healthwatch South Tyneside

Hospital Discharge

September 2026

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About Healthwatch South Tyneside

Healthwatch South Tyneside is your dedicated consumer champion.

We work with users of local NHS and social care services to hear about your experiences, identify any issues or problems and help generate improvements.

We also assist commissioners and providers of healthcare services by conducting patient surveys, visiting healthcare venues, and attending meetings with user groups and feeding back our findings in regular reports.

Healthwatch South Tyneside:

- Has the power to enter and view services.
- Influences how services are set up and commissioned by having a seat on the local health and wellbeing board.
- Produces reports which influence the way services are designed and delivered.
- Provides information, advice, and support about local services.
- Passes information and recommendations to Healthwatch England and the Care Quality Commission.

Background

Healthwatch South Tyneside's engagement with local people has highlighted public concerns about hospital discharge including the lack of care plans put in place when needed and a lack of communication with patients and family members.

As a result our Board decided to make engagement with local people to improve the hospital discharge experience for South Tyneside and Sunderland NHS Foundation Trust patients one of the key priorities in our Operational Plan 2026-27.

The Plan set out the following objectives:

- Create a survey and make it accessible and available online to gather feedback from those who have experienced the hospital discharge process
- Identify and arrange visits to established groups
- Make arrangements to attend the Discharge Lounge at South Tyneside District Hospital to gather feedback around the discharge process

Key areas of focus

Work with families and carers: a better patient experience of hospital discharge is paramount in our work. We also acknowledge that for those who need greater support, the input of family and carers will also be key to understanding the gaps and the challenges to overcome in the current system.

Adult Inpatient Survey 2025 – Care Quality Commission

While scores in the CQC's annual inpatient survey for South Tyneside and Sunderland NHS Foundation Trust, published in August 2026, had improved in a number of areas, scores had fallen around discharge.

People were asked whether staff discussed if they might need further help or social care services after leaving hospital. This scored 7.4 compared to 8.4 the previous year. A question around if they had been given information about what they should and

shouldn't do after leaving hospital also showed a drop, from 7.6 to 7.1.

Commenting on the survey findings, the Trust's Executive Director of Nursing, Midwifery and Allied Health Professionals Karen Sheard said: "Improving how we get people ready to head home is something we're working on and these results show how important those efforts are when it is time to discharge a patient."

Methodology

Healthwatch contacted and planned visits to a number of established groups in the community led by a range of providers, giving consideration to possible barriers for each individual group.

Visits took place during June, July and August 2026. Healthwatch South Tyneside's engagement team visited 12 community groups and 44 people completed the survey. A further 16 surveys were completed at South Tyneside Hospital's Discharge Lounge and ten online via website/social media promotion.

Venue	Number of survey respondents
South Tyneside Diabetes Group	4
WHiST	4
ACTS – Men's Group/Ladies' Group & Stepping Stones Group	4
Your Voice Counts – Jarrow Drop-In	6
Alzheimer's Carers Group	1
Connected Caring	3
NAAFI Break South Tyneside	6
Chilln N Spilln	4
STARS – SMART Recovery and Hear and Now groups	2
Sense Ability Matters (SAM)	1
South Tyneside Hospital Discharge Lounge	16
Hospital Community Stands	9
One4All Drop in	4
Happy at Home	5
Social media, QR code etc	10
TOTAL	79

Visits to the Discharge Lounge

On June 3 2026 our engagement team visited the Discharge Lounge at South Tyneside Hospital and met with the manager Kay Stidolph, who gave us a warm welcome and explained how the discharge process works.

Kay described a good rapport between the hospital and the Discharge Lounge, but conceded there was difficulty transitioning patients from the wards to the lounge to free up beds. A new computerised discharge checklist system is in place on the wards to assist staff to free up beds more quickly.

She said there were up to 30 planned and same day discharges per day and that private provider Nerams is used for simple discharges on weekdays from 10am to 8pm.

This is a hospital contract via North East Ambulance Service. NEAS is contacted to transport those patients with complex needs and requiring more specialist equipment available on the patient transport ambulances.

Often patients are collected from A&E or at the front of the main entrance but they can wait in the Discharge Lounge, while community beds are available where needed.

Whilst a patient is in the lounge their food, nutrition and care continue. Kay said patient can face a wait to receive their meds.

There is 20 minutes of free parking outside the lounge for families/carers collecting patients. See https://www.stsft.nhs.uk/patients-and-visitors/your-care/discharge.

When shown the booklet 'Getting You One Step Closer to Home', Kay confirmed that it should be given to patients on entry to a hospital ward but that it is handed out in the Discharge Lounge if a patient has not received one.

The Discharge Lounge was visited again on July 7 by Healthwatch South Tyneside staff, when paper copies of the survey were dropped off so that staff could begin to collect responses from their patients.

The following day our engagement team returned to chat with patients and collect completed surveys, before making a final trip to collect additional survey forms. Staff were extremely welcoming and helpful throughout.

Download the Discharge Lounge Operating Procedures here.

Visit to the North East Ambulance Service Patient Transport Service depot

Healthwatch staff visited the NEAS Patient Transport depot on Boldon Lane, South Shields, on August 12, where we were greeted by Central Patient Transport Service Team Managers Lesley Green and Caroline Lumley.

We were shown specialist equipment and a range of wheelchairs available to transport patients to their appointments depending, on their weight, height and medical condition and shown how each are secured within the ambulance via webbing strap chair or carabiner.

We viewed a lap belt, which all ambulances carry a stock of as staff are unable to transport patients in wheelchairs to or from a vehicle without using a wheelchair lap belt.

We were also shown a manual stair chair and told how they are useful when transporting a relatively mobile patient from the ambulance into their home. Provided a patient's stairway is straight without bends, the stair chair can be used to transport a patient up to and from their bedroom if required.

For the safety and comfort of all patients wishing to travel in their own wheelchair on patient transport vehicles, the chairs must meet the industry standard ISO 7176-19:20 – confirmed by checking the wheelchair manual. All

wheelchairs must be crash tested and electric wheelchairs must conform to ISO 7176-19:2008.

It was explained that it is commonplace to carry out a risk assessment at the home of a patient prior to collection from the hospital.

Patient Transport Service staff also highlighted the importance of hospital staff providing as much patient information as possible to assist with a comfortable and safe transition from hospital into their home.

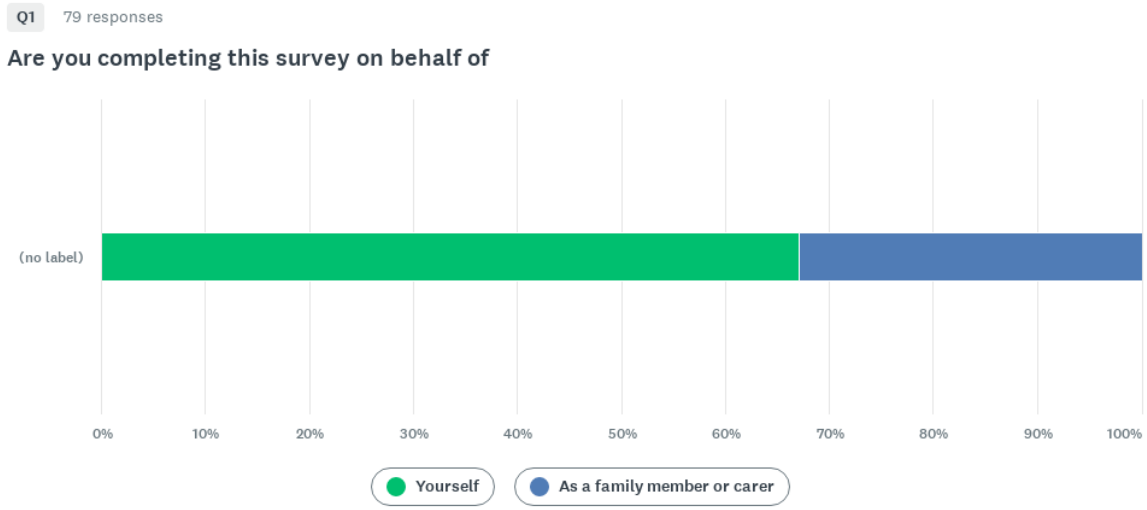
They recommend that booking patient transport is a priority for hospital staff when arranging for a patient to be discharged to prevent patients having long waits.

