

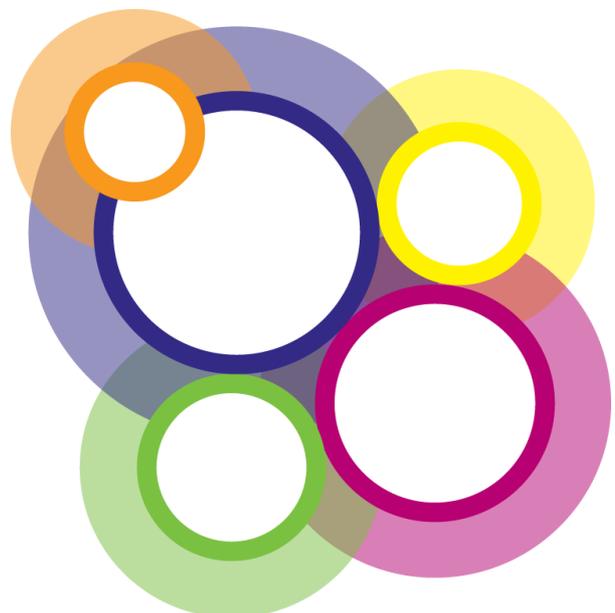


North of England
Commissioning Support

Partners in improving local health

Path to Excellence – Focus Group Report

April 2020



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Executive summary

Summary of findings

Each of the focus and patient groups considered all or some of the proposed options for service change – depending on the interest and purpose of the group/organisation being consulted. In summary, the findings are:

Quality and continuity of care

19 of the groups discussed quality and continuity of care, a summary of which is below:

- Groups are generally happy with the quality of care, however, according to some, doctors and nurses seem to be focused on physical health more than mental health. There's also a lengthy referral time for mental health services
- Specialist services at one hospital could mean improvements in care. However, there are concerns for patients having to travel between the two hospitals
- Children's A&E services at South Tyneside Hospital are good, however the reduction in hours were addressed negatively
- Following on, better access to GP appointments was addressed by various groups. One group suggested better access would reduce unnecessary attendance at A&E
- Waiting times, either for appointments to come through, when at appointments or in A&E need to be reduced. Timings of waiting times also need to be communicated clearly
- Cleanliness is important and should be prioritised. Currently there are concerns over "catching an infection" whilst in hospital, with one group suggesting they were unhappy with the contract cleaners
- Consistency of care is important, currently there's a lack of joined-up care between hospitals, councils and departments
- More awareness is needed of the 111 and extended access service. However, there are concerns over incorrect advice given by 111
- Walk In centres are very important and should be re-opened. Concerns were addressed over the appointment only service with one group suggesting this has an adverse impact on A&E visits
- Groups expressed concerns over wheelchair use within the hospital.

Workforce

All groups discussed the requirement to invest in the workforce, a summary of which is below:

- The importance of having caring, compassionate staff, with groups praising the staff for being respectful, caring, reassuring and honest. However, it was also suggested that some of the workforce lack empathy and respect

- There are concerns that the workforce is overworked, stressed and under pressure; impacting on the care provided
- It is also important to have sufficient staffing levels, although recruitment is improving, there is still a need to recruit more staff as well as increase cultural diversity. This could be complemented with volunteers or students in some of the less qualified roles
- It would be beneficial for specialised staff to work across both Sunderland and South Tyneside Hospitals allowing patients to attend their local hospital.

Accessibility – Travel and Transport

All groups discussed accessibility, a summary of which is below:

- Concerns arose over the extra cost that would be incurred by patients in terms of transport and parking
- Groups expressed concern over the distance to travel to access services, however, one group did suggest that they would be happy to travel to access high quality care
- The lack of available parking was also addressed, including the lack of available disabled bays
- The suggestion that free transport in the form of a shuttle bus between both of the hospitals was touched upon
- There were concerns over the lack of efficiency within the patient transport service, either not being used to capacity, the time keeping or lack of access for wheelchairs
- Concerns over the prioritisation and difficulties in getting an emergency ambulance services were also addressed.

Communication and Education

All groups discussed communication and education, a summary of which is below:

- The groups raised concerns over the lack of information sharing between departments and services. Also raised was the lack of sharing between staff on shift swaps, and professionals not reading notes before seeing patients resulting in repeating conversations
- Patients should be able to choose how they receive communication, either by telephone, letter, email or text message
- There's also a suggestion that there is a lack of communication surrounding service changes and the working ideas
- The groups suggested that there should be more education on how to maintain a healthy lifestyle
- Furthermore, there should be more awareness of the services that are available and when to use them
- Finally, more public events should be held by hospitals to receive patient feedback.

Finance

All groups discussed finance, a summary of which is below:

- Groups questioned whether the working ideas are a cost saving exercise as they don't appear to be health driven. Although other groups suggested that the ideas could actually cost more money rather than save money
- Groups suggested that there have been too many cutbacks already and more financial investment is required
- There were concerns over the cost of prescriptions, and the high cost to the NHS of 'over-the-counter' medications provided by prescription
- Concerns were also discussed over more privatisation of NHS services, with one group suggesting that bringing services back into the public sector would save money.

Support in the community

13 of the groups addressed support in the community, see the summary below:

- Aftercare is important; however, patients are often being discharged before care in the community is arranged. There is a preference for being treated in the community rather than having to visit the hospital
- Following on, groups expressed concern that there is not enough care in the community, and what there is need to be improved. However, it was also suggested by some groups that the care that is available is excellent
- More home visits should be available, specifically for the elderly
- Support groups and community health projects are important, although they no longer appear to be available.

Patient choice

Six groups discussed patient choice, a summary of which is below:

- Some groups expressed concern over the availability of appointments, suggesting that they have no choice, however another group commented that if they can't attend the given appointment; they can easily change it
- Groups questioned whether patients would get a choice when it comes to the working ideas.

Site capacity

Three groups addressed site capacity a summary of which is below:

- There are concerns over the lack of capacity at Pallion, while other buildings are being underused, resulting in extra costs.

Introduction

Twenty equality and patient groups were convened, moderated, and reported by Voluntary and Community Sector (VCS) / third sector partners across South Tyneside, Sunderland, East and North Durham.

The twenty focus groups were completed during the period of November 2019 and February 2020. All efforts were made by NECS to identify target groups likely to be affected by the proposed service changes (see Table 1 below).

