonably new with improved equipment. There have been many errors in strategic planning for the NHS over the past years. Are we quite sure that this major change is the best plan?

Agree to Durham but hope that improved transport from Teesdale plus increased training to paramedics for the journey would take place.

All actions must be taken to get stroke victims to hospital as soon as possible, immediate consultation and treatment has been found to be the way ahead to many stroke attacks.

Although slightly partial to the Durham site, it is always better to have a specialist site wherever it is situated. Being a regular driver to both sites, I think it is easier to get to Durham from Darlington than from Durham to Darlington.

An improved transport system should be guaranteed for people in rural areas and must be included in the costs.

Anything that gives better care and better value for money must be worth a try

As a clinician I agree that specialist care on a single site could prove to be beneficial to the initial care of patients. However as a note of caution I believe that if all hyperacute services are to be moved to UHND that the wider MDT should also be considered and prepared. For example if the gold standard of physiotherapy assessment is to be met (within 72 hours of admission) then this would require additional staffing and potentially a change in working strategies. The same goes for other AHP services such as occupational therapy, speech and language therapy, and dietetics. I suspect that the public in general will be very much against the proposals, especially those living in the south of the area, and therefore in order for them to be convinced I feel that it should be highlighted that the quality of overall care, and not just medical assessment, would be better. I hope this is of use in your consultation exercise.

As a resident and nurse living and working in Darlington the travelling time concerns me. There is a large population in the Darlington area who will be at an, albeit small, disadvantage. I agree that the newer facilities at Durham are better.

As long as a holistic approach is taken then centralising resources is the best way. And by holistic I mean training doctors/paramedics to administer the correct drugs immediately to minimise brain damage.

As psychological and emotional care is important as well as physical care, and visiting an important factor in that care, what provision is being made to provide transport to Durham (UHND) when public transport facilities are so inadequate especially in the evening?

At least this is the right way forward by asking us to get involved in a consultation process.

BAGH should be seen as the future site for development of services due to it being the geographical centre of a poorly thought out Acute Hospital setup. Beds which are due to be saved throughout the trust could be simply located at DMH with staff/wards moving to BAGH.

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Based on North East Ambulance DASH data 90% of patients will reach hospital in 30 minutes with an average travel time of 17 minutes, this would drop to 60% should the service be based at Darlington Memorial with an increased average travel time of 24 minutes.

Based on the needs of my constituents I recognise that Darlington provides the best average travel times and would be my preferred option, however, as the last stroke sentinel audit placed the standard of stroke provision for local people as being in the bottom 25% in the country as services are not achieving, what matters is that hyperacute services offers the best possible outcome for local people. I therefore support proposals to provide a dedicated Hyperacute Stroke unit but on the proviso that we can guarantee the following outcomes in terms of improved services:

Be monitored 24/7 in a high dependency bed

Bed numbers increased to deal with increased demand on one site and beds ring fenced for stroke patients - especially the thrombolysis bed

Best to have all available treatment on one site.

Better transport for visitors coming a long way as visitors are very important for recovery.

Brilliant! Quick action is essential, very happy with the prospect - I have vascular problems myself.

Care needed must be administered accurately and quickly

Clinical quality is very important. Also speedy admissions as Durham City has a good road network from other areas.

Concern at the (increasing) traffic on the A167 close to UHND and access (parking in the public car parks). Concerned also over the increase in bed use at UHND with additional stroke patients in a hospital which is already smaller than Dryburn was.

Conclusions have apparently already been made.

Consultation arrangements have been sporadic - spread over a wide area (mainly south of Durham). Final meeting 1st September, consultation closes 11th September. This is such an important matter for stroke victims consultation should have been more widespread and at smaller well-advertised locations both north and south of the county.

Consultation documents should have been circulated to the community and not relied on word of mouth and access to site.

Cost cutting at its worst.

Darlington is a large town and should not be without a stroke Unit

Darlington should have first rate care. More attempts to bring DMH up to required standards of quality by all means possible - including employing more staff necessary to give all diagnoses and treatments for the benefit of local people. There have already been delays in treatment suffered by people in Darlington. This should improve not worsen.

Despite protestations it feels very much like a done deal.

Direct admission to the stroke unit

Direct admissions to a specialist stroke unit rather than waiting in A+E is clearly a much better system. My concern is how long would that system last? For example, at DMH there used to be a direct emergency eye care service which bypassed A+E. After a relatively short time, that was stopped and all eye emergencies were requested to go through A+E. What guarantee do we have that the same would not happen to the stroke service in the future? Also, if the single site chosen is Durham, what about travel times for patients living in Teesdale and other remote areas? I feel that perhaps one factor influencing this is party financial.

Do not take too long to implement the changes!

Do not under any circumstances allow this decision be made by individuals that cannot function outside the realm of accountancy. The National Health Service is about the people, for the people and by the people. We cannot hand control over to those without conscience. These are the people who run and sympathise with the banking institutes, therefore they cannot be trusted. Any individual who looks at health care and thinks profit should and must be turned away.