The Patient Charter, which gives a comprehensive explanation of how the Patient Transport Service works, can be downloaded here.

We have reviewed the 79 completed surveys, uploaded to SurveyMonkey for analysis, and the following summarises the patient/carer feedback.

Survey responses

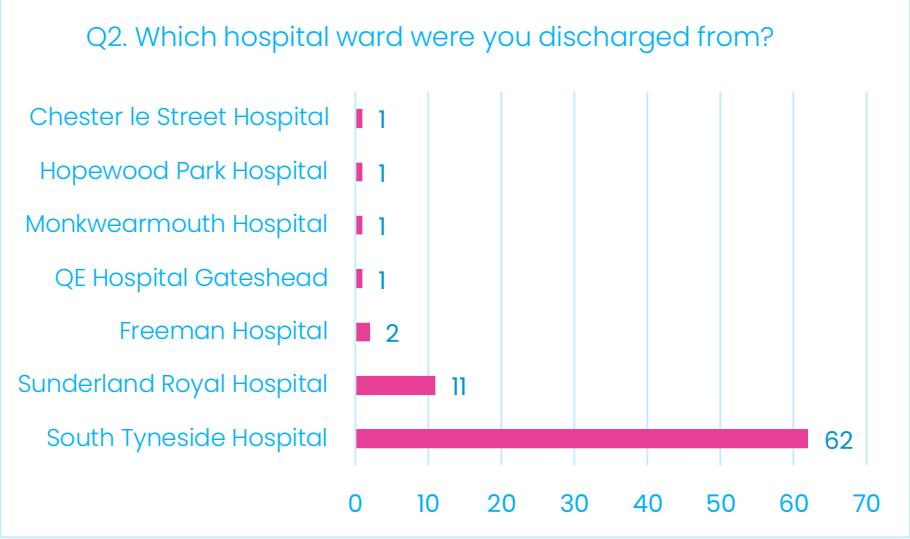
Q1. Are you the patient who was discharged from hospital or a family member/carer of the patient?



All 79 participants answered this question. Of these, 53 (67.1%) were patients and 26 (32.9%) were a family member/carer.

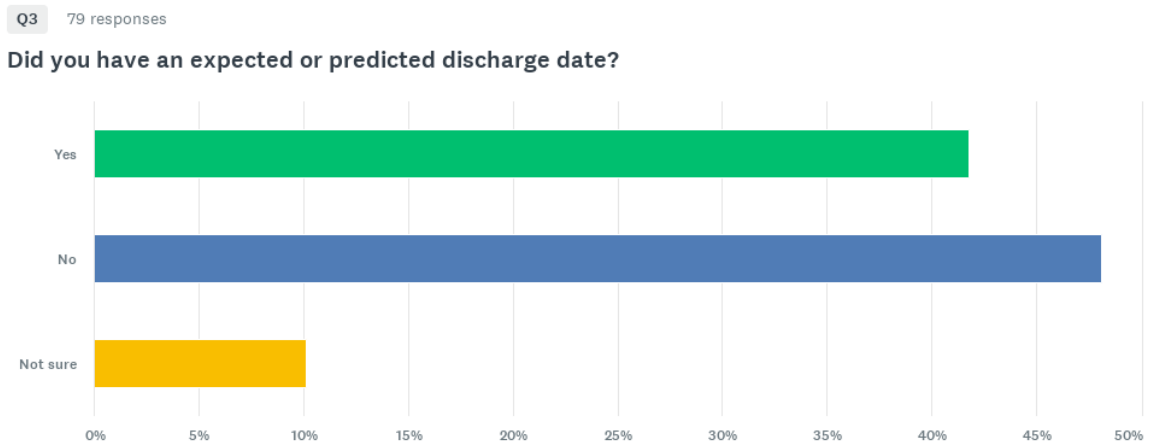
Q2. Which hospital ward were you discharged from?

The first table shows the hospitals patients were treated in and the second the actual wards they were discharged from. All 79 participants responded.



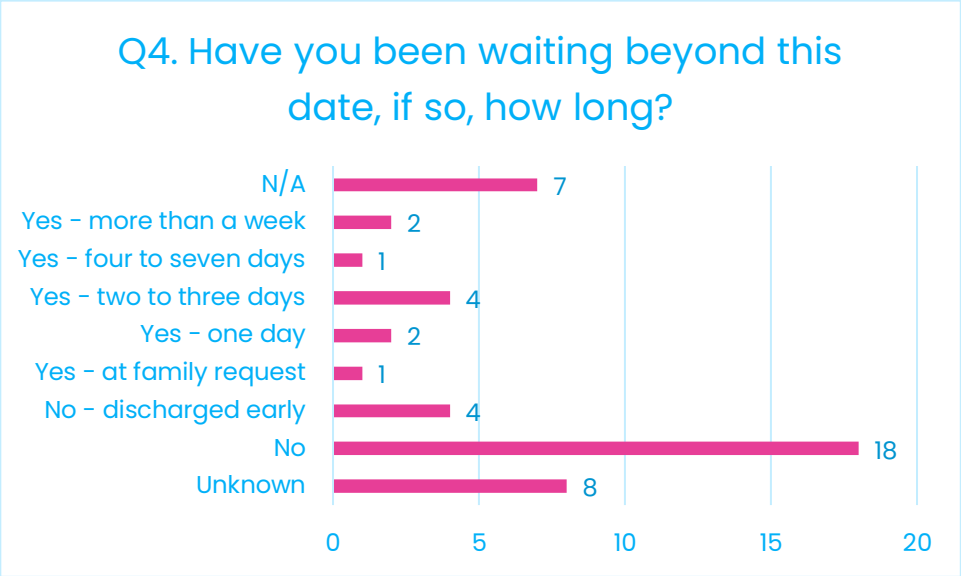
Hospital/ward	Number of patients
Chester le Street Hospital	1
Freeman Hospital Ward 19	1
Freeman Hospital Ward 24	1
Monkwearmouth Hospital	1
QE Hospital Gateshead	1
Sunderland Royal Hospital (SRH) ward unknown	2
SRH Cardiac Ward	1
SRH Chester Wing Outpatients	1
SRH D47	1
SRH Day Case Surgery	2
SRH Urology	1
SRH Ward 12	1
SRH Ward 50	1
SRH Ward 63	1
South Tyneside Hospital (STH) ward unknown	2
STH A&E	3
STH Cardiology Ward 6	1
STH Community Ready Unit	1
STH Day Case Surgery	2
STH Emergency Assessment Unit	7
STH Geriatric Ward	1
STH inpatient	5
STH Surgical Ward	5
STH Ward 1	2
STH Ward 1 and 5	1
STH Ward 10	4
STH Ward 11	1
STH Ward 12	3
STH Ward 2	5
STH Ward 3	6
STH Ward 5	2
STH Ward 6	2
STH Ward 6 and 8	1
STH Ward 7	4
STH Ward 8	3
STH Ward 9	1
Hopewood Park Hospital Springrise Acute Admissions Ward	1
TOTAL	**79**

Q3. Did you have an expected or predicted discharge date?



All 79 participants answered this question. Of these, 33 (41.7%) responded yes, 38 (48.1%) no and eight (10.1%) replied not sure.

Q4. Have you been waiting beyond this date, if so, how long?



There were 47 participants who answered this question. Of these, 22 (46.8%) said they did not wait beyond their discharge date and ten (21.3%) said they did, with duration ranging between one extra day (two patients) and more than one week (two patients). Fifteen respondents answered not applicable or unknown.

Additional comments included:

"As a family we are delaying this. We feel that the process is being rushed to get my father home. We disagree that this is the best option. He has been diagnosed as palliative care/end of life."

