

Our vision

for a new Eye Hospital
in Sunderland



Patient and Public Involvement Feedback Analysis Report

16 March– 16 May 2021

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Introduction

This report provides an overview of communications and engagement activity and detail on how South Tyneside and Sunderland NHS Foundation Trust (STSFT) is delivering an open and transparent patient and public involvement process around the redevelopment of Sunderland Eye Infirmary (SEI).

The findings will be used to support the ongoing design process for the new build and will inform the Statement of Engagement as part of the formal planning application to Sunderland City Council.

Further information on the plans for a new Eye Hospital in Sunderland and patient and public involvement activity can be found here: www.stsft.nhs.uk/neweyehospital

Background

From the outset of the new build project, a robust patient and public involvement strategy was developed with the following strategic objectives to:

- effectively engage the local population, partners and other key stakeholders in the design and redevelopment of Sunderland Eye Infirmary
- give patients, service users and the wider local population, including partners and stakeholders, the opportunity to consider and comment on the design and redevelopment plans
- use feedback gathered to inform the design process for a new state-of-the-art Sunderland Eye Infirmary
- ensure the engagement and involvement process was accessible to local people and that they have the opportunity to participate fully, should they wish to (this was especially important given the impact of COVID-19 and necessity for increased digital engagement)

The Trust's strategy adhered to [NHS England's 10 best practice involvement and engagement principles](#) and fully supported by NHS England / Improvement and Sunderland Health Overview and Scrutiny Committee.

Overall aims

The overall aims of patient and public involvement activity were to understand:

- people's views on the plans, even if they are not directly affected
- if there was anything people particularly welcomed about the plans
- if there was anything that concerned people about the plans
- what would make the new Eye Hospital more accessible
- would make people feel more comfortable as a patient and/or visitor
- what would improve people's overall experience
- any ideas about the new Eye Hospital design that may have been missed.

Feedback gained through patient and public involvement activities will be considered through the design process and as part of the formal planning submission.

Methodology

In order to present as rounded and robust set of insights as possible, four connected strands of activity were used to ensure widespread awareness and gather as much feedback as possible between 16 March and 16 May 2021. This included both qualitative and quantitative methods as follows:

1. Online public engagement events to allow people to hear about the plans from the project team and architects. Nine events were held in total and these were attended by 49 people and used to gather qualitative feedback.
2. Targeted focus groups and in-depth interviews were held to gather further qualitative feedback. These were delivered with the support of Healthwatch and through close working with Community and Voluntary sector partners and included people with protected characteristics under the Equality Act 2010. More than 50 groups were contacted, resulting in 14 focus group sessions and 71 participants (five of which were in-depth telephone interviews).
3. An online survey to collate both qualitative and quantitative feedback from members of the public, current and former patients, families and carers, and other stakeholders. There were 336 responses to the online survey.
4. A widespread PR and social media campaign widely promoted all of the above involvement activities throughout a 9-week period and measured the sentiment of local people towards the plans for a new Eye Hospital.

Findings summary

This section of the report provides a high level summary of the main feedback themes from patient and public involvement activity. Detailed analysis is included in the main body of this report.

Overall attitudes to the plans for a new Eye Hospital were extremely positive and the majority of people who participated in involvement activities felt positive about plans for a new Eye Hospital in Sunderland:

- 92% of survey respondents thought the plans were positive.
- 94% of survey respondents would be happy to use the new Eye Hospital.

A number of common themes were identified through qualitative discussions where participants were asked a number of open questions about their views on the plans for a new Eye Hospital. These themes are summarised below:

Buildings

- A new, modern state-of-the-art building / facilities was discussed positively and welcomed. It would improve the experience for patients.
- Increased space or capacity of the buildings or facilities was also welcomed.
- A large number of people suggested the environment or facilities at the new Eye Hospital would make them feel more comfortable.
- A very small number of comments were made about a new Eye Hospital being too big / modern, whilst others were worried it may not be big enough.
- Questions were raised around what would happen to the current building.

- Some respondents hoped that the friendly and personal atmosphere of the current hospital will not change in the new building.
- A small number of respondents raised concerns around losing the reputation of Sunderland Eye Infirmary, suggesting a name change might do this.

Location

- Comments suggested the location or site of the new Eye Hospital is better.
- Other comments indicated the central location of the new Eye Hospital was positive. To a lesser extent, questions were raised about the central location and ease of access to the new Eye Hospital.
- Concerns were raised on the safety of surrounding footpaths and the pedestrian crossing at St. Mary's Boulevard and people expressed hopes that these would be addressed.

Accessibility

- Overall, comments suggested that access to the new Eye Hospital will be easier and improve overall experience.
- However, there were concerns over access to the new Eye Hospital by public transport, with some suggesting a bus service is required.
- A small number of comments indicated concerns around access both to, and around the new Eye Hospital for those with disabilities and other accessibility needs, with concerns also raised around the distance or travel to the new Eye Hospital for elderly and vulnerable people.