Do not want Durham if I have any further TIA's or CVA's

Durham authority is a law unto itself and I feel it really cant be trusted at all

Durham County Council, Adults, Wellbeing and Health appreciate the opportunity to comment on the proposed changes to the hyperacute stroke services. As is recognised within the review report stroke services in the County have been in need of attention for sometime and the work associated with this review is welcomed.

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Taking into account the information provided and through our involvement in the stroke pathway review we are able to identify our preferred option as a single site based at University Hospital of Durham (UHND). The benefits to patients of consolidating stroke hyperacute services at the University Hospital of North Durham being:

Durham is in the middle of the county there for that's where it should be it makes it better for everyone and is easy to get to with more access in to Durham than Darlington, i.e. by road rail and bus, people in the north of the county have more strokes than in the south, more facilities at Durham than Darlington, there for you may have to spend more to make Darlington the same as Durham.

Durham is in the middle of the Trust Area, therefore the best option. Stop the procrastination and get on with the task for the sake of the stroke patients

Durham is more central than Darlington.

Durham is too far for someone having a stroke to travel from the south of the region.

Durham makes most sense

During the last two winters it wasn't easy to get to Durham and some days impossible due to snow and ice on roads

Early professional treatment is better for the individual's survival.

Effort should still be made to recruit more consultants and have two sites again ASAP.

Emergency access to diagnostic services - including access to diffusing scanning and results interpreted by a stroke specialist

Emergency Access to diagnostic services, there is greater capacity at UHND to carry out urgent surgery to clear a blockage from the carotid artery and MRI and CT scanning is more readily available both in and out of hours

Even though a single "remote" site from my home is THE choice and it would present major personal/family problems, these are insignificant compared to obtaining the highest-level quality of diagnosis and care.

Everything seems to be going to Durham what is coming to Darlington? Looks like they want to close the hospital

For other areas, UHND would be the best choice - all in one centre, keep the expertise in one place.

For the residents of Barnard Castle and Upper Teesdale, the travelling time by ambulance to Durham is at least 30 minutes - at a quiet time and in good weather. The journey for patients' visitors is long and awkward, and for those who do not drive, three buses are involved. Could accommodation be provided? Why can't Bishop Auckland's facilities be 'built up'? This is a large, expensive hospital, sadly under-used, and is much more accessible for patients and their families.

Fragmented service provision is not conducive to early patient recovery. Split-site working could possibly lead to differing models of treatment. Specialist care must always provide better results. A larger hospital, longer provision of ultrasound services - the preferred model. Common sense must prevail. Having one hospital providing specialist care is the only option. The Trust, by doing this, will attract the best consultants. Patient numbers will dictate this. No experienced consultant will apply for a post if the balance of patients they are dealing with is not high. This again is common sense.

Had personal experience of A&E response to family member, was shocked when the only tests carried out were blood pressure, blood sugar and chest exam by Doctor

Has consideration been given to the issue of support for families of stroke sufferers? If services are based at a single site how do we limit the financial burden that travel to that site will place on families - will we require visiting family members to pay car parking fees?

Have you lost someone to stroke? The answer to this is going to dramatically change the way in which you answer this. You need to think very carefully before this decision is made (if not already) as it could cost a lot of lives before realising the wrong decision has been made.

Having attended two of the public meetings, I would give the following comments The University Hospital Durham site will allow immediate direct access to the Stroke Unit with CT and MRI imaging already available seven days week, as against the Darlington site MRI scanner which is privately owned and not available at the weekend plus CT scanning for vascular imaging only available on Wednesdays at the Darlington site. The scanning equipment is vital for the diagnosis of both Strokes and Transient Ischemic Attacks. The very great need to attract Stroke specialists will I feel be easier with the Durham hospital as our Stroke centre.

Having had experience of the Durham Stroke Ward my mother would have found it very difficult if she had had to go to Darlington on the bus to visit my father who sadly died on Ward 2. This would apply to many older people and Durham is very central for the whole of the County. Many people I suspect would have to change

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buses in Durham City to go to Darlington.

Having only one site will save money which can be used in engaging more staff or improving facilities.

Having specialist care in one place would provide a better service for the patient and save staff time travelling between sites. I would also like to suggest providing a community based stroke team like they do in Sunderland as this would provide better rehab care, support early discharge from the hospital and in turn free up beds!

Heart problems need attention as soon as possible.

Helen Goodman MP

Hope it isn't a waste of time

How many hospitals do we need in Tyne and Wear, I feel that the option of one site in Durham is based on worrying about competition rather than the local population.

How many responses do you need to say that the responses reflect the view of the public?

I agree with the option by a very small margin. Additional comments: 1 - How confident are you about being able to attract and retain sufficient good quality staff for a 20-bed unit at Durham? 2 - What efforts are being made nationally to improve/increase the output of stroke consultant training? 3 - P14 of the report states that the number of patients directly admitted to the two existing stroke units is low. How is an increased percentage of direct admissions to be achieved at a single new unit? 4 - What information will be collected about the results of any new arrangements in order to judge how successful they are? It is somewhat frightening to read (p12) that currently the ideal pathway of care for stroke patients is currently achieved for only a minority of stroke patients. 5 - For some northern parts of County Durham, would it be better for stroke victims to be taken to a Newcastle treatment centre?