"I didn't have a predicted discharge date as my health needs changed on a daily basis."

"I had pneumonia so wasn't sure when I would be going home."

"I had to wait longer than expected because my family asked for carers to be arranged as part of my care plan."

"I had to wait two days to find out when I was going home. Because it was the weekend I had to wait until Monday. No reason was given."

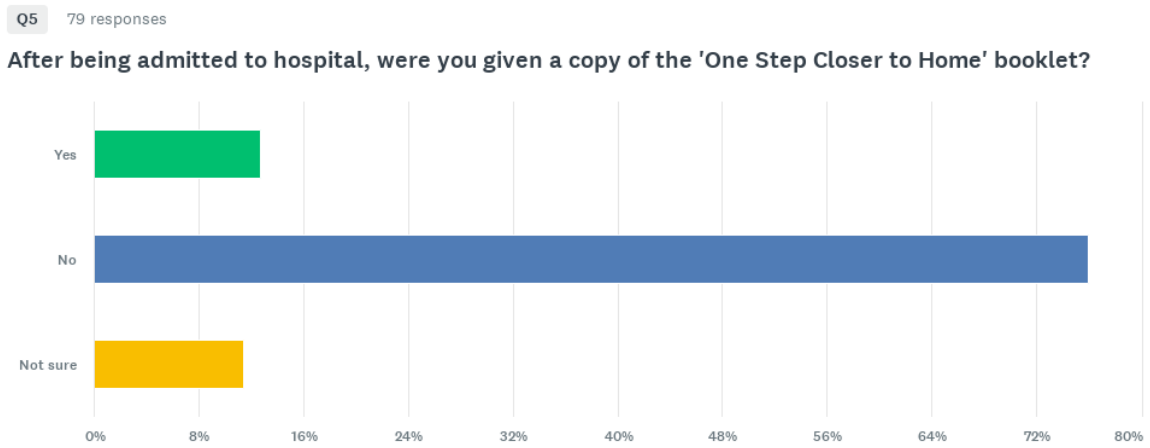
"I was expecting to be in hospital two days but I was able to leave after one day."

"I was discharged before expected and agreed."

"We were told that my husband would have to stay in hospital until his care package was put in place. He ended up staying in hospital a total of ten weeks, five in the main hospital and five in CRRU because staff said that he would need two carers working together."

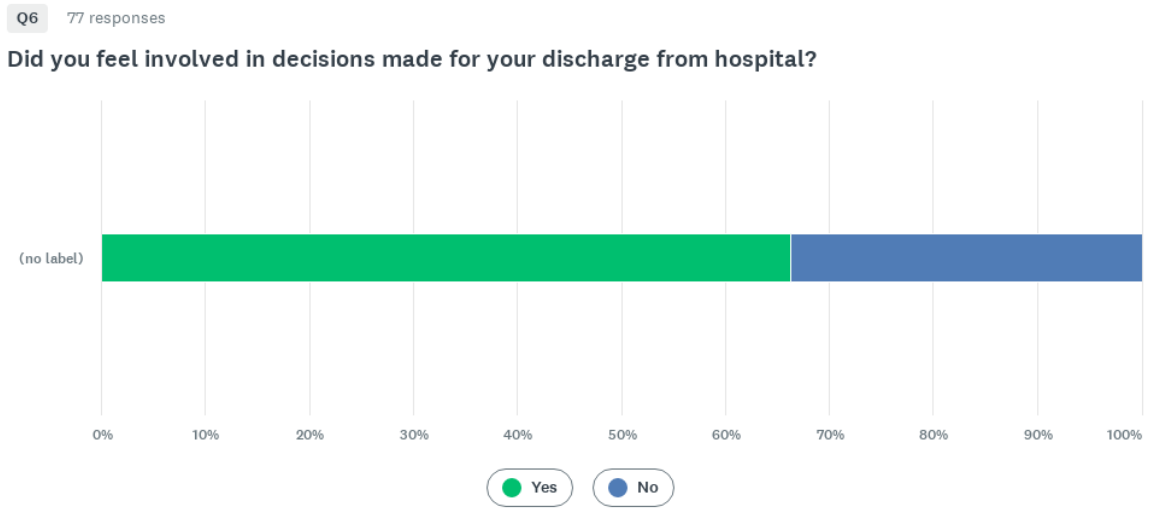
"The discharge was delayed by six weeks. The ward staff felt that my father needed two carers at home to lift him out of bed etc. The family disputed this as there were carers helping him at home four times per day. His home was equipped with specialist aids which he had purchased himself. Because of the initial delay my father picked up a chest infection and E.coli whilst on the ward and almost died. We are trying to get him moved to a gastro ward but there has been a delay."

Q5. After being admitted to hospital, were you given a copy of the 'One Step Closer to Home' booklet?



All 79 participants answered this question. Of these, ten (12.6%) responded yes, 60 (76.0%) no and nine (11.4%) replied not sure. More than two-thirds therefore said they did not receive a copy of the booklet.

Q6. Did you feel involved in decisions made for your discharge from hospital?



There were 77 responses to this question. Of these, 51 (66.2%) responded yes and 26 (33.8%) said no.

There were also 56 comments left. Of these 35 were positive and 17 negative.

The comments included:

"I was asked whether I had family to care for me, which I did. I was also asked about my GP and whether they were good. They are excellent."

"I was taken through making easy meals, tea etc by OT, how to get in and out of bed safely since I'm the only adult at home; toilet aid use etc. Nurse informed me about home visits by specialist nurse to dress back wound etc."

"Staff were very informative. They went through the pros and cons clearly explaining everything. They were amazing."

"I was informed about everything I needed to have in place after my discharge."

"I felt very involved. It was a lovely doctor."

"The staff were amazing."

"My surgery was delayed and I was still discharged when predicted from the original surgery time. The staff member didn't listen when I said that I still felt woozy and not awake."

"I didn't feel safe to go home. These decisions are taken out of your hands."

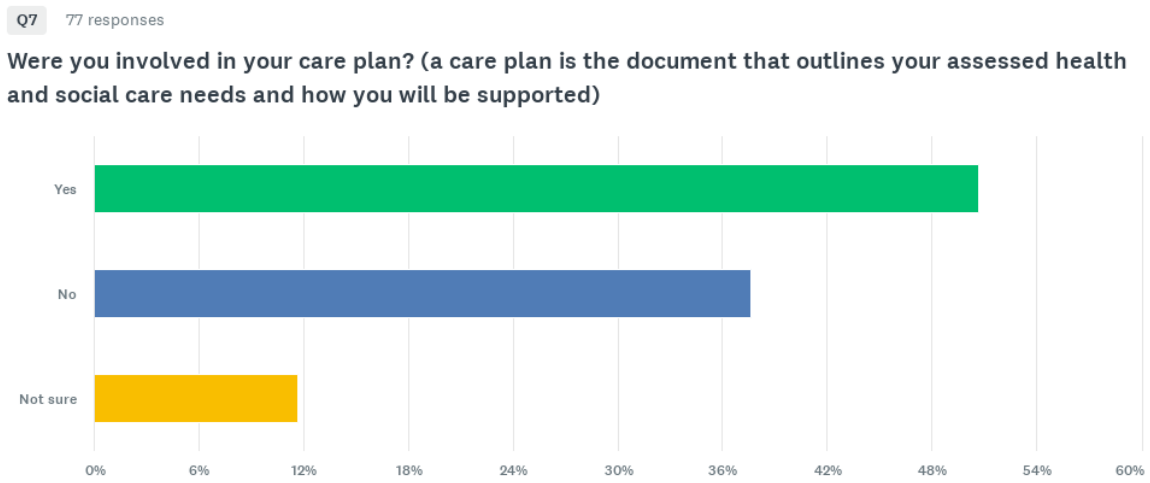
"I said to the doctor and nurses that I didn't feel safe. I was told that if I get out of breath to just come back."

"My daughter was given contradicting information by the nurse and three consultants and was discharged without any paperwork."

"There has been lots of pressure to make a decision to get my father home. There doesn't seem to be any other choice. No other option has been put to us."