Fit for purpose

- People felt that a new Eye Hospital is long overdue and that a new building will be fit for purpose to meet the needs of patients.
- The need for clearer or better signposting for those with visual impairments was identified, indicating it needs to be easy to navigate, and use bold colours and floor markings to support people with sight loss /visual impairments.
- Similarly, the environment of the hospital, such as good lighting, lifts, changing facilities, accessible toilets, a relaxed atmosphere, privacy, and a good layout would all help to improve the overall experience.
- There is a need for larger, spacious, or more comfortable waiting areas, or separate waiting areas for adults and children.
- The importance of a good reception area or information desk was highlighted and an improved appointment or 'check-in' experience.
- Other comments indicated that patients would like the telephone triage and online consultations to continue in future
- Plans for new, separate paediatrics areas and waiting areas were welcomed and suggestions were made around entertainment for children and teenagers.

Parking

- Having adequate, convenient parking including wide bays, drop-off points and disabled spaces would be welcomed and improve overall experience.
- Concerns were expressed around the availability of parking at the new Eye Hospital due to the city centre location.
- Other concerns were around the expense of parking at the new Eye Hospital, suggesting parking should be lower cost or free.

Involvement, engagement and communication

- Local charities welcomed the involvement activity and the mixed methodology used to capture the views of service users and members of the public.
- Comments suggested that word was getting out about plans for a new Eye Hospital and people had a range of opportunities to give feedback.
- People have valued the opportunity to give their views and welcomed information in accessible formats.
- A small number of concerns were raised around the lack of detailed information on the plans or designs for the new Eye Hospital.
- Specific needs were identified to support vulnerable patients and provide appointment information in accessible formats (large print / easy read / video).
- Comments arose on the need for good communications and publicity about the new Eye Hospital so people know where to go in the lead up to opening.

Workforce

- Having staff that are efficient, friendly, professional, welcoming, or courteous would improve overall experience.
- Having staff or volunteers available to meet and greet patients, assist in the navigation around the new Eye Hospital, or just provide information, would make people feel more comfortable.
- A number of comments suggested all staff should complete disability awareness training.
- A small number of respondents raised concerns around staffing levels at the new Eye Hospital.

People with specific needs

- Participants in some of the groups with specific needs, highlighted themes that would help to make the new Eye Hospital more accessible such as:
 - volunteer guides including BAME workers/guides
 - improved translation services for people who don't speak English
 - Easy Read information.
- Dedicated support and quiet areas for people with sensory disabilities and learning disabilities to be available, if needed.
- Sight loss groups expressed the need for large print appointment letters and large print information on medication distributed by the pharmacy.
- Wheelchair users and others valued the planned wider walkways and lifts and felt that their needs are being considered in the designs for the new building.
- Others commented on the need for an adult changing area and changing for children with physical disabilities.
- Comments highlighted anything that can support a person with additional needs to access the services would improve their overall experience.
- There is a need for a building and clinical services that contribute towards reducing anxiety for patients and visitors.

Finance

- Finally, a small number of respondents raised concerns around the cost of the new Eye Hospital.

1. Feedback from online public engagement events

This section of the report summarises feedback from nine online public engagement events attended by 49 people. These events were independently facilitated and attended by the project manager for the new Eye Hospital, the clinical lead for the project and the architects. These provided an opportunity for people to find out more about the designs, give their feedback and ask any questions about the plans.

The key themes from these sessions are outlined below.

General positive comments

There was a continuous theme in the qualitative dialogue recognising the high quality care provided by the current hospital staff and positive comments made that staff, patients and the City of Sunderland will get the new building they deserve.

Great care at current Eye Infirmary
<ul style="list-style-type: none"><i>“Always really appreciative of the excellent care offered by the Eye Infirmary.”</i>
<ul style="list-style-type: none"><i>“I visited the eye hospital today and I have to say that every visit I’m really impressed with the staff and the level of care they give me.”</i>
<ul style="list-style-type: none"><i>“Sunderland has got an amazing reputation and all credit to the staff.”</i>
<ul style="list-style-type: none"><i>“Sunderland Eye Infirmary is in top 3 nationally in expertise and your current model of care.”</i>
Positivity about the proposed new Eye Hospital
<ul style="list-style-type: none"><i>“Pleased the new build is going ahead.”</i>
<ul style="list-style-type: none"><i>“Very pleased that such an exciting and appropriate level of investment is securing the level of care provided by this centre of excellence.”</i>
<ul style="list-style-type: none"><i>“I’m absolutely delighted Sunderland is getting this, Sunderland deserves a bit of exposure.”</i>
<ul style="list-style-type: none"><i>“I’ve worked on the build of two ophthalmic hospitals last year in Scotland – 95% time we use Sunderland Eye Hospital as an exemplar and it is fantastic that they will get the state of the art building that it deserves.”</i>