I agree with the preferred option as a starting point to open outposts nearer patients in the communities.

I agree with the proposed change as a manager of a residential care home in Co Durham. If I were an elderly couple living in a wider catchment area I would find the proposal unacceptable.

I also suggest the use of ambulance helicopters in transferring patients in the shortest possible time

I am disabled, unable to walk very far, if this unit is removed from Darlington. It will make life even more difficult for me

I am disgusted with the chairman, chief executives and officers who have decided it is best for patients to have this proposed service. The money and the cut backs they have no idea about the health services. I feel very strongly about the stroke unit etc Why should Durham have all these services - we are being told this is what they are going to do and the government of the day want it too.

I appreciate that we have to be more efficient with NHS funds therefore if the 'purse' wont stretch to two site then Durham is the preferred site as it would be more central to County Durham and more easily and fairly accessed by patients living in all six clusters.

I believe the consultation has been handled professionally and impartially. I have attended three meetings and learnt more from each one. I would like to thank all concerned for their time and energy.

I believe the decision has already been made in Durham's favour and this consultation is just a paper exercise. What services will go next/ Is Darlington to become a cottage hospital like Hexham?

I believe this move is for the benefit of the upper management of The PCT and not for the Public come to Newton Aycliffe or Bishop Auckland or Darlington and have a public open meeting and explain your position and explain why you have not employed more staff at Darlington when you have know there was a shortage

I can see that if only one site is favoured, then Durham has to be preferred over Darlington due to population arguments. But this would cause serious problems in rapid treatment of stroke patients in North Yorkshire, which is an area with a high proportion of elderly residents.

I can see the reasoning behind the move to centralise in Durham despite Darlington being our nearest hospital but could the extra delay in getting to Durham affect the patients' outcome? I'm not sure.

I do feel that minds are made up and Durham Hospital is the only choice you will have and you are just going through the motions of listening to people's opinions. What will happen to DMH? Will it become a second rate hospital and most of its services going elsewhere? I'm also thinking that patients will be having more journeys. If UHND is chosen or DMH they will have the initial journey to either hospital then have to go to Bishop Auckland for further care. Will the travelling be upsetting for patients recovering from a stroke? Also bus timetables will have to be looked at. Also will there be enough beds and enough trained staff for a single unit?

I do hope that any decisions made after this consultation are made with the best interests of residents wherever they live.

I do understand that the decision made is best for a majority, but the minority is large and needs to be catered

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for.

I feel it is extremely important to have direct access and admission to a specialist stroke unit for assessment, care and treatment with the least possible delay, therefore I'm in full agreement with a single site specialist service. I also hope that this will improve assessments and outcomes for those with TIAs.

I feel, like the majority, that this is a done deal. Prove me wrong.

I fully support this recommendation.

I had a stroke new eve's year 2007 taken to Bishop. Was left on a trolley for 6 hrs. Transferred to Darlington. Is critical that beds, equipment and staff are on hand 24 hr

I have just come out of Ward 2 UHND and I am not at all impressed. Terrible. Not sister's fault - short staffed all the time. Too much work to do. Sister in ? In fact too committed to her ward. The hours she does is disgraceful. 7.30am-3.30pm next day another nurse 7.30am-11pm. Come on, this is not fair on the ward sister. 3 nurses on the day, 2 at night. Sickness, people leaving, they don't get time to see the patients i.e. bathe etc. It would do David Cameron the power of good to be a patient for a week - the NHS is disgraceful. I have been a patient for a week - I was offered rehab at Bishop Auckland - I refused because it was too far away. No visitors. Sent home after long wait for discharge. No care arranged for home nurse but glad to be home. I am a trained nurse 1960s. My heart goes out to the sister and her staff, how they all cope, they are brilliant. Also all investigations and doctors were really good especially Darius. I am sorry but I am glad I am out of the Ward. Cope. I can't see it. Durham is still the best site.

I have little faith that much notice is taken of public points of view after the ""consultations"" regarding Bishop Auckland Hospital in the past.

I have no faith in the integrity of this exercise. It is obviously a foregone conclusion. Our only hope is that properly funded emergency care is put in ???????? so that we are not seeing patients dying needlessly.

I have read clear evidence that the consolidation of stroke services to fewer (more specialised) sites in London has led to a marked improvement in survival outcomes for stroke patients. Fewer but more specialised and sustainable units have been demonstrated to be better for patients, as well as being more efficient to run. I wholeheartedly support the proposal.