"My dad was sent home from Ward 3; there was no aftercare advice."

Q7. Were you involved in your care plan?



There were 77 responses to this question. Of these, 39 (50.6%) responded yes, 29 (37.7%) said no and nine (11.7%) responded not sure.

There were also 47 comments left. Of these 21 were positive, nine negative and 17 neutral.

The comments included:

"I was given self-care instructions. Further appointments were made and I was told to return to A&E if the bleeding continued. Staff checked that I had someone who could stay with me overnight as I live on my own."

"I was involved with my care plan. Individual needs are important to the patient."

"The medication that I would need to take was discussed with me, my GP visits arranged and self-care advice given."

"Family members who had concerns around pain meds not being given at regular intervals were invited to an MDT meeting where all concerns were discussed and a suitable plan of action agreed."

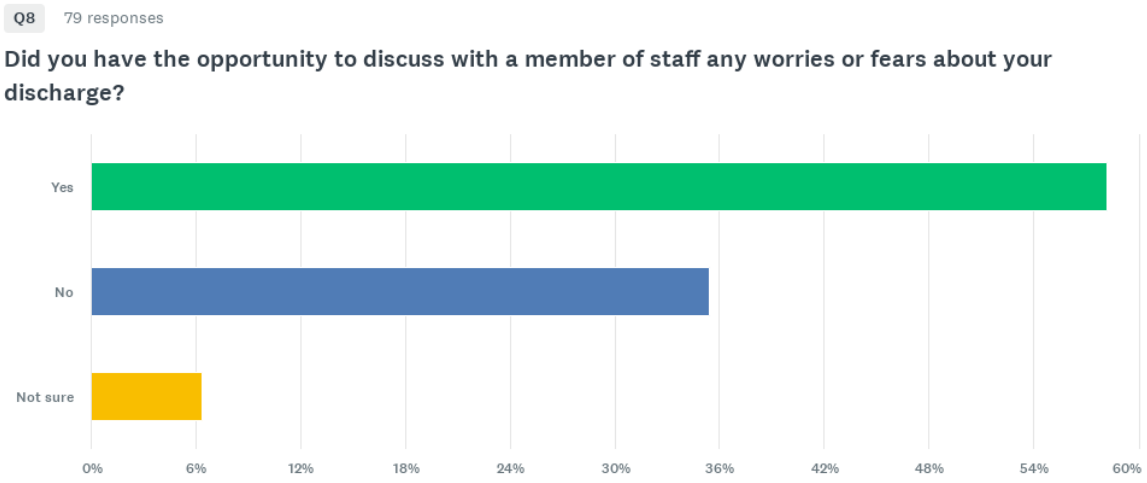
"I am not sure how much my mother was told about my dad's care as she was upset

and confused. I visited my dad twice daily and I was never informed about after-care or had the opportunity to speak to a doctor. My mother had one phone call asking about DNR - over the phone I think this is shocking."

"The carers only lasted three days. They arrived at different times to what had been agreed. My husband was left in wet clothing after he urinated and the carers arrived at 3.30pm one day to give him lunch. I cancelled the contract because I found it too stressful."

"I didn't have one. I was asked whether anyone would be with me overnight but nothing else."

Q8. Did you have the opportunity to discuss with a member of staff any worries or fears about your discharge?



All 79 participants responded to this question. Of these, 46 (58.2%) responded yes, 28 (35.5%) said no and five (6.3%) responded not sure.

There were also 49 comments left. Of these 24 were positive, 15 negative and 10 neutral.

Comments included:

"Dr Grace and the appointed nurse went through everything."

“Very helpful. I was scared and the staff talked me through everything, putting my mind at rest.”

“The staff were really good with me. They understood my learning disability and autism. They listened to me explained everything to me in a way that I understood.”

“Not completely as the discharge process seems very rushed.”

“I did tell the staff that I live in an upstairs flat and would find the stairs difficult. They didn't respond.”

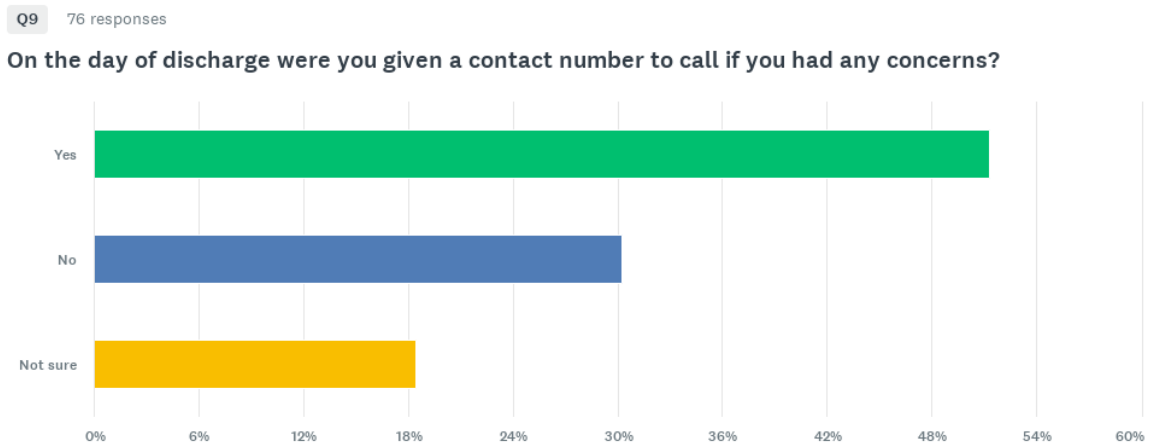
“Even though I needed one to one supervision whilst on the ward because I self-harmed no further support was offered on discharge.”

“The nurses were too busy and there was no opportunity to talk to a doctor.”

“Staff were on hand but following the procedure it was difficult to talk to relay the concerns which I had which included the fact that I was still bleeding when I left the hospital.”

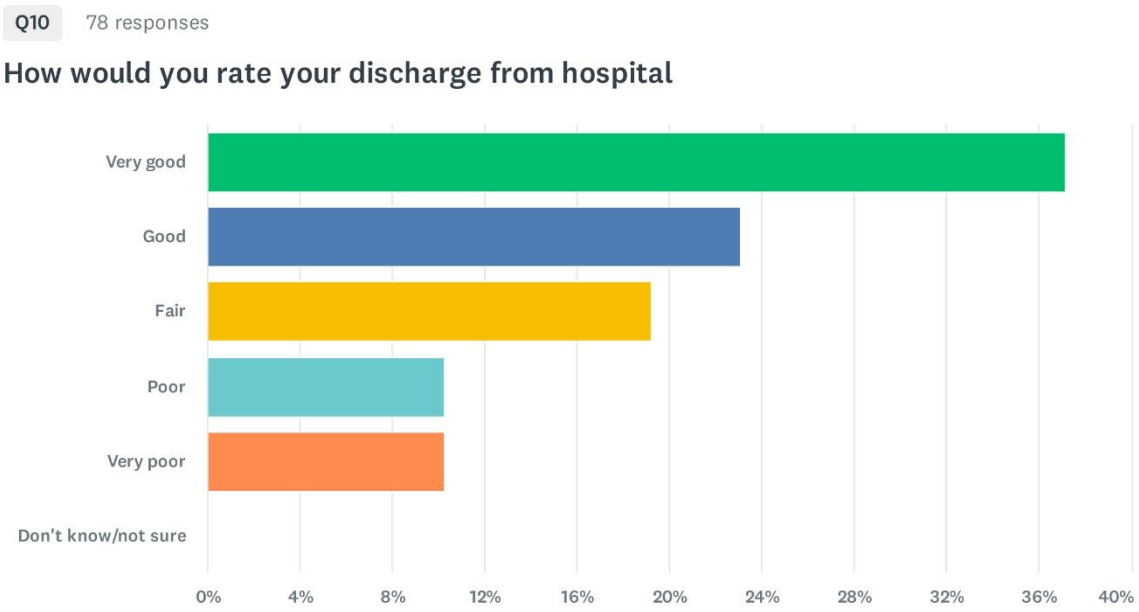
“Not completely as the discharge process seems very rushed.”