Some comments enquired about the name of the new Eye Hospital:

Name of the new building
<ul style="list-style-type: none"><i>“I’d be interested to know what the thinking is about the name of the new building. People are obviously very proud of the Eye Infirmary, but this presentation refers to the Eye Hospital.”</i>
<ul style="list-style-type: none"><i>“I agree with what XX said and that it (the new Eye Hospital) should carry the Sunderland name.”</i>

Design of internal spaces

Several practical suggestions to the design of internal spaces were suggested such as use of light, colour, acoustics, seating and wayfinding. The participants also acknowledged other aspects such as temperature and materials used in the building that could positively contribute towards the overall patient experience - in particular for people with eye conditions.

Lighting
<ul style="list-style-type: none"> • <i>“The one thing I do sometimes struggle with is if I attend A&E, I often find the lighting in A&E quite harsh and if your eyes are painful that can be difficult.”</i>
<ul style="list-style-type: none"> • <i>“I studied 30 years ago the psychological and biological effects of light and colour in architecture. I hope the new eye hospital uses the benefits of incoming light.”</i>
<ul style="list-style-type: none"> • <i>“Continuing on about the light, it will be great to have natural light but a lot of people with eye problems have sensitivity to the light so there needs to be a balance. Sometimes you go into a building and are plunged into darkness as your eyes don’t adjust.”</i>
<ul style="list-style-type: none"> • <i>“Reduce glare and reflection.”</i>
<ul style="list-style-type: none"> • <i>“Looks great but glass and light not welcome by all of us with some eye conditions. Light walls too can highlight flashes/floaters. I have a number of eye conditions over the last four years which aren’t going to go away for quite a while or ever.</i>
<ul style="list-style-type: none"> • <i>“Whilst I agree some of the waiting areas in the current hospital are quite bleak and don’t have much light, too much light can also be problematic. Will there be other spaces in the hospitals that are not swathed with light? The other thing is the walls. It looks great, but if it is too bright then it is not pleasant.”</i>
Colour
<ul style="list-style-type: none"> • <i>“Will the colours be matted as well as muted and is it anti-reflective?”</i>
<ul style="list-style-type: none"> • <i>“Architects tend to have a favour for black and white, I hope you do take into consideration using colour to its fullest extent even for people who are colour blind.”</i>
<ul style="list-style-type: none"> • <i>“It is good that you are pointing out the different floors (using colour) and the person attending their appointment may they will be supported by a sighted person and will help the sighted person navigate the building.”</i>
<ul style="list-style-type: none"> • <i>“Will colours be Muted and Matted colours?”</i>
<ul style="list-style-type: none"> • <i>“Is issues about the sense of light and shade, as well as colour and navigation, an important part of the discussions that have been on going?”</i>
<ul style="list-style-type: none"> • <i>“Is there a general colour scheme?”</i>
Flooring materials
<ul style="list-style-type: none"> • <i>“Use an ultraclear floor rather than a theatre.”</i>
Fixtures/ fittings
<ul style="list-style-type: none"> • <i>“Make sure there isn’t too much clutter, such as low level tables. I suffer from tunnel vision so I can’t see things below a certain level so it can be off putting if there are things to walk in to.”</i>
Seating
<ul style="list-style-type: none"> • <i>“Will there be a variety of seating?”</i>
<ul style="list-style-type: none"> • <i>“This is with regards to height and type of seating, some people need a seat with arms and others don’t. For some people sitting can be very uncomfortable, so it is good to have a variety. “</i>
Footprint of the new building
<ul style="list-style-type: none"> • <i>“Will there be an opportunity to see the 1:200 drawings?”</i>
<ul style="list-style-type: none"> • <i>“Do you have an understanding of the area of the building?”</i>

Wayfinding around the building

Positive comments were made about improvements to the proximity of departments in the new Eye Hospital designs, in particular the new imaging hubs on two floors. Feedback also highlighted the importance of improved wayfinding, colour-coding and better signage to help sighted people navigate the building.

Suggestions were also made on how local sight loss charities could help to provide training for staff and volunteers to ensure they can successfully guide people with visual impairments or support people who are blind to navigate the building. A wayfinding app was also recommended for people who are comfortable using smartphones to find their way around the new building more independently.

Proximity of departments / navigating the building
<ul style="list-style-type: none">• <i>“The idea of having the imaging hubs in the same area that you go to is a good idea. I currently attend the retina clinic and have to go to a different floor for imaging and it can sometimes be difficult to navigate around.”</i>
<ul style="list-style-type: none">• <i>“Vision Hearing and Support offer training and visual awareness training for staff / volunteers.”</i>
<ul style="list-style-type: none">• <i>“One of things I’ve noticed about the current Eye Infirmary is the strong signage, the images that were put up on the screen would be hard for me to navigate.”</i>
<ul style="list-style-type: none">• <i>“Is navigation an important part of the discussions that have been on going?”</i>
<ul style="list-style-type: none">• <i>“Introduce a Wayfinding App.”</i>
<ul style="list-style-type: none">• <i>“Signage needs to also be at an appropriate level.”</i>

Self-check in

Concerns were raised about use of self-check in by people with sensory impairment, in particular those with sight loss. Participants asked if there would also be the option to speak to reception staff on arrival. Comments suggested that self-check in system will require a large key board and larger fonts to ensure it is more accessible.