I have several points to make to illustrate my opinion as to why the criteria given for the reasons to centre critical treatment at Durham are inaccurate are not based either on patient choice, for clinical reasons but for a short term fix and for financial reasons. I am not a doctor, but would welcome an explanation of the clinical logic which recommends the movement of treatment which, as I understand it, is time critical for its effectiveness and outcome, further away from the population it intends to serve. As such treatment already exists in Darlington it confuses me as to the clinical reasons for such a proposal or why doctors and other clinicians should recommend it. I suspect that the reasons are more financially based than clinical. As to patient choice, another criteria stated for any decision, I am at a loss as to why a patient should choose to have treatment in a more distant hospital when adequate facilities exist at his/her local town. If one of the reasons is the lack of trained medicos it seems logical to train more. No mention is made in the consultation document as to how long it takes to train an already qualified doctor in critical stroke treatment. It may be feasible to have two centres at both Darlington and Durham in the event that adequate training is reasonably short. For a decision such as this to be soundly based on statistics a study of only one year's results of strokes in the region is insufficient. I would estimate five years statistics on the incidence of strokes in the areas covered to be a minimum. One year's data is prone to too many variables and is unlikely to be representative and to base a decision of this magnitude on one year's statistics is rash. For patients to be transported to only one centre would in any case favour Darlington for speedy access from a major road. The access to the Durham site involves several miles through 30 mph controlled roads and depending on the journey start point, through Durham City itself. The sweet little hypothetical tale of the Tom and Jean from Crook, his stroke and what would happen under the proposed change is frankly facile, unlikely to be representative of reality, not worthy of a washing powder commercial and debases but clearly defines the document's slant. Finally, I assume that this consultation exercise is just going through the motions as the decision is already made. So I will not allow further insult my intelligence by the Consultation Document's insistence that the opposite is the case. My only hope is that should I be unfortunate to suffer a stroke, it is not during a winter like we have just 'enjoyed' as my allegedly speedy progress from my home 500 metres from Darlington Memorial to distant Durham is unlikely to improve my prognosis.

I hope the speed of response from paramedics and ambulance teams will not impede a fast arrival at hospital. I do have concerns about the time it takes for ambulance crews to arrive on the scene.

I hope the word 'consultation' means that this is not already a done deal.

I hope you will listen this time.

I live south of Darlington and it takes 10 to 15min. to get to the a1m before setting off to Durham it is too far away for patients to get treatment as soon as a stroke is diagnosed

I realise budgets are tight, but the resultant costs, both financial and in terms of patient/families suffering are

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too great when it has already been proven that speedy treatment of stroke victims can be very effective. This kind of exercise is both a false economy and gambling with the lives of the population in a particular area of the country.

I still think the sooner a stroke victim is seen the better. I say this having been a victim of a stroke myself.

I think a provider in the Tees Valley needs be involved in the provision of hyperacute services, as is already the case in Primary Angioplasty, as it is inappropriate to transfer patients with stroke to Durham from Darlington when a shorter trip to Stockton or Middlesboro' is an option.

I think from the two meetings I attended that the presentation was very clear and fair, whatever the final decision. I started by wanting the first option to be Darlington but changed my mind after hearing all that was said.

I was appalled to learn that evenings and weekends at the moment are not providing specialists. Everyone knows there are four critical hours to act when someone has a stroke! How could NHS for County Durham and Darlington have gone on with no cover for over half the hours of the week?

I wonder if it is about care standards, or cost savings.

I, like many others, believe this is a done deal, that the decision has already been made, and this is just window dressing

I'm with the clinicians on this. They know best. If they say the best option is Durham, then that is where the services should be

I've had two strokes in the past - no NHS treatment at the first one - very poor. The second - in Canada was met by a first class response. Immediate MRI scan should always be made available.

Ideal pathway of care for stroke patients achieved for the majority of stroke patients

If freedom of choice really exists, then my next referral will be to Teesside, Not Durham. 10 minutes as against 20+ minutes. Blindingly obvious, except to the chosen ones on a committee that has a mind of it's own. Statistics, what statistics? Publish the travel analysis and let independent experts decide.

If the split-site model is no longer feasible the Durham option is the best option. Ask stroke victims and their families what they would prefer.

Immediate assessment by a specialist stroke consultant

Immediate treatment is vital. Treatment should be as quick for a brain attack as it is for a heart attack. The correct treatment could mean a better quality of life for the patient. Getting the correct drugs is imperative - I know this from past experience as my first husband had a stroke and was brain damaged and paralysed. He had no quality of life for seven years.

Implementation of the current system

Improved Transient Ischemic Attack services to achieve the seven day standard. Although we have identified this as our preferred option we continue to have some issues that we would wish clarification on. How valid and reliable is the North East Ambulance Dash data and are there assurances that should all stroke hyperacute services be consolidated at UHND 90% will continue to reach hospital within 30mins with only a 3 minute extension in average travel time to 17 minutes especially for those in Darlington and outlying areas and in inclement weather? Would there be a contingency plan to ambulance people to a hospital nearby which could be linked via telemedicine to ensure that in poor travelling conditions there could still be access to a stroke consultant to assess and advise re: administering intravenous medication? UHND will have the capacity to increase its hyperacute beds to 20. It also has quicker access to diagnostics and scanning and is near to a regional centre for more complex vascular surgery and that 925 people were admitted to UHND compared with 683 admitted to DMH with a higher prevalence of stroke being in the North of the County. Are these strong enough arguments based on valid and reliable data to preclude DMH from developing its current capacity and service delivery?