Q9. On the day of discharge were you given a contact number to call if you had any concerns?



There were 76 responses to this question. Of these, 39 (51.3%) responded yes, 23 (30.3%) said no and 14 (18.4%) responded not sure.

Q10. How would you rate your discharge from hospital?



	Very good	Good	Fair	Poor	Very poor	Don't know/not sure	Total
(no label)	37.18% 29	23.08% 18	19.23% 15	10.26% 8	10.26% 8	0% 0	78
							78

There were 78 responses to this question, with 47 respondents (60.3%) rating their hospital discharge as either very good or good. In contrast, 16 patients (20.5%) found their experience either poor or very poor, with 15 (19.2%) describing it as fair.

There were also 50 comments left. Of these 26 were positive, 21 negative and three neutral.

Comments included:

"Discharge went smoothly."

"Discharge staff are doing their best. They need more ambulances."

"No faults. Staff were lovely and respectful."

"The whole procedure was seamless. We couldn't fault."

"Through the whole process everyone we came into contact with from the ambulance service, A&E staff and ward staff were all amazing."

"I was in a lot of pain and I don't think that the nurse understood the extent of my pain. I felt that the discharge procedure was a tick box exercise to get me off the ward and the nurse was following a leaving hospital check list."

"Can't understand why it takes so long for medications! Discharge was planned for days yet got sent to lounge to wait (for) meds!"

"I spent 11 hours in A&E with low oxygen levels. I was admitted overnight to the Emergency Ward. In the morning I was moved to a corridor where the staff didn't want me because of the workload with others. After four hours in a corridor I was discharged. If the doctor had seen me on the Emergency Ward I would have been discharged from there. I felt I was just treated as a number as they only wanted the bed. It was the most humiliating and degrading experience of my life."

"I felt hurried. I was asked how I was getting home. Because I have no other option I asked for patient transport. Another staff member said that I was going with a relative, which I am not. I have been brought to the Discharge Lounge to wait for my meds."

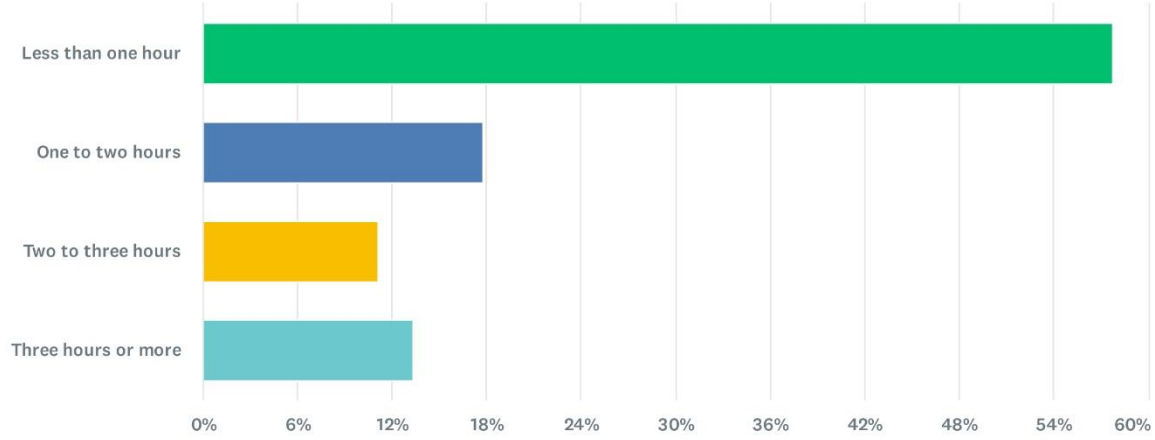
"I had to wait from 10am to 5pm for medication."

"I felt hurried. I was asked how I was getting home. Because I have no other option I asked for patient transport. Another staff member said that I was going with a relative, which I am not. I have been brought to the Discharge Lounge to wait for my meds."

Q11. How long did you wait in the discharge lounge before you left?

Q11 45 responses

How long did you wait in the discharge lounge before you left?



	Less than one hour	One to two hours	Two to three hours	Three hours or more	Total
(no label)	57.78% 26	17.78% 8	11.11% 5	13.33% 6	45
					45

We had 45 responses to this question and of these more than half (57.8%) said they waited less than an hour in the discharge lounge before leaving, with a further 17.8% waiting one to two hours. However, nearly a quarter (24.4%) waited more than two hours.

There were also 55 comments left. Of these 22 were positive, eight negative and 25 neutral.

Comments included:

"I was discharged very quickly."

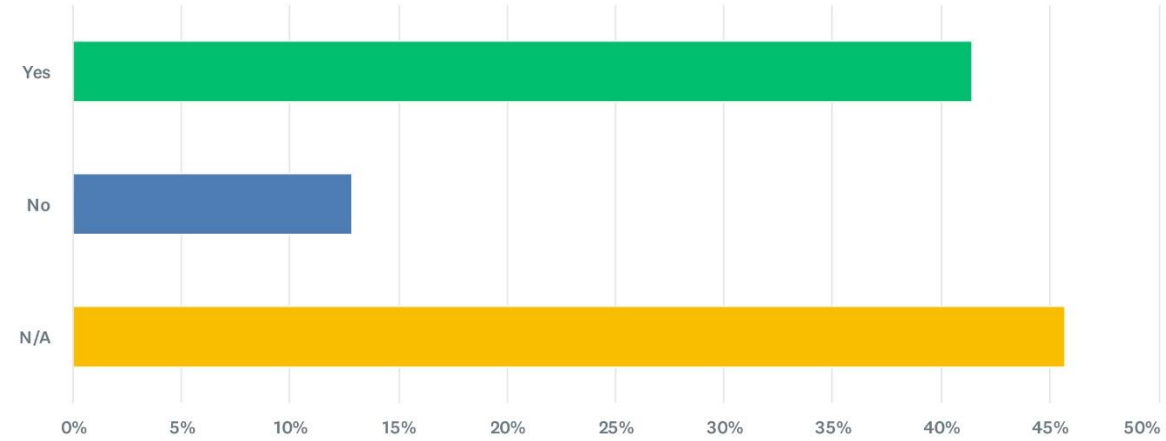
"I was told at 12noon that I could go home. At 4.30pm I was taken to the discharge lounge."

"Only waited ten minutes. A family member picked me up."

Q12. Were you offered any refreshments while you waited for discharge if it was delayed?

Q12 70 responses

Were you offered any refreshments while you waited for discharge if it was delayed?



	Yes	No	N/A	Total
(no label)	41.43% 29	12.86% 9	45.71% 32	70
				70

Only 38 of the 70 survey respondents who answered this question gave a yes or no response, and of these 41.4% said yes and 12.9% no.

There were also 22 comments left. Of these 10 were positive, five negative and seven neutral.

Comments included:

"My dad was offered a cup of tea whilst he waited for us."

"I was given some food and drink."

"Tea/coffee and snacks were offered."

"I was offered tea or coffee, crisps and a sandwich. I had a picnic."

"Hot and cold drinks, sandwich and biscuits."