Table 1: Description of groups

Key:											
1 – Older people		Equality Group									
2 – BAME		Patient Group									
3 – Social deprivation		Equality/Patient group									
4 – Women											
5 – Vulnerable adults											
6 – Men											
7 – Patient Group											
8 – Long term health condition											
9 – Disability											
10 – Carers											
Date	Group	Participants									
		1	2	3	4	5	6	7	8	9	10
26 Nov 2019	Age Concern South Tyneside 1 <i>(older people with long-term health conditions)</i>	4									
27 Nov 2019	Age Concern South Tyneside 2 <i>(older people lunch group)</i>	13									
28 Nov 2019	ICOS Sunderland <i>(in particular Eastern Europeans)</i>		6								
12 Dec 19	Sunderland Cardiac Support							8			
8 Jan 20	County Durham Foodbank <i>Based in Chester Le Street</i>			5							
10 Jan 20	HOPS 1 <i>(carers group)</i>										6
22 Jan 20	Hetton New Dawn	6									
28 Jan 20	East Durham Trust 1 <i>(65+ with health conditions)</i>			7							
30 Jan 20	East Durham Trust 2 <i>(65+ with health conditions)</i>			8							
30 Jan 20	HOPS 2 <i>(unemployed people with health problems)</i>			6							
11 Feb 20	Dawdon Foodbank			3							
12 Feb 20	Apna Ghar <i>(none English speaking)</i>		14								

12 Feb 20	Shiney Row IT Drop In (mixed group 30-60 years)			9									
12 Feb 20	Shiney Row community crafters				5								
13 Feb 20	Shiney Row Know knit and natter	4											
13 Feb 20	Shiney Row Shiney Marras							10					
20 Feb 20	Open Doors						5						
26 Feb 20	BlissAbility Disability Support										17		
26 Feb 20	Sunderland Bangladesh International Centre		21										
27 Feb 20	Changing Lives										5		

Format of meetings

Each of the groups ran for a maximum of 1.5 hours and were conducted against an approved semi-directive moderator's script - providing the main lines of enquiry, along with guidance on running the groups, including prompting for in-depth responses.

To support the delivery of focus group sessions, Voluntary and Community Sector (VCS) / third sector group moderators were provided with access to training, to support them in running the groups. They were also provided with a report template, together with guidance on completion.

A range of equality and patient groups were invited to get involved with the work.

Over 20 equality and patient groups were subsequently convened.

Both groups considered a broad set of questions to gain insight into what was most important to them, looking generally at services but also at the three 'working ideas' as part of Phase 2 of the Path to Excellence programme.

The three 'working ideas' are:

- Minimal change
- Some change
- Greater change

Since the pattern of discussion in the focus groups tended to be about general issues around access to service, rather than the three 'working ideas' - we will therefore present the results from these groups as a discussion of the broad themes around common issues for consideration by the consultants, reflecting the diverse opinion and ability of the groups. The highest volume of consideration is given to the common and general themes.

• **Analysis Caveat:** The issues developed are based upon the reports provided to us and we make no guarantee of the accuracy or independence of the content we reviewed. Where responses are quoted, these are based on the reports provided.

Key findings

Each of the focus groups considered all or some of the proposed options for service change. Depending upon the interest and purpose of the group/organisation being consulted - there were differing opinions expressed, based on:

- The social implications of the options
- The costs to the individual - both financial and time implied in the options.

These are discussed throughout in each of the specific service areas. However, it is clear from the review that there are several themes that are common to all.

The themes will now be discussed in the following chapters.

Quality and continuity of care

Quality and continuity care was discussed in all of the focus groups. Mainly focusing around seven areas, quality of care, specialist care, availability and speed of service, mental health, health and safety, consistency of care and the 111 Service, Urgent Care Centres & the Extended Access Service. We will look at each of these areas in more detail below.

Quality of Care

Quality of care was discussed positively:

1. Groups addressed the quality of care that they've previously received; namely that they were happy with the care or that they thought that the care was good.
"Once upon admission to the hospital I was taken to the hospital by taxi. The staff was already waiting for me. Everyone was prepared. I felt as if I was really cared for." [ICOS Sunderland group]
2. Assuming staffing levels are under control, it was suggested by one group that having emergency care in Sunderland and planned care in South Tyneside seemed sensible.

This covers the opinions expressed by groups representing:

BAME – ICOS Sunderland (1)
Carers – HOPS 1 (2)
Disability: BlissAbility (1), Changing Lives (1)
Long term health condition – Sunderland Cardiac Support (1), BlissAbility (1), Hetton New Dawn (1), East Durham Trust 1 (1) & 2 (1), Changing Lives (1)
Older people – ACTS 2 (1), Hetton New Dawn (1)
Patient – Sunderland Cardiac Support (1)
Social deprivation – East Durham Trust 1 (1) & 2 (1)
Vulnerable adults – Open Doors (1)

However, some concerns were also received:

1. There's a requirement to receive care promptly with no distractions such as doctors needing to attend an emergency or patients attending the wrong service initially. It was suggested that there should be clear signposting.
"I don't know if I am in the right place for the correct treatment (A&E or Urgent Care), after hours of waiting in the A&E department I got referred to go to urgent care."
[Sunderland Bangladesh International Centre group]
"4 hour wait to be told to go to Palmers hospital, why not say this beforehand at triage" [BlissAbility group]
2. Reduced service offering at South Tyneside District Hospital was addressed specifically surrounding children and stroke services.
3. It was also suggested that care shouldn't be rushed, and it should be explained clearly.

“Spend more time with us – explain conditions in plain English, not to use jargons so that we can understand our condition” [Sunderland Bangladesh International Centre group]

4. Discussing only one medical issue per appointment at the GP was also addressed, as medical issues can be linked.
5. Demand for services in general was addressed - it's a huge problem. Furthermore, it was suggested that it was difficult to see a GP. Access needs to be improved and in doing so, would prevent unnecessary attendance at A&E.

“We often choose to suffer as it is just too difficult to access GP services.” [County Durham Foodbank group]

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre (1, 3, 4, 5), Apna Ghar (2, 5), ICOS Sunderland (4, 5)
Carers – HOPS 1 (5)
Disability - BlissAbility (1, 2), Changing Lives (5)
Long term health condition – E Durham Trust 1 (1) & 2, Hetton New Dawn (5), HOPS 2 (3, 5), BlissAbility (1, 2), Changing Lives (5)
Older people – ACTS 1 (1, 3, 5), Hetton New Dawn (5)
Social deprivation – East Durham Trust 1 (1) & 2, Dawdon Foodbank (3), County Durham Foodbank (5), HOPS 2 (3, 5), Shiney Row IT Drop In (3, 5)
Vulnerable adults – Open Doors (3)
Women – Apna Ghar (2, 5), Shiney Row Community Crafters (1)

Specialist Care

Specialist care was also discussed in a positive manner:

1. Specialist services could mean an improvement in the care patients currently receive.
2. It was also suggested that it could attract academics to the hospitals.