Is there provision for people to have specialist stroke service rehab closer to home. Real specialised rehab, not just dumping patients to out lying sites when bed availability at UHND is pressured

It is by far the better option as it is closer to me.

It is good to have the chance to voice your opinion.

It is important that the rehab phase of the pathway is planned carefully. Will the rehab phase be on the same site also or utilise community services this also needs careful planning and will need to address care closer to home particularly for the involvement of social services etc where geographical processes are important particularly when planning discharge and further support for patients and families.

It is not as 'honest' a consultation as the professionals may think. It has started from the wrong place, with so many key decisions or 'hard choices' already wrongly made. I have read the material made available for and

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during the consultation. I attended and listened carefully at one of the public meetings. I appreciated the skill and honesty with which those professional present helped the meeting and thank them for all their time and care. I believe health policy managers at all levels (and this includes central government) should commit more resources to helping stroke victims. This should include further campaigns to help recognition of stroke and give the general public the confidence to recognise an onset. This should include enhanced training for ambulance crews/paramedics to take appropriate action at an early a stage as possible (including geographical flexibility). This should include urgent action to solve the problem of what apparently happens in A+E at DMH that causes the DMH performance figures to dip so steeply (hence crucially skewing the findings of the study). This should include taking urgent management action to overcome the shortages of specialists in the region. This should include the removal of artificial geographic boundaries. Notwithstanding the way to phrase questions 4/5 I do not wish to be drawn into a simplistic 'Durham or Darlington' debate. This exercise should be about care in Durham and Darlington...and Newcastle, Shields, Sunderland, Middlesbrough, Northallerton, Catterick, Barnard Castle, Bishop Auckland etc. Future Darlington-based stroke victims should not be disadvantaged because of being near to the southern 'boundary' of a 'region' or 'administrative area', nor should they be disadvantaged because of past managerial failures of organisation, training, recruitment, retention, funding and incentivisation. Have I wasted my time? Thanks anyway for reading it.

It is obvious that Durham will once again get main services.

It is preferably to have a direct access to site at University Hospital Durham

It is very encouraging that you are doing everything to ensure prompt and specialist care

It is very prescriptive and specifically tailored to support your chosen option!

It isn't widely known about.

It seems a little unfair for those people who live in North West Durham and do not have access to a computer that all meetings bar one are at Darlington and that one is at Bishop Auckland. Have the Area NHS ever heard of Durham, Chester-le Street, Stanley or Consett all of which formerly had PCTs and all of which have suitable venues for public consultations? Or is it that you feel their opinions do not count or are obvious in view of your proposals and it is the people of Darlington and Bishop Auckland who need to be convinced.

It seems the decision is already made due to funding and lack of staff/facilities at Darlington

It seems to have already been decided so are we wasting our time?

It would be impossible to get to Durham from my house in 17 minutes as stated in your document. It would be at least half an hour in light traffic and no hold ups. I understand from the press that this is the main reason for the opposition to your suggestion of having one site in Durham. Most of the population in County Durham is in Darlington. What has happened to the beautiful hospital in Bishop Auckland? My friend's life was saved there in 2007 where he was taken from Darlington following a stroke. I am sure more use could be put to this new facility opened by MP Tony Blair in 2000.

It would have been nice to know that there was a public meeting in Bishop Auckland in July. I have only received this 20 Aug. Better communication is needed to let people know when public meetings are on.

It would seem logical that all services relating to coronary-neurology and vascular disorders should preferably be consolidated on one site so that there could be collaboration between the specialities and a sharing of their resources.

It's all about patient care not targets and saving money. Stroke patients should be admitted on each site. It is worrying enough that a relative has had a stroke but worrying about how often you are going to get to see them and travelling is horrendous especially when most of the relatives & spouses visiting these patients are elderly themselves

Its a lot easier to get to Durham, My granddaughter drives me in to Durham, not far from home, as my great grandson goes to school.

Keep unit at DMH

Lady Ann's comments to Darlington Council were disrespectful of the borough's elected representatives of the people. They have a right, on our behalf, to question whatever they feel necessary. Facetious remarks add to the concern that this matter has already been decided and that ""nanny knows best"".

Like all such public consultations it is probably a complete waste of time as the decision will have already been taken and the views of the clients will count for nothing!

Living at Stanhope my main concern, apart from having a hospital as a main centre of care as close as possible, which would have to be at Durham, is the time which would elapse between the stroke happening and medical intervention. Apparently the first hour or so is crucial in the prevention of irrevocable damage. My query would be how much time could or would elapse between alerting the ambulance and arrival at Durham. On the same basis Darlington as the main hospital seems much too far away.

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Long overdue!

Make sure patients are not stuck in A+E before treatment commences.

Many people live long distances from specialist hospitals now, and it does not seem a good idea to make it even further to travel when vital treatment is required

Maybe if people are getting seen sooner it will be okay. The problem would be people visiting without transport.