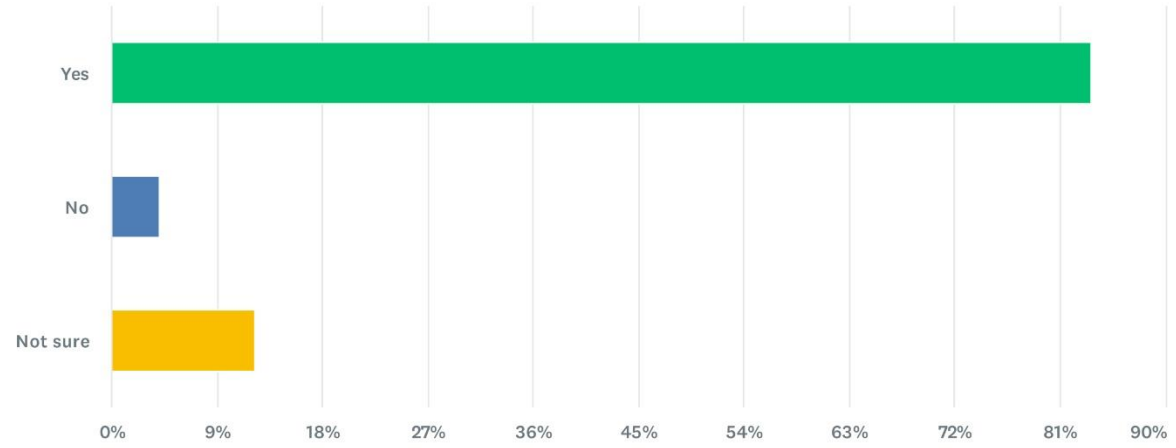
"I wasn't there long enough."

"I was only there for ten to fifteen minutes before my daughter picked me up."

Q13. Were you treated with kindness and compassion by the staff in the discharge lounge?

Q13 49 responses

Were you treated with kindness and compassion by the staff in the discharge lounge?



	Yes	No	Not sure	Total
(no label)	83.67% 41	4.08% 2	12.24% 6	49
				49

We had 49 of the 79 survey respondents answer this question, with an overwhelmingly positive view expressed – 41 (83.7%) said yes, two (4.1%) no and six (12.2%) were not sure.

There were also 18 comments left, with 16 positive and two negative.

Comments included:

"Absolutely gorgeous, caring staff."

"Gaynor made a lovely cup of tea."

"Absolutely; the clinical team all day were excellent and informative."

"The whole hospital has treated me with compassion and kindness."

"Staff were beyond helpful."

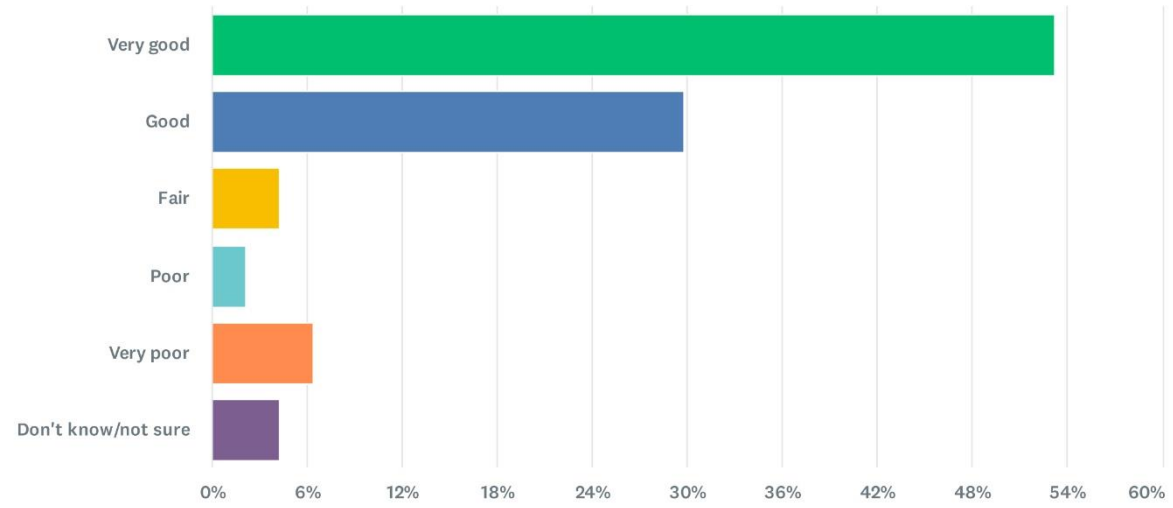
"Other than being asked if I wanted tea or coffee there wasn't any communication until the patient transport came and we left."

"The staff were kind verbally but he was sent home in his shorts in the middle of winter he couldn't walk well and we took him to the car in a wheelchair - he had trousers in his bag."

Q14. Overall, how happy were you with the care you received in the discharge lounge?

Q14 47 responses

Overall, how happy were you with the care you received in the discharge lounge?



	Very good	Good	Fair	Poor	Very poor	Don't know/not sure	Total
(no label)	53.19% 25	29.79% 14	4.26% 2	2.13% 1	6.38% 3	4.26% 2	47
							47

We had 47 of the 79 survey respondents answer this question, again with an overwhelmingly positive view expressed – 39 (82.9%) said very good or good, two (4.3%) said fair, with four (8.5%) responding poor or very poor. Two (4.3%) were not sure.

There were also 13 comments left, with eight positive, four negative and one neutral.

Comments included:

"I give the staff 10/10."

"I felt at home. Staff were really lovely."

"Given a sandwich and a cup of tea. I was kept informed of when to expect patient transport."

"Staff were really helpful and cheerful."

"Too much information not getting shared. I have been waiting to long in the Discharge Lounge. My meds took their time. I am concerned that I have been waiting three hours and my family would have been waiting at Haven Court two hours."

"Staff very stressed."

Q15. Anything else not covered about Hospital Discharge you would like to tell us about?

There were 36 comments left, with eight positive, 20 negative and eight neutral.

Comments included:

"We could not fault the staff on A&E and on EAU. I was told that I could pick my husband up at 8am, which I did. His discharge pack and meds were ready. Through staff being proactive in A&E my husband was saved from further discomfort and any further complications."

"The discharge process was very thorough. All medication was prepared for us to take home."

"The Discharge Lounge more than serves its purpose."

"You can be told that you are being discharged in the morning but it could be late afternoon by the time your medication is prepared."

"I was sent home in severe pain and without any medication and ended up in the RVI for four weeks."

"I asked for extra bandages in case my foot bled once I got home as after my previous operation on the other foot it bled quite a bit. I was told just go to A&E."

Key findings

Around two-thirds of the survey respondents were people who had been in-patients who had been through the hospital discharge process and a third were relatives and/or carers.

The wide range of responses received would suggest contrasting experiences of the discharge process and clear areas for potential improvement to ensure a more consistent positive outcome for patients and their relatives/carers.

The overall picture is a mix of best practice on the one hand and some examples of care which were far from this on the other.

Positive feedback included the kindness and compassion shown by the staff in the Discharge Lounge at South Tyneside Hospital and the quality of care patients received there, which should be noted.

Key areas for complaint included waiting for meds when ready for discharge (one patient reported a seven hour wait in the Discharge Lounge) and a feeling some described of the discharge process being 'rushed' – ostensibly to free up beds.

The stark contrast in the way patients felt about their discharge is borne out by the survey results:

- Two-thirds said they felt involved in decisions made for their discharge from hospital but a third didn't – contrasting feedback ranging from 'excellent', 'amazing' and 'very informative' to 'I didn't feel safe to go home' and 'my daughter was discharged without any paperwork'.

- Just over half (50.6%) said they felt involved in their care plan but more than a third (37.7%) said they didn't, with comments ranging from 'family members who had concerns…were invited to an MDT meeting' to 'I didn't have one'.

- While more than half (58.2%) said they were given the opportunity to discuss with a member of staff any worries or fears about their discharge, more than a third (35.5%) said they weren't. Comments ranged from 'I was scared and the staff talked me through everything, putting my mind at rest' to 'not completely as the discharge process seems very rushed'.

- More than half of respondents (51.3%) said they were given a contact number to call on the day of discharge if they had any concerns but again almost a third (30.3%) said they weren't.

- A decent majority (60.3%) described their overall discharge experience as either very good or good, while a fifth 20.5% said it was either poor or very poor and 19.2% described it as fair.

The comments left reinforced the huge difference in the experiences patients had.

One said 'the whole procedure was seamless, we couldn't fault' while another wrote 'I was in a lot of pain and...I felt that the discharge procedure was a tick box exercise to get me off the ward and the nurse was following a leaving hospital checklist'.