Self-check in / reception staff
<ul style="list-style-type: none">• <i>“You’re talking about in the future logging in yourself but one of the lovely things about the hospital is that the receptionists are so kind and really look after you.”</i>
<ul style="list-style-type: none">• <i>“Self-service check in is a good idea but please remember the colour and size of letters on screen as some colours are harder to see for visually impaired.”</i>
<ul style="list-style-type: none">• <i>“Certain colours are hard to see like blues and greys – I had a very large key board – much easier when it is large letters.”</i>
<ul style="list-style-type: none">• <i>“All staff play a part in making the experience pleasant, they take the time to make sure you aren’t scared.”</i>

Accessibility for those with specific needs

People highlighted the need for additional support for people with sensory impairments / conditions and for those with physical disabilities to help ensure the building is accessible and that people feel comfortable.

Hearing loss
<ul style="list-style-type: none"> • <i>“Will there be a dedicated space for advisors or support workers for people with hearing impairments? The eyes are the way people communicate when they have hearing impairments.”</i>
Wheelchair access / facilities for people with physical disability
<ul style="list-style-type: none"> • <i>“And of course it will be fully accessible for wheelchair users?”</i> • <i>“Will there be an adult changing space? Adult changing space is for people who need more than a disabled access toilet. There is an excellent one at the Glass Centre. I know there is going to be one in the new Civic Centre. Just to ensure this won’t be an afterthought with the new Eye Hospital.”</i>
Capturing views of people with long-term eye conditions/visual impairments
<ul style="list-style-type: none"> • <i>“Are people with visual impairments involved in the design of the building?”</i> • <i>Do the architects have someone on the design panel who has visual impairments or who is specially trained?”</i>
Engagement and involving young people
<ul style="list-style-type: none"> • <i>“How does the new approach in the building help young people and their families?”</i> • <i>“Are young people inputting into the plans?”</i>
Sensory design
<ul style="list-style-type: none"> • <i>“Really impressed with focus on the sensory design.”</i> • <i>“Will there be a sensory garden?”</i>

Capacity planning and future demand

A number of comments were made in the discussions in relation to the capacity of the new Eye Hospital and planning for future demand for ophthalmology services.

Capacity
<ul style="list-style-type: none"> • <i>“Is the catchment area likely to expand and if so have you planned for an increase in patients?”</i> • <i>“Will you be able to increase your capacity for cataracts?”</i> • <i>“Does the new arrangement change either the overall capacity or the flow in terms of can you see more people within a given time or is it just a different quality of experience?”</i> • <i>“Will Cataract patients be treated in the operating theatre or have alternative solutions been explored where a smaller room can be used to free up expensive operating space?”</i> • <i>“What was your anticipated footfall of daily activities, how many people envisaged coming through?”</i> • <i>“What services will be available at Cleadon Park?”</i>

Technology

Specific questions were raised about the use of technology / equipment.

New technology and equipment
<ul style="list-style-type: none"> • <i>“How will the new hospital use technology/video consultation as part of its outpatient transformation plans?”</i> • <i>“Is the current pathway at the CTC to be replicated as is at present or is there potential to include other technology to further improve efficiencies?”</i>

- *“What guarantee is being given to ensure that state of the art equipment will be provided and what input have the clinicians been able to make about this?”*

COVID-19

Several questions were raised about how the new Eye Hospital will be designed to meet COVID-19 and social distancing guidance.

COVID-19 safe / social distancing

- *“As we may get more pandemics, is social distancing being taken into account in the design?”*
- *“Firstly, I would like to congratulate the staff for keeping as much going as they can during this pandemic. It seems as though we may get more pandemics in the future, so is this something that has been factored in to the design?”*

Public amenities and other services

Comments and questions on public amenities and other services such as pharmacy were also discussed. Participants felt these would help improve overall experience.

Pharmacy

- *“Is the pharmacy heading over too? If yes where will it be located?”*
- *“It (pharmacy) may be potentially creating a long queue at the entrance? Having seen other pharmacies in hospitals. Sometimes prescribing can take a long time.”*

Bike stores/ bike security

- *“I have to go (to SEI) roughly every month. When visiting I appreciate bike locks and being able to park my bike securely on site.”*

Parking

- *“Are the 90 spaces reserved for patients? (parking)”*
- *“Can you say who gets the parking closest to the building?”*

Funding

A number of questions were raised about how the new build project will be funded.