More central for the County than Darlington

My mother suffered a stroke and felt unable to communicate with slurred speech and loss of hand movement so she was unable to write. Support from family and friends was so important to her gaining confidence again. I think the facts are well presented and we need to offer the best care but I do think patients could die before reaching the hospital in adverse weather conditions.

My only concern about single site care is the number of beds - having staff round the clock is fine but can one ward cope with the volume of patients (1,100 people per annum as stated) that all need care at the same time.

Need specialist care at BOTH sites independently

Need to have transportation for family and friends for acute and rehabilitation period - need to cooperate with public transport if single site is decided. Until I attended the meetings (Monday 22am and pm) I did not understand the situation. In fact, I regret I signed a petition! I hope people giving input will obtain current facts prior to signing opinions. Thank you.

No consideration is given to families having to travel miles for visiting. I know this from experience. I had to travel twice a day from Darlington to Bishop Auckland for 6 weeks. It was expensive - petrol and parking - plus time consuming. As an OAP it was very tiring and stressful.

North Durham Community Council (Health) of which I was Chairman pressed for specialist services many years ago. University Hospital North Durham seems central and meets the criteria. When Mental Health Services were based in Darlington the CHC pressed for a more central location at Durham when they transferred services from County Hospital at Durham.

Not at the moment but afterthought is always a problem

Not sure about patients being far away from home family being able to visit and give support is very important in the recovery stage given that stroke can cause stress and depression to the patient, transport costs and the availability of transport should be taken into consideration because spouses or partners may be elderly themselves and not very mobile

Not this consultation - but it's a pity most services have been removed from Bishop Auckland Hospital!

One specialist site with more doctors, staff and equipment must be more cost-effective and give the patient a better chance of recovery

People do not generally know about stroke issues so I imagine there will not be extensive response to this consultation

People with health problems generally have low energy - it all depends on transport availability but even nearer to home it would be hoped that specialist care would be back up

People's lives are more at risk if you cut services.

Please let this be a real consultation rather than a very badly disguised con like the one regarding the A and E at Bishop Auckland (after all how can it be an honest survey if the 1 option most people want was very deliberately not offered and I honestly believe those responsible should be prosecuted for fraud)

Please remember no matter what No10 Downing Street says, it means life or death for stroke victims unless medical attention is received within a certain timescale. People's lives should not rely upon cost to government.

Please think about how long it takes to get a stroke victim to whichever site that is chosen. It is all very well and good when someone lives on the doorstep of an acute stroke unit but what about those that live out in the outskirts, especially in poor winter conditions that will add significant travelling time. If treatment requires administration of drugs within 3 hours of onset for maximum effect, then people experiencing a stroke need to get to an acute stroke unit ASAP.

Pleased to see that Durham is being proposed as the specialist site. One hopes that it will be accepted. Meeting in Blackhill poorly publicised if at all - I didn't know of it, therefore didn't attend.

Prefer Durham because it's a newer hospital - hope no staff lose their posts. I think the decision is cut and dry for UHND

Presentation of a balanced argument would allow for a meaningful consultation with the public, who cannot be

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expected to have specialist knowledge of the issues. The information presented is purely in favour of the preferred option.

Q3 depends upon distance from home which may prevent family visits thus possibly making for a slower recovery rate due to loneliness etc.

Questionnaire underlining makes it one-sided putting undue pressure the option accepted.

Richmondshire LINK were not formally consulted, why? Can it be confirmed that Richmondshire District Council were involved in the consultation, if so, who, at RDC? Why are there no public meetings in Richmondshire?

See above comments re North Tees

Seems to be biased towards your favoured site

Single site concentrates facilities. Specialist help must be available 24/7. As a stroke sufferer in 2010 living on the border of Durham/Tyne and Wear I firmly believe the extra travelling time could be fatal. It terrifies me to think if I had to go to Darlington I may not be here. On point of treatment it was obviously excellent, as I have come through with very little impairment.

Sounds ideal but will it live up to the standards promised? We have been let down so many times i.e. the white elephant of Bishop Auckland hospital. A very expensive project which has since been stripped of the services promised.

Speed is of the utmost importance if a patient suffers a stroke and the 'golden hour' is crucial. Paramedics are well trained and have experience in first response care to patients who can benefit from a total package of care in one location where all specialists can confer and offer a complete package of care. The 'golden hour' can be implemented immediately medical services are alerted. Two locations wastes precious time and can lead to patients' care being compromised. The 'golden hour' package of care should be heavily publicised.

Staffing levels seem to dictate. Durham is the best option - I don't think there will be much difference in travel time.

Survey appears biased toward single option

Sympathy with all those working conscientiously and honestly, but within the constraints of funding and its allocation, 'hands tied'. Suffering a heart attack three years ago I cannot speak too highly of the levels of hospital; consultancy, medical care and medication and coronary-care nursing. As stated, options implies discarding. In health matters, discarding should not be a consideration in one of the world's strongest economies.

Thank you for the opportunity for the public to reply to this important issue.