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre (2)
Disability - BlissAbility (1)
Long term health condition – BlissAbility (1)

However, groups also discussed concern over a lack of specialism at certain hospitals suggesting:

1. A need to travel to other hospitals for heart symptoms.
2. There shouldn't be specialists – all staff should be working at the same high level with all services at all hospitals including maternity.

“Keep the maternity open for the women. So that we don't have to Sunderland, or Newcastle!” [Apna Ghar group]

3. Speciality of consultants depends on where they are based

4. One group would like to see funding to see Cardiology in Sunderland.

“I would like to see more money pumped into Sunderland’s cardiac unit so we can have the same facilities as Newcastle and Teesside, but again it’s all down to cost...” [Sunderland Cardiac Support group]

This covers the opinion expressed by groups representing:

BAME - Apna Ghar (2)
Disability - BlissAbility (3)
Long term health condition – BlissAbility (3), Sunderland Cardiac Support (1, 4)
Patient – Sunderland Cardiac Support (1, 4)
Social Deprivation – Shiney Row IT Drop in (2)
Women – Apna Ghar (2), Shiney Row Community Crafters (2)

Availability and speed of service

Availability and speed of services was also discussed positively:

1. It was suggested that children’s A&E at South Tyneside was very good and that children were seen quickly.

“The children side is really, really good! Really good...And they see you straight away!” [Apna Ghar group]

2. Rapid review clinics are a good idea and will be more accessible and help with faster referrals.
3. The importance of care being received in a timely manner.

“The majority of the group (7/10) agreed that the NHS have provided a well communicated, timely response for their care.” [Shiney Row Shiney Marras group]

This covers the opinion expressed by groups representing:

BAME – Apna Ghar (1), Sunderland Bangladesh Internationall Centre (2)
Long term health condition - Hetton New Dawn (2)
Older people - ACTS 1(3), Hetton New Dawn (2)
Patient – Sunderland Cardiac Support (3)
Men – Shiney Row Shiney Marras (3)
Social Deprivation – Dawdon Foodbank (3), Sunderland Cardiac Support (3)
Women – Apna Ghar (1)

However, concerns were also discussed:

1. A general requirement to cut down on waiting times in clinic/ward and referral/appointment times. Also, rapid review clinics may mean an increase in waiting times.
2. Reduce waiting times in A&E, one group was concerned over waiting times for older relatives.

“My father was admitted to hospital and spoke to triage, it took 5 and a half hours in a side room and he had fluid in his lungs” [BlissAbility group]

3. At outpatients you should be seen in order of attendance and informed of waiting times. In general, communication of waiting times was preferred.

“I was there and she put up a notice saying the clinic was delayed because the consultant had taken half an hour to get parked!” [ACTS 1 group]

4. Requiring an interpreter - potential increase in the waiting time for appointments.
5. Also, refreshments/food should be available for people with long waits.
6. It was suggested that there should be more awareness of the costs associated with missed appointments. However, if people didn't miss appointments would the waiting times be longer?

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre (1), ICOS Sunderland (1, 4), Apna Ghar (1, 4)

Carers – HOPS 1 (1)

Disability – BlissAbility (1, 2, 3), Changing Lives (1, 3)

Long term health condition – Hetton New Dawn (1), East Durham Trust 2 (1, 5), HOPS 2 (1, 2), BlissAbility (1, 2, 3), Changing Lives (1, 3), Sunderland Cardiac Support (1)

Men – Shiney Row Shiney Marras (1)

Older people – ACTS 1 (3, 5, 6), Hetton New Dawn (1), Shiney Row Knit and Natter (2)

Patient – Sunderland Cardiac Support (1)

Social deprivation – County Durham FB (1), East Durham Trust 2 (1, 5), HOPS 2 (1, 2), Dawdon Foodbank (1), Shiney Row IT Drop In (2, 6)

Vulnerable Adults – Open Doors (1)

Women – Shiney Row Community Crafters (1), Shiney Row Knit and Natter (2), Apna Ghar (1, 4)

Mental Health

Mental Health was discussed positively:

1. Two groups indicated that they felt GPs were very good when dealing with mental health.

This covers the opinion expressed by groups representing:

Social Deprivation – Shiney Row IT Drop in (1)

Women – Shiney Row Community Crafters (1)

Although, concerns also arose over mental health:

1. Mental health services need to be improved.

“Mental and physical health: Needs to be recognised when you have a physical health problem that this affects your mental health, but nobody asks about this or offers support services. Seems doctors and nurses are focused more on physical health.” [Community Crafters group]

2. Acknowledgment of the lengthy referral time to mental health services.

3. Furthermore, it was suggested that A&E is misused by people with mental health issues.

This covers the opinion expressed by groups representing:

Disability – BlissAbility (1, 3)
Long term health conditions - BlissAbility (1, 3)
Social Deprivation – Shiney Row IT Drop In (1, 2)
Women – Shiney Row Community Crafters (1, 2)

Health and Safety

Positive comments were received with regards to health and safety:

1. The NHS is there for your health and safety.
2. Cleanliness is important and health and safety should be prioritised.

This covers the opinion expressed by groups representing:

Social deprivation – Dawdon Foodbank (2)
Vulnerable adults – Open Doors (1)

However, concerns were also discussed within the groups:

1. There's dissatisfaction with the contract cleaners in the hospitals.
2. Concerns over catching a virus or infection in the hospital – lack of use of the antibacterial gel.
3. Hospital food could be improved with one group referring to the food at Sunderland Royal Hospital.
4. Wheelchair use within the hospitals was also addressed – suggesting difficulty with manoeuvring and waiting for appointments.

This covers the opinion expressed by groups representing:

Carers: HOPS 1 (1)
Long term health condition – Sunderland Cardiac Support (3), HOPS 2 (2), East Durham Trust 2 (4)
Patient – Sunderland Cardiac Support (3)
Social Deprivation – Dawdon Foodbank (3), HOPS 2 (2). East Durham Trust 2 (4)
Vulnerable adults – Open Doors (2)

Consistency of care

Most groups addressed consistency of care:

1. Consistency of care is important.

This covers the opinion expressed by groups representing:

Long term health condition – East Durham Trust 2 (1)

Older people - ACTS 1 (1)
Social Deprivation – East Durham Trust 2 (1)

Concerns over the consistency of care was also addressed:

1. The requirement for professionals to read their notes to prevent repetitive conversations.
2. Changes in the management of their care.
“Participant noted that her specialists had retired and so there is some inconsistency in who is in charge of care. Felt that consistency in who manages care is important.” [East Durham Trust 2 group]
3. Conflicting messages and diagnosis within departments, consultants and hospitals.
4. Going to one hospital for operations and another for aftercare, with some suggesting they would prefer to just go to one hospital.
“Some participants stated they would prefer to access all care at Sunderland.” [East Durham Trust 2 group]
5. In order to improve care there’s a need for regular meetings and more communication between the workforce in both hospitals and the council.