Finance

- *“Is this a PPI project? When you say it will be repaid over the next 30-50 years I wondered if it is one of these PPI projects like the University Hospital.”*
- *“So this will be wholly operated by the NHS?”*
- *“Does the project have sufficient budget to ensure that there will be the interiors be provided in the new hospital?”*
- *“What worries me is using the satellite services in South Tyneside is a waste of money that could be put into the hospital.”*
- *“I note you stated there is a £36m loan from the council for the new building. Are you able to share the full build cost?”*
- *“What is the full project cost?”*

2. Feedback from targeted focus groups and in-depth interviews

This section of the report summarises feedback from focus groups and in-depth telephone interviews with people with protected characteristics and conditions. These took place over 14 virtual focus group sessions between April and May 2021. 71 people took part in this activity (five via in-depth telephone interviews).

Two approaches were used to reach people and gather views during these sessions: through proactive engagement with targeted groups and by working in partnership with the community and voluntary sector and advocates for people with sight loss.

We gathered feedback from children and young people, older people, people with learning disabilities, physical disabilities, sensory impairment and Black, Asian and Minority Ethnic Groups including people with sight loss. This included:

- People with a sight impairment and/or sight loss
- Younger people and teenagers
- Families and carers
- Older patients and patient groups
- Dementia services
- Black, Asian and Minority Ethnic Groups (BAME)
- People with learning disabilities

We also heard from people with an interest in the protected characteristics defined by the Equality Act 2010 that includes: age; disability; gender reassignment; race; religion or belief; sex; sexual orientation; marriage and civil partnership; pregnancy and maternity.

Format of focus groups / telephone interviews

Each focus group ran for a maximum of 1.5 hours. To support delivery of focus group sessions, Voluntary and Community Sector (VCS) / third sector group moderators were provided with a focus group toolkit to support them in running online sessions or telephone interviews. The toolkit included supporting materials such as links to the SEI animation video; Easy Read version of the engagement booklet and links to the audio version of the engagement booklet. Some participants received an audio CD version of the engagement booklet in advance of taking part in a focus group discussion. VCS and third sector partners were also provided with a report template together with guidance on completion. Three types of focus groups were targeted:

- equality/protected characteristic groups
- patient groups
- sight loss groups.

The equality groups considered a broad set of questions to gain insight into what was most important to them, looking generally at the plans for a new Eye Hospital. Patient and sight loss groups responded in relation to their specific conditions. These conversations were focussed on what would make a difference to them when accessing the new Eye Hospital, with specific reference to their condition.

Three sessions were held with Children and Young Adults Groups. A number of teenagers aged 14-16 took part and were able to give us an idea of what they felt was required from their point of view.

Table of groups involved in focus group sessions:

Date	Time	Organisation	Equality or Patient group	No of participants
Wednesday 31 March	3pm – 4pm	SEI STSFT	SEI Patient Group/RNIB	5
Wednesday 14 April	5pm-6.15pm	STSFT Young Persons Group	Children and Young People	3
Monday 19 April	12pm – 1pm	Healthwatch South Tyneside	Apna Ghar – women from BAME communities	7
Wednesday 28 April	5pm-6pm	STSFT Young Persons Groups	Children and Young people	3
Wednesday 28 April	6pm – 7pm	Healthwatch South Tyneside	Young Healthwatch including BAME teenagers	6
Thursday 29 April	10am – 11am	Healthwatch South Tyneside	South Tyneside Adult Carers	8
Thursday 29 April	1pm – 2pm	Healthwatch South Tyneside	Sight and Hearing Focus Group	3
Thursday 29 April	3pm – 4pm	South Tyneside Healthwatch	Sight and Hearing Service	3
Friday 30 April	11.30am-12.30pm	SEI - STSFT	Thomas Pocklington Trust on behalf of Sight Loss charities and their clients	1
Wednesday 4 May	11am – 12.30pm	Healthwatch South Tyneside	New Hope North East – BAME parents of children with additional needs	8
Wednesday 5 May	10.15am-11.15am	Healthwatch Sunderland	Mix of individuals who are volunteers many have a long term health condition	7
Monday 10 May	Tbc	Healthwatch Sunderland	Sunderland People First / Learning Disabilities / Autism	7
Tuesday 11 May	10am – 11am	Healthwatch South Tyneside	Macular patients	5
Thursday 13 May	10am-11.30am	SEI STSFT	RNIB	5

Summary of focus group and in-depth interview findings

A coding framework was used to analyse and theme the most frequently mentioned issues which are summarised below.