Another patient described spending 11 hours in A&E with low oxygen levels before, after an overnight stay in the Emergency Ward, being left four hours in a corridor from where they were discharged. The patient described this as 'the most humiliating and degrading experience of my life'.

A different respondent said they 'felt hurried' and were asked how they were getting home while another reported waiting seven hours from 10am to 5pm for medication.

Mixed reviews also came for the time spent in the Discharge Lounge, with more than half (57.8%) waiting less than an hour but nearly a quarter (24.4%) waiting more than two hours.

An overwhelming majority (83.7%) said they were treated with kindness and compassion by the staff in the Discharge Lounge with only two respondents saying they weren't.

The follow up question which asked overall how happy patients were with the care received in the discharge lounge again had an overwhelmingly positive view expressed with 82.9% describing it as very good or good compared to 8.5% responding poor or very poor.

There were a range of comments left, with positive feedback including 'the discharge process was very thorough - all medication was prepared for us to take home' and 'the Discharge Lounge more than serves its purpose'.

Negative comments included 'you can be told that you are being discharged in the morning but it could be late afternoon by the time your medication is prepared' and 'I was sent home in severe pain and without any medication and ended up in the RVI for four weeks'.

A quick way to improve understanding of the discharge process could be ensuring all patients receive a copy of the 'One Step Closer to Home' booklet on admission – more than three-quarters (76%) of respondents said they didn't.

There appeared to be a varying quality in the communication patients/carers received about the discharge process. Could a centralised discharge team be deployed to ensure consistency and take pressure off ward staff?

If there is a way of improving communication/planning between the wards discharging patients and the dispensing pharmacy so they do not face lengthy waits in the Discharge Lounge that would undoubtedly improve the patient experience.

We would also note the advice from the Patient Transport Service on the importance of hospital staff making booking patient transport a priority when arranging for a patient to be discharged to prevent them having long waits and providing as much patient information as possible to assist with a comfortable and safe transition from hospital into their home.

Acknowledgments

Healthwatch South Tyneside would like to thank Clinical Lead Kay Stidolph and her team in the Discharge Lounge for their warm welcome and support during our visits in June and July, all of the community organisations who hosted us and every patient and carer who took part in the survey.

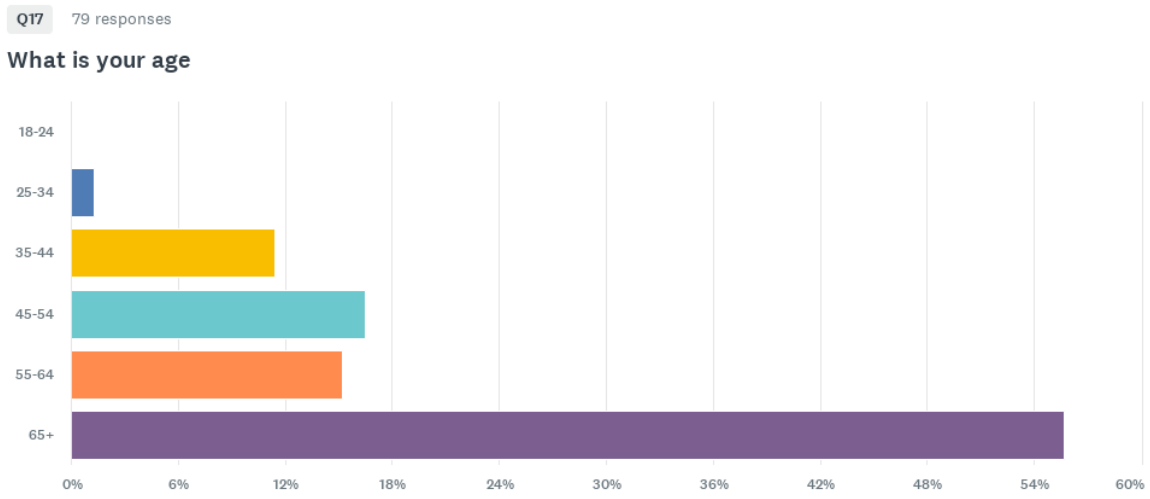
APPENDIX ONE: DEMOGRAPHIC INFORMATION

Q16. What is your postcode?

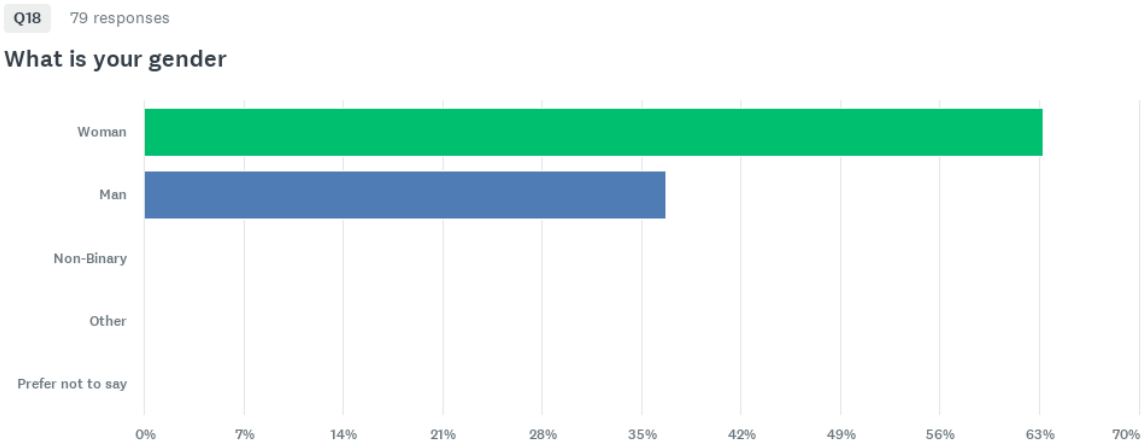
The vast majority of the 74 respondents came from areas across South Tyneside, with a small number from the city of Sunderland.

Postcode district	Number of respondents
NE31	6
NE32	12
NE33	12
NE34	33
NE35	2
NE36	3
SR3	1
SR6	4
SR7	1

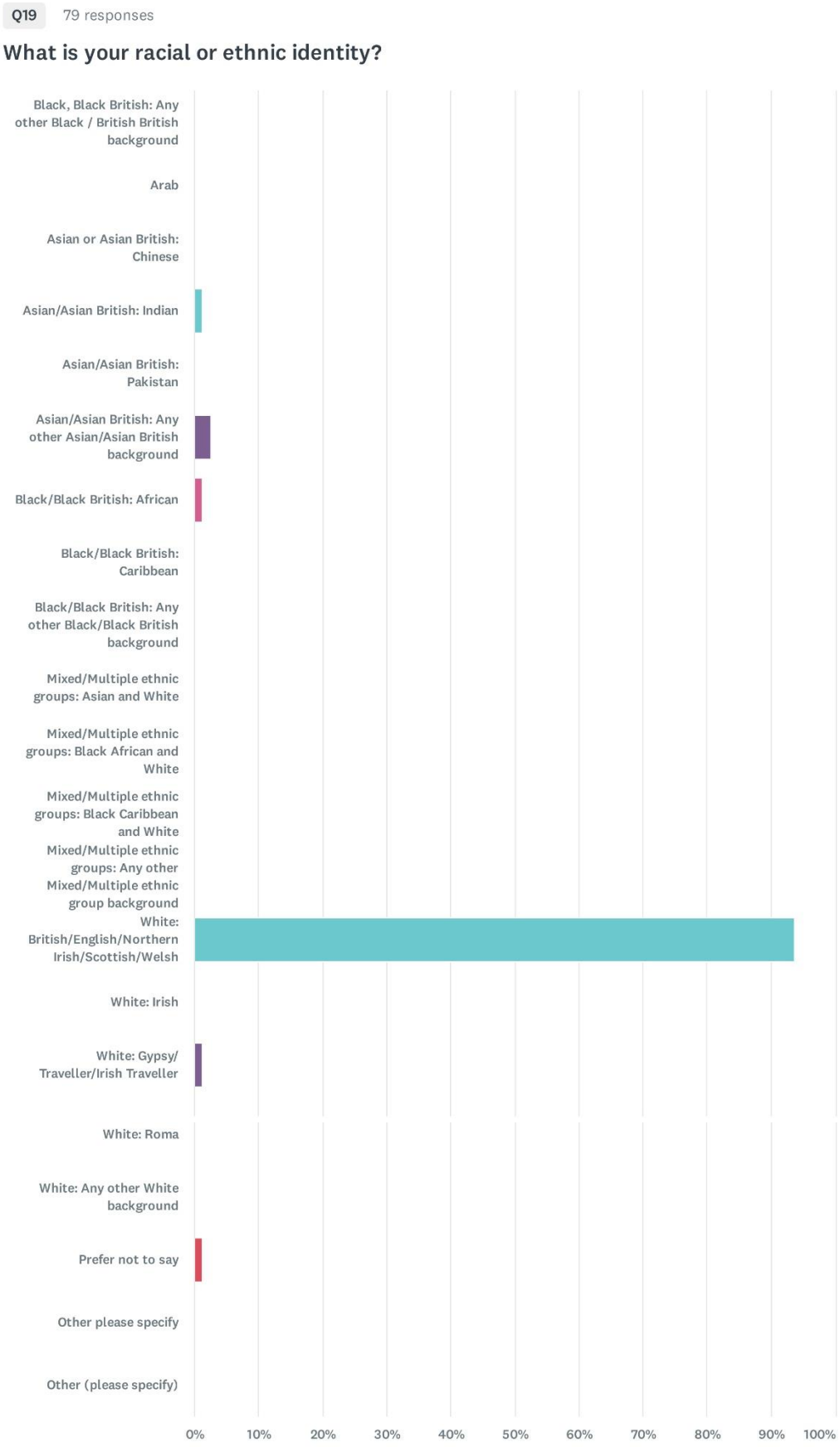
Q17. What is your age?