This covers the opinion expressed by groups representing:

Disability – BlissAbility (3)

Long term health condition – East Durham Trust 2 (2, 4, 5), HOPS 2 (4), BlissAbility (3), Sunderland Cardiac Support (4)

Older people – Shiney Row Knit and Natter (3), ACTS 1 (1) & 2 (5)

Patient – Sunderland Cardiac Support (4)

Social deprivation – East Durham Trust 2 (2, 4, 5), HOPS 2 (4)

Women – Shiney Row Knit and Natter (3)

111 Service, Urgent Care Centre’s and the Extended Access Service

Concerns were raised with the 111 service, Urgent Care Centres and the Extended Access Service:

1. Incorrect advice given by 111 previously.
2. More awareness needed of 111 and the Extended Access Service, with some suggesting they would like to see more services available out of hours.
3. Ability to only attend via appointments means more people attending A&E unnecessarily.
“...The service is now appointment based only through 111... caused more issues in terms of people presenting at A&E.” [Shiney Row Knit and Natter group]
4. Walk-in services were very important in the local area – they should be reopened.

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre (2)

Carers – HOPS 1 (1)

Disability – BlissAbility (1, 2)

Long term health condition – East Durham Trust 2 (1), HOPS 2 (4, 2), BlissAbility (1, 2)

Older people – Shiney Row Knit and Natter (3)

Social Deprivation – East Durham Trust 2 (1), HOPS 2 (4, 2), Shiney Row IT Drop In (2, 4)

Women – Shiney Row Knit and Natter (3), Shiney Row Community Crafters (2, 4)

Workforce

Workforce was discussed in all of the focus groups to some extent. Mainly focusing around five areas, recruitment and retention, investment in skills, locations, service provision and management. We will look at each of these areas in more detail below.

Recruitment and retention

Positive comments with regards to recruitment and retention were received:

1. We're aware they are working with Sunderland University to recruit more doctors.
2. Recruitment is improving.
3. Important to have sufficient staffing levels to support the working ideas.
4. The importance of reception/front line staff.

This covers the opinion expressed by groups representing:

Long term health condition – Hetton New Dawn (2), Sunderland Cardiac Support (1)
Older people – ACTS 1 (4), Hetton New Dawn (2)
Patient – Sunderland Cardiac Support (1)
Social Deprivation – East Durham Trust 2 (3)

Concerns with recruitment and retention addressed:

1. In order to improve the current service provided - more staff need to be recruited.
2. Furthermore, in order to implement the working ideas, further staff would be required.

“It was suggested that it is important that there is sufficient well-trained staff to support the changes. That there should be sufficient specialist staff.” [East Durham Trust 2 group]

3. Some groups simply mentioned a lack of staff in general, with particular concerns discussing staffing in the emergency department and the reception in South Tyneside District Hospital.

“The group members discussed emergency care team, they're doing a great job but, more of them is needed as the staff seem overworked and stressed.” [Shiney Row Shiney Marras group]

“South Shields reception should be staffed, it has volunteers for a few hours but a lot of the time there's not anyone on.” [ACTS 1 group]

4. A lack of continuity – different staff at each visit. Specifically, in South Tyneside District Hospital. They should invest in staff retention.
5. No zero-hour contracts; recruit permanent staff that are employed directly and not via agencies.

“There should not be any zero hours contracts.” [HOPS 2 group]

6. Increase cultural diversity and cultural understanding – recruit more BAME.

“Recruit more people from the BME community from the North East so that there is more cultural diversity and understanding within the staff around BME communities.”

There is a lack of cultural understanding – this will help both the hospital and the patient. [Sunderland Bangladesh International Centre group]

7. Sunderland Royal and South Tyneside District Hospital should work together to create more jobs.

8. There's a requirement for more specialised staff, with some suggesting the specialised staff should work between both hospitals.

“Specialist teams should work between both hospitals.” [BlissAbility group]

9. They should recruit more volunteers. Potentially use volunteers or students to do some of the less qualified roles. Volunteers could also visit patients who are unable to get visitors.

“Can we use either volunteers or students or ward staff of some sort to do some jobs like taking blood pressure, ward tasks?” [ACTS 1 group]

This covers the opinion expressed by groups representing:

BAME – Apna Ghar (1), Sunderland Bangladesh International Centre (3, 4, 5, 8)

Carers - HOPS 1 (1)

Disability – Changing Lives (1, 2), BlissAbility (7)

Long term health condition – Hetton New Dawn (1), Changing Lives (1, 2), HOPS 2 (4), East Durham Trust 2 (1), BlissAbility (7), Sunderland Cardiac Support (1, 2)

Men – Shiney Row Shiney Marras (1)

Older people – Hetton New Dawn (1), ACTS 1 (2, 8) & 2 (1, 3)

Patient – Sunderland Cardiac Support (1, 2)

Social deprivation - C Durham Foodbank, HOPS 2 (4), East Durham Trust 2 (1)

Vulnerable adults – Open Doors (6)

Women - Apna Ghar (1)

Investment in skills

The following concerns were addressed:

1. The requirement for good teamwork.

2. They should invest in staff learning and training.

3. The requirement for extra funding to improve skills. However, in contrast, one group also suggested a requirement to reduce the money spent on staff training.

“We need to cut down on things that are being paid for in the NHS like when they go along to courses and things like that, hospital staff.” [Sunderland Cardiac Support group]

4. Interpreters – invest in fully qualified interpreters as some don't translate fully or professionally.

“It is always good to have an interpreter with you because in our case the language barrier is often a problem. Another problem is the telephone interpreter service. I believe that interpreters should be verified and linguistically vetted because we are often dealing with self-appointed translators who do not translate fully and professionally.” [ICOS Sunderland group]

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre (2, 3) ICOS Sunderland (2, 4)
Long term health condition – Sunderland Cardiac Support (3), HOPS 2 (2)
Older people – ACTS 1 (1), Shiney Row Knit and Natter (2)
Patient – Sunderland Cardiac Support (3)
Social Deprivation - HOPS 2 (2)
Women – Shiney Row Knit and Natter (2)

Locations

It was recommended that:

1. The same workforce should be based at both hospitals allowing patients to attend their local hospital.
2. With one group discussing their dislike of having to use both hospitals.