General positive comments

With regards to the current service, those who had previously visited Sunderland Eye Infirmary commented that their overall experience has been very positive. People welcomed the plans for the new Eye Hospital and how this will help to improve the care for those with eye condition. Participants commented:

Current patient experience
<ul style="list-style-type: none"> • <i>"The last hospital is excellent."</i> • <i>"Staff have been great in the previous hospital."</i> • <i>"As a user of the hospital over the years the staff and surgeons are the best."</i>
Positivity about the proposed new Eye Hospital
<ul style="list-style-type: none"> • <i>"I'm really impressed; I know I can't see but the vision of it in my mind."</i> • <i>"When I listened to the CD I was just wishing I could see the design...I'm really impressed with it at the moment, really impressed."</i> • <i>"No, I welcome the plans that may help cures for eyes, stem cells etc."</i> • <i>"Welcome the new service as it's a better location."</i> • <i>"Welcome this for the building to be updated."</i> • <i>"Good exposure for Sunderland gives us kudos. Brings people into the city."</i> • <i>"Very new up to date equipment hopefully giving best treatments."</i> • <i>"It's brilliant that there not taking away the clinical services because sometimes they create these new big facilities and expect people to travel for minor stuff."</i> <p>Questions were raised around what would happen to the old Eye Hospital building and comments highlighted the lack of space in the old building:</p> <ul style="list-style-type: none"> • <i>"Are we still keeping the old building?"</i> • <i>"There isn't much room in the waiting areas or corridors is there."</i>

Design of internal spaces

Key themes were around creating a welcoming, comfortable, relaxing environment for patients and visitors. Groups suggested use of colour would help to improve accessibility particularly for those with sight impairments and paler colours were suggested for waiting areas to help create a more relaxing environment for older and younger patients. Other common themes such as good use of lighting including natural light, acoustics, and consideration of the sensory experience for a range of needs will help to ensure the hospital can provide a good patient experience.

Colour
<ul style="list-style-type: none"> • <i>"Defined colours so that patients can see things when they are impaired e.g. no posts in the middle of the floor that blend into other areas"</i> • <i>"Colour contrasts, can get mixed up with reds, greens, black and white is good leave colour contrasts off letters large print in areas."</i> • <i>"Colours for those with sight impairment."</i> • <i>"Avoid using pale green in welcome areas and waiting areas as it reflects in faces and washes people out, makes them look unwell."</i> • <i>"I would be happy to be your colour champion if you want."</i> • <i>"I think pale colours are the way to go for relaxation and aesthetic purposes - hospital white should be avoided as it feels too medical and certainly puts me a little on edge."</i> • <i>"Dark colours should be avoided, large print signs not in black in white. Black on bright yellow."</i>
Lighting
<ul style="list-style-type: none"> • <i>"I am interested in lighting because in the current hospital it's not very good."</i>

<ul style="list-style-type: none"> • <i>“As someone with sensory issues, I hope the new hospital will be built to taking into consideration, lighting (not fluorescent lighting), colours, sound, signage, smells and the effects this issues can have on people.”</i> • <i>“Reduce shiny surfaces</i> • <i>“Reflective surfaces are the enemy of people with sight loss”</i> • <i>“Anti-glare glass in windows.”</i>
Seating
<ul style="list-style-type: none"> • <i>“High defined furniture high contrast, door frames highlight areas of danger e.g., posts in the middle of the floor.”</i> • <i>“Comfy seating areas identified for those with impairments where they can stand still and a chaperone may support - it can be too embarrassing to ask these areas would help.”</i> • <i>“Comfortable waiting rooms, with various types of chairs, including, chairs with arms, bariatric.”</i> • <i>“Seating arrangements located periodically throughout the facility would allow elderly and people with bad health to make their way more comfortably through the facility with the ability to rest periodically through the hospital.”</i> • <i>“Maybe placing seats in hallways and corridors would allow people who are not able to walk easily and for long periods to time to rest periodically as they walk through the hospital.”</i>
Flooring
<ul style="list-style-type: none"> • <i>“In the CD it didn’t mention anything about flooring so I was wondering if it was going to be carpet or what other texture?”</i> • <i>“The flooring in the new hospital shouldn’t be reflective or have any colour changes through it – this can cause issues for people with dementia. It shouldn’t be noisy to walk on as this can cause sensory issues.”</i>
Waiting areas / rest areas
<ul style="list-style-type: none"> • <i>“Better waiting area with comfortable seats.”</i> • <i>“Larger waiting areas needed that are more spacious.”</i> • <i>“Waiting areas larger, more welcoming.”</i> • <i>“Waiting rooms need to accommodate guide dogs and wheelchairs.”</i> • <i>“Seeing people in the corridors because there’s not enough waiting room space - all that will be resolved hopefully. Sometimes when you’re trying to get past there’s equipment in the way and you have to try and manoeuvre around.”</i> • <i>“Ensure seating in waiting rooms is facing north to avoid glare from the sun shining in people’s faces.”</i> • <i>“There needs to be plenty of room in the waiting areas for guide-dogs to lay down without being in the way.”</i>

Entrance doors / reception area

Groups commented on the proposed designs and welcomed the style of the spacious entrance area. Suggestions were made for automatic doors with audio voiceover information to help improve accessibility. Defined reception and welcome areas, which ensure conversations can be confidential and maintain privacy, would help people feel more comfortable during their visit.