Q18. What is your gender?

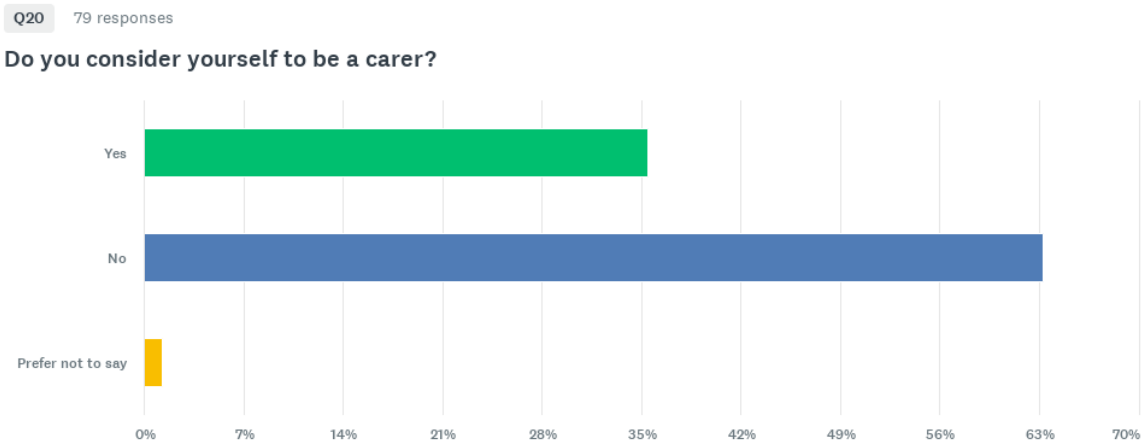


Q19. What is your racial or ethnic identity?

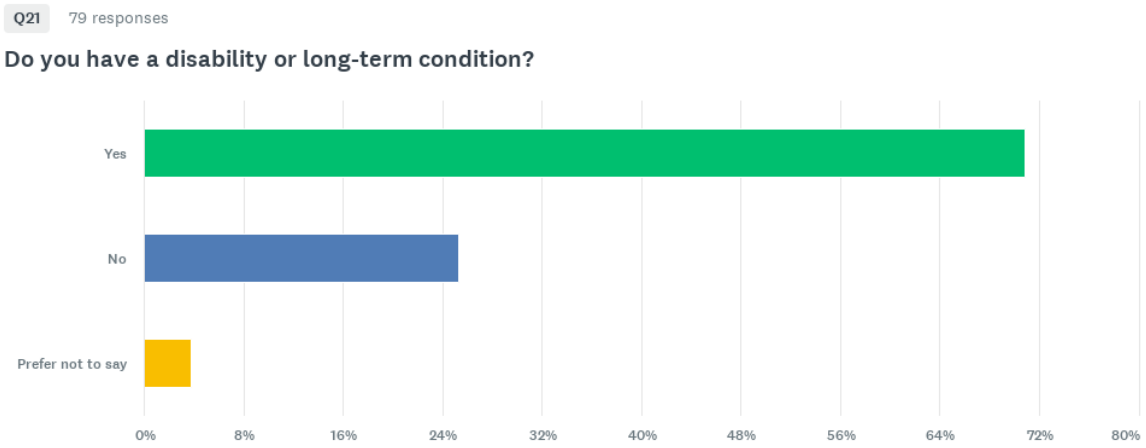


Answer Choices	Percentage	Responses
Black, Black British: Any other Black / British British background	0%	0
Arab	0%	0
Asian or Asian British: Chinese	0%	0
Asian/Asian British: Indian	1.27%	1
Asian/Asian British: Pakistan	0%	0
Asian/Asian British: Any other Asian/Asian British background	2.53%	2
Black/Black British: African	1.27%	1
Black/Black British: Caribbean	0%	0
Black/Black British: Any other Black/Black British background	0%	0
Mixed/Multiple ethnic groups: Asian and White	0%	0
Mixed/Multiple ethnic groups: Black African and White	0%	0
Mixed/Multiple ethnic groups: Black Caribbean and White	0%	0
Mixed/Multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0%	0
White: British/English/Northern Irish/Scottish/Welsh	93.67%	74
White: Irish	0%	0
White: Gypsy/ Traveller/Irish Traveller	1.27%	1
White: Roma	0%	0
White: Any other White background	0%	0
Prefer not to say	1.27%	1
Other please specify	0%	0
Other (please specify)	0%	0
Total		**80**

Q20. Do you consider yourself to be a carer?



Q21. Do you have a disability or long-term condition?



APPENDIX TWO: NEAS EQUIPMENT FACTSHEET

Equipment Name	Max weight capacity St/Kg	Weight of Equipment	Minimum Width Needed	Length	Known As
Stryker XPS Stretcher	50st/318kg	11st/70kg	58cm	140cm–195cm	Regular Stretcher
Ferno Harrier Stretcher	63st/400kg lowered 55st/350kg raised	12st 3lb/78.4kg	57cm	145cm–165cm	Bariatric Stretcher Only used by EVAC
Ferno Compact Chair	31st/200kg	1st 5lb/9.4kg	45cm	42cm	Carry Chair
Ferno Venice Powertraxx	36.2st/229kg	3st 8lb/23.6kg	53.5cm	100cm	Powered stair climber
IBEX Powerchair	25st/160kg	5st/32kg	52cm	100cm	Powered stair climber
NEAS Standard Wheelchair	19.9st/126kg	2st 2lb/14kg			Standard Wheelchair
Dashlife Intermediate Wheelchair	29.9st/190kg	2st 7lb/16.1kg			Intermediate Wheelchair
Goliath Wheelchair	47st/300 kg	6st 5lb/41kg	82cm	104cm	Bariatric Wheelchair
Promove Sling	63st/400kg				Manual Hoist Sling
Promove Sling Bariatric	63st/400kg				Manual Hoist Sling Bariatric
Promove Sling Super Bariatric	63st/400kg				Manual Hoist Sling Super Bariatric
Channel Ramps	43st 4lb/275kg			3-6ft	Manual ramps for steps/kerbs
Pat Slide	39st/250kg	6lb/3kg			Pat Slide

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