This covers the opinion expressed by groups representing:

Disability - BlissAbility (1)
Long term health condition –BlissAbility (1), HOPS 2 (2)
Social deprivation - HOPS 2 (2)

Service provision

General and positive comments about service provision include:

1. Staff are brilliant, respectful, lovely and care about their patients – they do their best. One group specifically refers to the emergency care team and another to nurse practitioners.

“The group members discussed emergency care team, they’re doing a great job but, more of them is needed as the staff seem overworked and stressed.” [Shiney Row Shiney Marras group]

2. The importance of having caring, compassionate, personable, reassuring, respectful and honest staff.

“My son has a long term health condition so when we’re accessing hospital care and especially when we’re staying over it is lovely to have a good welcome from the nurses.” [Dawdon Foodbank group]

“Use first names; ask me at first if I’m happy to use my first name; but I like it when someone says, ‘I’m Sarah, or I’m John, and I’ll be looking after you for the next hour.” [ACTS 1 group]

3. The majority of staff are compassionate and take time to listen.
4. Nurse practitioners are respected and have more time for their patients.

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladesh International Centre, ICOS Sunderland (1, 2)
Long term health condition – Hetton New Dawn (1), HOPS 2 (1, 4)

Men – Shiney Row Shiney Marras (1)
Older people - ACTS 1 (1, 2), Hetton New Dawn (1), Shiney Row Knit and Natter (2)
Social deprivation – Dawdon Foodbank (1, 2), HOPS 2 (1, 4), Shiney Row IT Drop In (1, 2)
Vulnerable adults – Open Doors (1)
Women – Shiney Row Knit and Natter (2)

There were some concerns with service provision:

1. The workforce is stressed, overworked and under pressure - impacting on the care provided.
“South Shields, it was disgusting, my husband was in there for 4 days and I sent in all the things he needs, shower gel and shampoo and everything and no-one bathed him, he smelled awful and they just said they didn’t have enough staff and that it wasn’t there job.” [ACTS 2 group]
2. Some of the workforce have a lack of empathy and respect.
“...others are really brisk and a bit harsh. I regularly have blood taken and some of them are almost rough, like they just want to get on, and some take their time and are really careful, even if it takes a bit longer.” [ACTS 1 group]
3. It is important that the workforce are honest and provide privacy when required,
There was a discussion initiated around confidentiality in hospitals. Some felt when dealing with sensitive issues around health that they should be taken into a side ward for privacy. Having curtains pulled round does not stop other patients from hearing about your problems.” [Shiney Row Shiney Marras group]
4. Discrepancies in care between different wards.

This covers the opinion expressed by groups representing:

BAME – ICOS Sunderland, Sunderland Bangladesh International Centre (1, 2, 3)
Disability – Changing Lives (1)
Long term health condition – Sunderland Cardiac Support (1), Changing Lives (1), East Durham Trust 1 (3)
Men – Shiney Row Shiney Marras (1, 3)
Older people – ACTS 1 (2) & 2 (1), Shiney Row Knit and Natter (3)
Patient – Sunderland Cardiac Support (1)
Social Deprivation – Dawdon Facebook (4), East Durham Trust 1 (3)
Vulnerable adults – Open Doors (1)
Women – Shiney Row Knit and Natter (3), Shiney Row Community Crafters (1)

Management

There were some concerns with management:

1. Salaries received by management in comparison to the nurses, ward assistants etc.
2. The suggestion that wards need better management, with another group suggesting there are too many administration staff and not enough nurses.

This covers the opinion expressed by groups representing:

Long term health condition – HOPS 2 (1), East Durham Trust 2 (2), Sunderland Cardiac Support (1, 2)

Older people – Shiney Row Knit and Natter (1)

Patient – Sunderland Cardiac Support (1, 2)

Social Deprivation – East Durham Trust 2 (2), HOPS 2 (1)

Women – Shiney Row Knit and Natter (1)

Accessibility

The issue of accessibility came up in all of the focus groups, irrespective of their interest area. This mainly focused around a few key areas; travel and transport, parking and the ambulance service. We will look at each of these areas in more detail below.

Travel and transport

Some positive comments were received surrounding travel and transport:

1. Happy to travel if the care and services are of the highest quality, however, one group did assume that the ambulance service would provide transport if necessary.

“Furthermore, they did not have any concerns regarding having to travel to access some care or services, again this was on the assumption that the ambulance service would provide transport as required.” [Changing Lives group]

2. Access to South Tyneside District Hospital via the Metro system is easy.

This covers the opinion expressed by groups representing:

Disability – Changing Lives (1)

Long term health condition – East Durham Trust 2 (1), Changing Lives (1), Sunderland Cardiac Support (2)

Patient – Sunderland Cardiac Support (2)

Social Deprivation – East Durham Trust 2 (1)

In comparison, some concerns addressed:

1. The distance to travel, with suggestions that care needs to be close by.
2. The extra travel for older people/frail/visually impaired.
3. Cost for the extra travel with some suggesting the need to get a taxi.
4. The lack of buses available and the waiting times.
5. Concern over getting home after being discharged, if arriving at the hospital by ambulance.

“Participants stressed that transport is a key issue. If you are admitted as an emergency in an ambulance but then when discharged, transport should also be arranged.” [East Durham Trust 1 group]

6. Recommending a shuttle bus provision between South Tyneside and Sunderland Hospitals in order to implement the working ideas.
7. There’s a reliance on transport from family and friends.

“Discussion around reliance on friends and family for transport and the impact it would have if they had to travel further to access care.” [East Durham Trust 1 group]

This covers the opinion expressed by groups representing:

BAME – Apna Ghar (1, 3)

Disability – BlissAbility (1, 3)

Long term health condition – BlissAbility (1, 3), East Durham Trust 1 (3, 5, 7) & 2 (1), Hetton New Dawn (3, 4), Sunderland Cardiac Support (1)
Men – Shiney Row Shiney Marras (1)
Older people – ACTS 1 (2, 6) & 2 (3, 6), Hetton New Dawn (3, 4)
Patient – Sunderland Cardiac Support (1)
Social Deprivation – Dawdon Foodbank (1), East Durham Trust 1 (3, 5, 7) & 2 (1)
Vulnerable adults – Open Doors (2, 3)
Women – Apna Ghar (1, 3)

Parking

Concerns with parking were addressed:

1. Inability to park close enough to the hospital.
2. Not enough parking spaces, nor enough disabled spaces at South Tyneside District Hospital. This is difficult for patients as well as visitors.
3. Cost of parking – It should be less expensive or free.
4. Parking should be run by the NHS and not a private organisation.
“Wrong that private firms are making money out of sick people and their relatives. The profit should go to helping the NHS not go to shareholders.” [HOPS 2 group]
5. Lack of capacity at Pallion.