Entrance doors / reception area
<ul style="list-style-type: none"> • <i>“Entrance is open with plenty of space.”</i> • <i>“Like the openness of the reception area as you enter the building.”</i>

- *“Entrance doors without push button automatic door opens and also speaks to you to advise which way it opens.”*
- *“I always think focal points in new buildings are put in an awkward place. Why can’t they have a desk just literally at the door?”*
- *“Highly visual desks – designated desk”*
- *“Clearly defined reception desk.”*
- *“Location and confidentiality around the reception areas are important.”*
- *“You should be able to have a one-to-one conversation with the receptionist without people hearing what is being said.”*

Experience for children and young people

Conversations highlighted the importance of a welcoming environment for children and teenagers. Some group discussions focussed in particular on young adults because it can be difficult to get the balance right between having waiting areas that accommodate both small children and a 17 year old. Other groups of parents who have children with disabilities discussed the need for dedicated children’s areas, quiet areas, rest rooms. Discussions also suggested entertainment such as books, TV screens, iPads in waiting areas for young people to use and free WIFI a must!

Children and young people

- *“Young person’s experience of being in an eye hospital/waiting area. Largely just boring: toys for small children and magazines for adults but very little for teenagers.”*
- *“Entertainment, play area, sensory area, children’s video areas like in the Freeman area. This would help young people to feel more comfortable less stressed when being examined.”*
- *“Books and magazines for younger audiences would be nice, wifi connection, toys for both toddlers and older children (not just Lego, building blocks, etc) but things like Young Adult books too.”*
- *“Facilities: perhaps a small library, a system where you can take books out, read books, beanbags etc, perhaps some iPads?”*
- *“Creating a children’s area.”*
- *“Entertainment such as music, magazines or televisions located in waiting rooms to prevent boredom during waiting times, especially long waiting times.”*
- *“I like the fact that there will be dedicated waiting areas, especially for people post-surgery and for children. This will make people feel more at ease.”*

Design layout

Groups commented that they welcomed the new layout of clinical services and general design:

Layout of clinical areas

- *“Well laid out, all clinical areas are on first floor – it is good that they are all together.”*
- *“More room in treatment rooms.”*
- *“Ground floor triage areas with support staff to guide you to each area.”*
- *“Changing spaces.”*

- *“Separate areas for children and young people - This will make the service less intimidating and easier to manage meltdowns for parents and young people”*
- *“Less departments to navigate to reduce waiting times.”*

Wayfinding around the building

Discussions on navigation and wayfinding around the new building covered the following themes and suggestions were made on how the layout could help ensure the new hospital is more accessible and easy to navigate.

Wayfinding and navigation

- *“Got to be an improvement on the old one, still can’t navigate where the macular unit struggles to find departments.”*
- *“Internal design had a flow to it so you could clearly find what you wanted, less reception one main area, where treatment rooms and consultant rooms are in one place.”*
- *“Having things on one floor, ground floor access clear”*
- *“More streamlined, less walking from triage to treatment as an example”*
- *“A central area with departments from triage to treatment -Simpler if you are on your own.”*
- *“As long as it’s not like a maze, it will be a lot better.”*

Signage

- *“Large and easy to read signs would allow for people with poor vision to be able to locate specific places inside the eye hospital.*
- *“Defined signage eye level.”*
- *“Low level signage throughout larger print.*
- *“Signs that can be read.”*
- *“Navigation: big numbers would be simpler and most practical. Would agree with XX that not solely colour should be used, but that would be a nice touch.”*
- *“I think with me having tunnel vision it needs to be in my eye line as in the current hospital it’s too high up and colouring so it stands out.”*
- *“The signage is terrible in the old hospital and getting round the place, it’s so cluttered, seeing people in the corridors because there’s not enough waiting room space and all that will be resolved hopefully. Sometimes when you’re trying to get past there’s equipment in the doors and you’ve have to try and manoeuvre around.”*
- *“Clear and large signage around the building to ensure stress free movement.”*
- *“Must consider dyslexic patients with signs: simple font, black on white, etc”*
- *“Clear and large signage around the building to ensure stress free movement.”*

Flooring

- *“Different coloured lines on the floor.”*
- *“Perhaps some kind of “follow the line on the floor” system.”*

Providing maps to assist with wayfinding

- *“Less areas to walk around and simplified maps on the wall like the RVI.”*
- *“Giving new patients an enlarged floor plan and map of the area could also aid in travelling to the hospital and navigating the facility.*
- *“A floor plan of the hospital and a map of the general area given before the appointment date would make me more comfortable in access and locating my*