Thanks for the forum

The argument for a single site is clear. From a Durham Dales point of view we would like to see the travel time minimised as far as possible for our rural patients. The important consideration is that patients get rapid access to the best care in the acute phase, specialist rehabilitation if required and then moved back to home or as near to their own homes as soon as safe to do so.

The choice at the moment appears to be Durham despite the wishes of many people to the contrary.

The consultation period should be extended and evidence presented in the document reviewed.

The details have not been explained well

The DMH covers the Dales area as well as villages around and near to Darlington. Should the unit be sited at Durham it will cause a great deal of stress to patients and families and could cause delay in the patient's recovery. Travelling times and expense would also be an added burden.

The Durham hospital is already stretched (not enough beds). Recovery from a stroke is a long, slow process needing lots of support from family. Patients should be as close as possible to home to maximise visiting and to keep them in the most familiar surroundings.

The general public should be asked about this change before it is announced that it is going to happen. I wonder if these people who are making these decisions have ever been through the trauma of seeing a loved one actually having a stroke. It is not a very pleasant experience.

The importance of this consultation needs to be understood by everybody in the region. It needs to be well discussed in the media. Many will not be aware of what is happening until a family member is affected, when it is too late to voice an opinion.

The increased travel period for residents in the Vales (admitted that these are a minority) will place them at increased risk. Some way of mitigating this by adequate provision of a dedicated ambulance service--perhaps air-- must be considered. Can special communication with the Paramedics be set up so that at least some patients could be treated with thrombolytic drugs safely en route? The average time to treatment quoted in

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your documents will be far and perhaps dangerously exceeded by the rural patient.

The main problem is the distance some patients would have to travel if Durham was the only stroke hospital. Both hospitals are good but time is the deciding factor.

The map showing the number of strokes in 2010 within County Durham shows that Durham (being the centre of the county) should be the preferred site. It is so obvious. Having been a stroke survivor and one of the majority patients I would prefer to be taken to a hospital which provided improved recovery for the majority of patients and not the minority.

The options appraisal at the consultation meeting in Darlington Arts Centre was clearly explained. For the improvement as outlined to be most effective the initial appraisal/diagnosis by a paramedic that stroke care is required is of paramount importance e.g. that 'Darlington' patients are immediately taken to the Durham unit.

The primary care trust I suspect is more concerned with looking after itself than looking after the public it was (employed, elected etc) to

The problem with only having one hospital to cover two relatively large areas, means that patients in Darlington may be disadvantaged, because they will have further to travel for treatment when the timing of urgent treatment is critical.

The questions are biased. Staff shortages at one site only because staff won't travel from Darlington to Durham. If major traffic hold up, fire or terrorist action what happens to ambulance progress? Will patient just die?

The questions are loaded to give you the answers you require.

The reasons given against the split site model are not insurmountable - there are unemployed staff and equipment on both sites. Patients in the Darlington area will have their lives put at risk with an extra journey to Durham.

The rehab centre at Bishop Auckland would be closer for the patients and visitors in the south of the region hence the people in the Darlington area would benefit from this.

The single site is possibly more cost effective. I have always understood that the sooner the care, the more immediate the benefit for the stroke patient. Whilst I agree with the majority of the proposal I feel that the people farthest away from UHND may suffer and supplementary services should be provided i.e. paramedics should be more easily available to outlying districts, and under this proposal, Darlington may be one of them. In my own experience I found that paramedics came in four minutes, and my husband was in Durham within thirty minutes and having treatment. Sadly, it was to no avail, but it was a consolation to me that everything possible was done in a reasonable time. Time is of the essence in these cases and should not be overlooked. The deployment of paramedics in strategic areas is paramount.

The single site model makes the services much more sustainable. Concentrating all the speciality on one site will give better quality patient care.

The site should be for the majority of patients & not for the convenience of those in Darlington. Many of us would have huge journeys to Darlington and not just the extra 20mins quoted by Darlington councillors. Equally the suggestion that Yorkshire should have been consulted is untenable, it is County Durham that is under discussion, do the councillors think that Yorkshire residents should be given priority over say the wear valley, Consett and other areas distant from Darlington and therefore at greater and more life-threatening risk if yet again facilities are moved to Darlington. Darlington has a motorway to Durham, the rest of us are dependant on smaller more congested roads across country therefore mileage and timescales are crucial for us in emergencies etc.

The stroke unit at Bishop Auckland was a first class unit something we were all very proud of. Are we the patients to lose any more of our facilities do we count for nothing in these schemes.

The unit should be central and Durham is too far away from the rural areas of Teesdale

The whole thing is driven by money you should listen to the public for a change

There are currently pressures on both sites for all services so a one-site service for other specialities could also be beneficial

There is little clinical or facility difference between the two options

There needs to be a speedy access to Durham from all parts of the County to make this work for all.

There seems to be a bias towards the choice of Durham - I cite as evidence the 'case study' (not a case study but possible scenarios) in which the words Darlington and Durham are completely interchangeable. The service at Durham at present will be exactly the same as at DMH at present (tired, overworked staff, etc.). Similarly if DMH were the single site then patient experience would be exactly as described for UHND. Also why base your analysis on ambulance service data?