This concern covers the opinion expressed by groups representing:

Disability – BlissAbility (2,3)
Long term health condition – HOPS 2 (3, 4, 5), BlissAbility (2,3), East Durham Trust 2 (3), Sunderland Cardiac Support (1)
Older people – ACTS 1 (3) & 2 (1)
Patient – Sunderland Cardiac Support (1)
Social Deprivation – HOPS 2 (3, 4, 5), East Durham Trust 2 (3)
Vulnerable adults – Open Doors (3)

Ambulance Service

With regards to the Ambulance service comments received include:

1. The belief that free transport would be provided between Sunderland and South Tyneside.
“There was an automatic assumption by the group that free transport between Sunderland and South Tyneside would be readily available to patients via the ambulance service.” [Changing Lives group]

This covers the opinion expressed by groups representing:

Disability – Changing lives (1)
Long term health condition – Changing lives (1)

There were also some concerns:

1. Visually impaired/blind people fear the long journeys.

2. The lack of efficiency – one person can be using patient transport at a time.
3. Access for wheelchair users
“If you have a motorised wheelchair, it is likely to be too big for the ambulance. Therefore you have to use a regular wheelchair and be pushed. Participants felt this reduced their independence.” [East Durham Trust 2 group]
4. Timing of pick-ups and drop offs. Sometimes there are long waits and patients can be late for their appointments.
5. A need to improve the service to accommodate service changes. Will ‘specialisation’ mean even longer waits for an ambulance?
6. Concerns over prioritising emergency ambulance services.
“I have a feeling that when calling an ambulance, we are not always taken seriously. That is why it is often necessary to resort to such drastic measures as a lie, so that the ambulance actually arrives, because often our symptoms are simply ignored.”
[ICOS Sunderland group]

This covers the opinion expressed by groups representing:

BAME – ICOS Sunderland (6), Apna Ghar (6)

Disability - Changing Lives (4), BlissAbility (6)

Long Term Health Condition – East Durham Trust 1 (2) & 2 (3), Changing Lives (4), BlissAbility (6),

Social Deprivation – East Durham Trust 1 (2) & 2 (3)

Vulnerable adults – Open Doors (1)

Women – Apna Ghar (6)

Communication and Education

Communication and Education was discussed in most of the groups to some extent (excluding ACTS 2). Mainly focusing around five areas, communication and information sharing, education and publicity, patient feedback, and the working ideas. We will look at each of these areas in more detail below.

Communication and information sharing

General comments included:

1. Communication between hospital and community services is good.
"...currently communication between hospital and community services seemed to be excellent. (This was in reference to mental health service and cancer services)."
[East Durham Trust 2 group]
2. Sharing of information between services is a patients' choice.
"You can opt out on sharing records... You can choose in emergencies." [BlissAbility group]

This covers the opinion expressed by groups representing:

Disabled - BlissAbility (2)

Long term health condition - BlissAbility, (2), East Durham Trust 2 (1)

Social deprivation – East Durham Trust 2 (1)

However, some concerns were also raised:

1. Patients should be given a choice over how they receive communication from the NHS, with some preferring to receive an email or text message to reduce the environmental impact.
"Patients should be asked how they want to be contacted; telephone, letter, email, text message. This would save money and be more environmentally friendly. Majority of group would be happy to receive a text or an e-mail for appointments etc." [Shiney Row IT Drop In group]
2. The telephone and online services are difficult to navigate.
3. Information not being shared within the hospital, in particular between staff on shift swaps or between departments.
"It seems like information isn't assessed on shift swap and patients have to repeat their needs to staff continually which is stressful when you are ill." [Shiney Row Community Crafters group]
4. Lack of explanation and involvement in the decision-making process with regards to their own health care.
5. Unnecessary and lengthy questions when calling 999 or 111.
6. The lack of communication between social care and the hospital - it's not joined up.

7. Communication and reassurance surrounding service change and the working ideas.

“If these changes go ahead how long will it take and how will people know about it? South Tyneside and Sunderland are big areas and informing people of this will take a lot of time and work. The change needs to be effective if implemented but, can't see how it can be without the proper skills and knowledge.” [Shiney Row Knit and Natter group]

8. Uncertainty around hospital closures.

9. Language barrier.

“Get interpreters who can speak the correct dialect.” [Sunderland Bangladesh International Centre group]

This covers the opinion expressed by groups representing:

BAME - ICOS Sunderland (3, 4, 5), Sunderland Bangladesh International Centre (9)

Disability - BlissAbility (3, 8), Changing Lives (3)

Long term health condition - BlissAbility (3, 8), Changing Lives (3), Hetton New Dawn (6), East Durham Trust 1 (3, 4) & 2 (3, 6)

Older people - ACTS 1 (3, 4), Hetton New Dawn (6), Shiney Row Knit and Natter (3, 7)

Social deprivation – County Durham Foodbank (3), East Durham Trust 1 (3, 4) & 2 (3, 6), Shiney Row IT Drop In (1, 2, 7), Dawdon Foodbank (4)

Women – Shiney Row Community Crafters (3), Shiney Row Knit and Natter (3, 7)

Education and publicity

Education and publicity was addressed within some of the groups concerning:

1. The requirement for more education on how to maintain a healthy lifestyle as well as education on self-care, including available devices. Potentially, health classes could be run in the local community.

“There should be more publicity about things that help people to look after themselves – e.g. NOMAD pill boxes available from pharmacist; and the St John's ambulance drum that can be left in the fridge, containing a list of medication currently used by the patient . With a sticker on back of the front door, this alerts the ambulance personnel to possible reactions to medication, accidental overdose, allergies, etc.” [HOPS 1 group]

2. More awareness on the services that are available and when to use them.

“More awareness of options of what services are available, more awareness of 111 service, ambulance service and the out of hours GP service. People think they need to go A+E first rather than exploring other options.” [Sunderland Bangladesh International Centre group]

3. More publicity of community services in GP surgeries and hospitals.

“Doctors and hospital staff should have more information on possible help within the community for their patients as this can prevent minor chronic states becoming a major problem.” [HOPS 1 group]

This covers the opinion expressed by groups representing:

BAME - Apna Ghar (1), Sunderland Bangladesh International Centre (1, 2)

Carers - HOPS 1 (1, 3)

Long term health condition - HOPS 2 (2)

Social deprivation - HOPS 2 (2)

Women – Apna Ghar (1)

Patient Feedback

Concerns with patient feedback were also addressed:

1. A requirement for easy to access feedback questionnaires.

“Questionnaires should be everywhere for patients to access.” [BlissAbility group]

2. More public events should be held in order to receive patient feedback.

“Should have more Public meetings for service users so Hospitals can learn and to be able to give appropriate feedback.” [BlissAbility group]

3. Ensure all feedback is reviewed and analysed and patients are aware of any responses to their concerns.

“I think waiting times for all services should be minimized. I think the high demand for services often makes this a huge problem. Nevertheless, it has to be addressed effectively through review of patient responses and feedback.” [ICOS Sunderland group]

This covers the opinion expressed by groups representing:

BAME - ICOS Sunderland (3)

Disability - BlissAbility (1, 2)

Long term health condition - BlissAbility (1, 2), Sunderland Cardiac Support (3)

Patient – Sunderland Cardiac Support (3)

The ‘working ideas’

Some concerns were addressed with the ‘working ideas’:

1. Clearly communicate the process involved with the ‘working ideas’.

“The ‘working ideas’ I don’t think they’re working cos they always say they’re changing the stuff, but I always go to the hospital and they never change anything. It’s getting worse and worse.” [Apna Ghar group]

2. Lack of understanding of the benefits associated with the working ideas

“The group think that the ideas for change repeat themselves and seem to be conflicting with how the NHS will get best value for money.” [Shiney Row Knit and Natter group]

This covers the opinion expressed by groups representing:

BAME - Apna Ghar (1)

Long term health condition - Hetton New Dawn (1)

Older people - Hetton New Dawn (1), Shiney Row Knit and Natter (2)

Women - Apna Ghar (1), Shiney Row Community Crafters (1), Shiney Row Knit and Natter (2)

Finance

Finance was discussed in 13 of the groups to some extent. Mainly focusing around four areas, cost, prescription charges, TV charges and privatisation. We will look at each of these areas in more detail below.

Cost

Groups addressed their concern over the costs associated with the working ideas.

Discussions addressed:

1. Are these working ideas a money saving exercise?
"It is a money saving thing and doesn't appear to be health driven." [Hetton New Dawn group]
2. However, some groups suggested the working ideas would actually cost more money rather than save money. With some groups questioning how much the working ideas will cost and if the finance is readily available?
3. Far too many cutbacks already, more finance investment is required.
"The group feel it is too late to ask how to save money when the service is 'ruined' already. There is already too many cutbacks and ways to save money and they feel it needs money investing rather than cutbacks." [Shiney Row Shiney Marras group]
4. Linked to this another group suggested that funding should be diverted from other areas of the government to the NHS.
"There was further consensus that funding should increase for the NHS and that if necessary this should be redirected from other areas of government spending such as 'New bypasses and bridges.'" [Changing Lives group]
5. Finally, another group commented on the extra cost of bank workers and their impact on the overall budget available.

This covers the opinion expressed by groups representing:

Disability - Changing Lives (3, 4)

Long term health condition - Changing Lives (3, 4), East Durham Trust 1 (2) & 2 (5), Hetton New Dawn (1), Sunderland Cardiac Support (1)

Men – Shiney Row Shiney Marras (3)

Older people - Hetton New Dawn (1), Shiney Row Knit and Natter (2)

Patient – Sunderland Cardiac Support (1)

Social deprivation – Dawdon Foodbank (3), East Durham Trust 1 (2) & 2 (5), Shiney Row IT Drop In (2)

Vulnerable adults - Open Doors (2)

Women – Shiney Row Community Crafters (1, 2, 4), Shiney Row Knit and Natter (2)

Prescription charges

With regards to prescription charges, two concerns were addressed. These were:

1. Over the counter medication being provided by prescription at the extra cost to the NHS.
“Paracetamol and ibuprofen can be bought cheaper at retailers than the cost of a prescription. Pharmacists should check prescriptions to see if there is a cheaper alternative and offer this to patients.” [Shiney Row IT Drop In group]
2. The cost of prescriptions.

This covers the opinion expressed by groups representing:

Long term health condition - HOPS 2 (1)

Social deprivation – County Durham Foodbank (2), HOPS 2 (1), Shiney Row IT Drop in (1)

Women – Shiney Row Community Crafters (1)

TV Charges

TV charges were also discussed:

1. The high cost of using the TV whilst in hospital.

This covers the opinion expressed by groups representing:

Vulnerable adults - Open Doors (1)

Privatisation

Groups addressed their concern over privatisation. Discussions addressed:

1. The privatisation of more services.

“I’m frightened by the threat of selling off the NHS to Trump and forcing us to have medical insurance, especially when you’re struggling and accessing foodbanks and then you think about having to pay for care and travelling to hospital.” [Dawdon Foodbank group]

2. Lack or inadequate quality checks on privatised services.

3. Bringing services back into the public sector to save money.

“Public over privatisation- bringing back cleaning, catering and other areas of the NHS to the public sector could save money.” [Shiney Row IT Drop In group]

This covers the opinion expressed by groups representing:

Long term health condition - HOPS 2 (1, 2), Sunderland Cardiac Support (1)

Patient - HOPS 2 (1, 2), Sunderland Cardiac Support (1)

Social deprivation – County Durham Foodbank (3), Dawdon Foodbank (1), Shiney Row IT Drop In (3)

Support in the Community

Support in the community was discussed in 13 of the focus groups. Mainly focusing around two areas; social and aftercare, and support groups. We will look at each of these areas in more detail below.

Social and Aftercare

Some comments received addressed:

1. Efficient aftercare ensures fewer people re-visiting their GP or A&E with the same condition.
2. Aftercare and the community nurses are excellent.
3. Community services work well together.

"We think that the community services do work well together they talk to each other."

[County Durham Foodbank group]

This covers the opinion expressed by groups representing:

BAME – Sunderland Bangladeshi International Centre (1)

Long term health condition – East Durham Trust 2 (2)

Men – Shiney Row Shiney Marras (2)

Social Deprivation – East Durham Trust 2 (2), County Durham Foodbank (3)

Concerns with social and aftercare addressed:

1. Not enough social care and the need to improve it. With some groups suggesting care should be provided by members of the same culture/community.