APPENDIX 3

These questions are worryingly geared towards getting acceptance of your preferred option of a single sight.

Think the Trust have made their mind up and that consultation is a foregone conclusion.

This change would work if you can guarantee getting patients to Durham in time for appropriate treatment. How about having a 'flying stroke unit' to bring specialists to the patient (like a paramedic now) before transferring them to a centre.

This has been needed for a long time - hopefully it will happen and the quicker the better.

This is a difficult situation. A stroke site needs to be manned 24 hours a day, 7 days a week which doesn't seem to be the case at present. Also needs to have all facilities available. We read how someone having a stroke needs specialist care as soon as possible so, at present, one can go to either Darlington or Durham depending on when one suffers a stroke. What worries most people in Darlington, I think, is the distance from Durham, possible traffic hold ups, especially in winter and the distances for visitors to travel e.g. those with no transport

This is quite simply a cutting back exercise which will increase the risk to stroke sufferers in the Durham area. Lady Ann Calman should not be so arrogant as not to listen to other peoples opinions and views life is about being challenged we are talking about people's lives.

This questionnaire is too simple & is designed to get the result the Trust wants. It needs to be more subtle, discerning.

This seems pretty conclusive it is going to be at Durham. Typical of these consultations. Shouldn't the professionals know the conditions of the illness better to make a decision where. The patient is not in a position to make a choice - they are pleased to go anywhere, I have been through it. As a stroke victim, you are not in a position to worry about where you are going. If you are fortunate to make some recovery, it is a time healing process, and with the help of trained staff and Occupational Therapists, you could not be in better place as long as you get the best care. The after care is very important, and it is sometimes difficult to attend clinics etc if you have too far to travel.

Thrombolysis available 24/7 and given as far as possible within 3 hours of the onset of the stroke

Thrombolysis treatment must be delivered within the Trust (i.e. the model whereby people travel regionally is quite correctly dismissed). - One site will allow the Stroke department to more easily embrace further advances in stroke care. e.g. on the horizon is CT or MRI perfusion/diffusion scanning which may well identify people who will benefit from acute treatments outside the established time-windows. Such technology will not be sustainable on two sites. And such advances are close to being realised. - One site will facilitate closer working between Stroke team, vascular team and radiology. - Research can be developed much more easily on one site. This will improve recruitment and benefit patients. Active participation in multi-centre studies will be more straightforward. - Staff training and education will be enhanced by one site (rather than expertise being spread too thin) - Direct admission to a Stroke Unit will benefit all stroke sufferers (not just the small percentage that may be suitable for rt-PA). This must be emphasised as the document, understandably, focuses on the thrombolysis issue. Indeed it can be argued that the main benefit of thrombolysis is that it has driven the development of rapid specialist stroke assessment for all stroke sufferers. This is probably of greater public health importance than the 5-6% of stroke sufferers who get the drug. - Given the links with imaging and vascular surgery it makes complete sense to focus TIA assessment within the Stroke Unit. TIA services must remain a priority - I have extensive experience of models of stroke care provision. Larger units with reasonable patient numbers provide the best care. The number of stroke admissions would be ideal for a single stroke unit.

TIA services available 7 days a week - to ensure all patients with a suspected TIA will be seen within a 24 hour period

Time is a big factor and the area is massive for just one site.

Time taken to access specialist care is also important. Would only one site result in a poorer outcome if some patients could not reach it in time? This is the only factor of possible concern I have.

To me it looks very much like Durham is already accepted. Also, parking is difficult at Durham.

Too narrow in scope. No provision asking about stroke patients needing surgical intervention, or the ability of Durham to provide such skilled, experienced intervention.

Treating stroke early may increase the referral rate & include patients who may not be identified as actually having had a stroke but I cannot see a way around this, to ensure we don't miss a stroke in its early stages

Treatment and care given by staff skilled in stroke care

Unsure what the proposals are around where patients would have surgery in the future if this were required. Would they have to be transferred from Durham to Darlington or will surgical services transfer?

Very unfair for patients and families in the south Durham area - too far for families especially the elderly to travel. Bishop Auckland is a fairly new and modern hospital and already deals with rehabilitation. Traffic is also

APPENDIX 3

less heavy here. Durham is no go hospital.

Waste of time you have made your minds up already

We could extend our catchment area to north Yorkshire and the dales

We in Darlington tend to be territorial - understandably as we are the largest conurbation

We live midway between Durham and Darlington hospitals and Darlington hospital is more accessible in travel time at all times of the day including for both patients and families.

Well presented – thank you. I live in Darlington and I would prefer the best care and if that's not on my doorstep that's okay.

We think that more money should be spent on more staff on both hospitals would be the way forward and less spent changing things around. I think it is important that if you have a stroke to be treated as soon as possible, not riding about in an ambulance. The public meetings should have been arranged a lot sooner. To let the public know what is happening and there must be more news about this issue in our local papers. I hope Darlington Memorial Hospital is not going the same way as Bishop Auckland Hospital as Durham seems to be taking everything over.

What are the reasons for the proposed single-site model?