"I had my gall bladder and was sent home the next day. I was very lucky but other people don't have that." [Hetton New Dawn group]

2. Preference towards being treated in the community and staying at home, with one group suggesting consultants could attend local facilities.

"Highlighted preference to be treat in community where possible. Participants don't like being in hospital unless absolutely necessary." [East Durham Trust group 1]

"Consultants visiting community facilities for planned appointments would be recommended." [East Durham Trust group 2]

3. Discharge – patients are often discharged before care in the community is arranged.

"When I came out of hospital I was discharged before an aftercare person came around" [Hetton New Dawn group]

4. Care in the community is vital, especially for older people and those with disabilities.

5. More home visits should be available – specifically for the elderly.

"I believe that home visits should be introduced for the elderly people. During these visits people who need permanent but not immediate care would be able to receive"

such care. It works in a similar way in my country. There are a lot of home visits for elderly people who cannot go to the clinic on a given day.” [ICOS Sunderland]

6. Limitations on community care and what tasks they can do.

This covers the opinion expressed by groups representing:

BAME – Apna Ghar (1,6), ICOS Sunderland(5)

Carers – HOPS 1 (3)

Long term health condition – Hetton New Dawn (1, 3), East Durham Trust 1 (2) & 2 (2), Sunderland Cardiac Support (1)

Patient – Sunderland Cardiac Support (1)

Older– Hetton New Dawn (1, 3)

Social Deprivation – East Durham Trust 1 (2) & 2 (2), Dawdon Foodbank (2), Shiney Row IT Drop In (4), County Durham Foodbank (5)

Women - Apna Ghar (1,6), Shiney Row Community Crafters (3)

Support Groups

Some groups paid mention to support groups and the benefit of attending these groups:

1. Ability to share experiences.
2. Learn how to look after your condition.

“Community support groups for elderly people. All have different issues through ageing and think it would be good if there were more support groups in communities like the Shiney Marras but, related to health and well-being.” [Shiney Row Shiney Marras group]

This covers the opinion expressed by groups representing:

Men – Shiney Row Shiney Marras (1, 2)

Social Deprivation – Shiney Row IT Drop In (1, 2)

Concerns with support groups were also addressed:

1. The lack of support groups and community health projects currently available.

“People with diabetes and asthma mentioned they used to attend services for this but, now there does not seem to be any.” [Shiney Row IT Drop In group]

This covers the opinion expressed by groups representing:

BAME - Sunderland Bangladeshi International Centre (1)

Social Deprivation – Shiney Row IT Drop In (1)

Women – Shiney Row Community Crafters (1)

Patient Choice

Patient choice was discussed in six of the groups to some extent. Mainly focusing around three areas; family support, appointments and the working ideas. We will look at each of these areas in more detail below.

Family support

One concern was addressed:

1. It would be useful to be able to take someone along to an appointment.
“Having the opportunity to take someone along to medical appointments. Sometimes it is too much to take in all the information and having a second set of ears is useful.”
[East Durham Trust 1 group]

This covers the opinion expressed by groups representing:

Long term health condition – East Durham Trust 1 (1)
Social Deprivation – East Durham Trust 1 (1)

Appointments

Groups addressed their concern over appointments. Discussions addressed:

1. Allocation of hospital dependent on the waiting list – no choice given.
2. Lack of choice over availability and time of appointments.
3. However, one group did comment that it was easy to change the date and time of the appointment, if the original was not suitable.
4. The lack of choice to see a GP, instead of a nurse practitioner.

This covers the opinion expressed by groups representing:

BAME - Apna Ghar (4)
Disability - BlissAbility (1, 2)
Long term health conditions - BlissAbility (1, 2), Hetton New Dawn (3)
Older people – Hetton New Dawn (3)
Women - Apna Ghar (4)

Working ideas

With regards to patients having a choice when it comes to the working ideas, one concern was addressed:

1. Lack of patient choice over the working ideas.
“Do patients get a choice in this? - Needs and condition of the patient needs to be considered.” [Shiney Row Community Crafters group]

This covers the opinion expressed by groups representing:

Social deprivation – Shiney Row IT Drop In (1)
Women – Shiney Row Community Crafters (1)

Site capacity

Site capacity was also addressed by three of the groups with some concerns addressing:

1. Buildings not being used appropriately. That they are under used and the cost associated with this.
2. Lack of capacity at Pallion to handle an increased workload.

This concern covers the opinion expressed by groups representing:

Disability – BlissAbility (1)

Long Term Health Condition – BlissAbility (1), East Durham Trust 2 (1), HOPS 2 (2)

Social Deprivation – East Durham Trust 2 (1), HOPS 2, (2)

Demographics

Demographic information was collected from participants at the twelve focus groups. This information has been summarised in the following table. In order to ensure confidentiality and that no individuals have been identified, some responses have been grouped.

Table 2: Demographics of participants

Demographics	Quantity
Gender	(n=156)
Male	50
Female	106
Age	(n=157)
25 – 34	10
35 – 44	27
45 - 54	23
55 – 64	37
65 – 74	26
75 or older	34
Does your gender identity match your sex as registered at birth?	(n=153)
Yes	152
No	1
Disabled	(n=148)
Yes	94
No	52
Prefer not to say	2
Sexual orientation	(n=124)
Heterosexual	116
Bisexual	2
Prefer not to say	6
Are you currently pregnant or have you been pregnant in the last year?	(n=154)
Yes	7
No	124
Not Applicable	23
Marital Status	(n=155)
Single (never married or in a civil partnership)	30
Cohabiting	14
Married	46
Civil partnership	3
Separated	2
Divorced / Dissolved	22
Widowed / Surviving partner	34
Prefer not to say	4
Caring responsibilities	(n=147)
None	93
Primary carer of a child or children (under 2 years)	4
Primary carer of a child or children (2 – 18 years)	14

Primary carer of disabled a child or children	1
Primary carer or assistant for a disabled adult (18 years and over)	9
Primary carer or assistant for an older person or people (65 years and over)	17
Secondary carer (another person carries out main caring role)	10
Prefer not to say	4
Race / ethnicity	(n=131)
Asian / Asian British / Black / Black British / Mixed race / Gypsy or traveller	17
Black / British Black: African	1
White (British)	102
White (European)	9
White (Irish)	1
Rather not say	1
Religion / belief	(n=129)
Christianity	76
Hindu	1
Jewish	1
Muslim	15
No religion	26
Other religion	2
Rather not say	8