<i>appointment location. This would be beneficial to aid in timing visits and allow for people who are unfamiliar with the area to be at ease on their first appointment and those that have an impairment or injury to the eye.”</i>
Mobile app / audio guides
<ul style="list-style-type: none"> • <i>“For someone who rarely has someone with me it kind of puts me off as I can’t navigate around these places so really what I need is a button I can press to say what’s there or some kind of app on my phone that will show me a way around it or a body to guide me.”</i> • <i>“Talking lift buttons / voice button - If needing to go upstairs.”</i> • <i>“Also having a help point or something where you can put headphones on to guide you.”</i>
Support guides
<p>Sight loss groups highlighted sighted guides would help to improve accessibility during hospital visits.</p> <ul style="list-style-type: none"> • <i>“Marshall to escort or guide you from one department the useful to support you. Or if you had to see the consultant and have treatment having the support from staff to be chaperoned or have a room on the same floor to go for treatment would make it better especially if you are visually impaired.”</i> • <i>“Volunteer guide”</i> • <i>“A guide to take you to services, use of aids or marshals.</i> • <i>“Or designated Marshall area to enable you to sit there if you need that support.</i> • <i>“Welcome marshals for support.”</i> • <i>“Marshals for those visually impaired feels less anxious or at the entrance as a guide during appointments these could be volunteers like during Covid 19.”</i> • <i>“Onsite support for those that need it, in case patients are embarrassed to ask for help.”</i> • <i>“Support during treatment.”</i>
Clear walkways /handrails / automatic doors
<ul style="list-style-type: none"> • <i>“When I use my cane I need a clear straight walkway so I have something to follow and have a button to press if we are lost.”</i> • <i>“Wide corridors and doorways, automatic opening of doors.”</i> • <i>“Handrails should run throughout the building and should be kept clean and obstacle free.”</i> • <i>“Will there be rails to help people with sight issues to find their way around the hospital?”</i> • <i>“No equipment to be left in corridors which could block the way and may be a hazard.”</i>

Travel and transport

Groups discussed the new location and travel and transport to the new Eye Hospital in the City Centre and the close proximity to public transport networks. Most groups welcomed the new location.

Public transport / location
<ul style="list-style-type: none"> • <i>“Easier access on public transport.”</i> • <i>“Better bus route.”</i> • <i>“Transport support.”</i> • <i>“Chaperone support volunteers at public transport areas.”</i>

- *“The new Eye Hospital should be accessible by bus.”*
- *“Transport support has been a previous problem but welcome the new site.”*
- *“Shuttle bus from Sunderland Interchange – this would make it easy for people to get to the hospital, especially if they are travelling from across the region.”*
- *“I think the new hospital site will be better for public transport and easier for people to find.”*
- *“Welcome the new service as it’s a better location.”*
- *“Welcome the new plans as it’s more accessible in terms of getting it there.”*
- *“Close proximity to public transport are a welcome plan in allowing people to more easily access the hospital in a variety of ways.”*
- *“Being close to the city centre.”*
- *“No (concerns), it is welcomed due to an improved location.”*
- *“Accessibility in the town centre.”*
- *“As I attend the hospital from Washington to hospital by bus there is 3 buses to get there and moving the hospital to a central area is much better the hospital has served many people over the years and needs a bigger and more up to date hospital.”*

One group based in South Tyneside asked a question about the location of the hospital.

- *“Why does it have to be based in Sunderland, more support required in South Tyneside as an alternative option for those that cannot travel to Sunderland?”*

Groups addressed concerns about the City-centre location due to the suggested volume of traffic on nearby roads at peak times:

- *“The location could be a positive or negative as this is already a congested part of the city.”*
- *“Traffic flow could be an issue, especially during rush hours when it is exceptionally busy.”*
- *“I would be worried that it will be too far for some people to travel.”*

Pedestrian crossing

The main concerns shared about location were about travel crossing the busy road to get to the new Eye Hospital and consideration of the pedestrian crossing for both pedestrians and wheelchair users and carers:

Pedestrian crossing

- *“City centre location and wheelchair across St Mary’s Boulevard.”*
- *“Transport making sure road crossing that are accessible to visually impaired.”*
- *“Safe crossing points.”*
- *“A busy road, ensuring there are less road works.”*
- *“Traffic lights to ease the flow.”*
- *“Making sure lights/crossings are working in the area.”*
- *“Crossing /safe designated walking areas.”*
- *“It must be at a controlled crossing, not a zebra crossing. Especially at that road with it being a dual carriageway.”*

- *“Have you tried pushing a wheelchair across St. Mary’s Way?”*
- *“What about crossing that busy road at the back of M&S to get there – will there be changes to the crossings as currently you can wait a long time to cross? Will there be an additional pedestrian tunnel built?”*

Parking and drop off

Participants of Black Asian and Minority Ethnic groups, disability groups and the young person’s groups highlighted parking would help to ease travel concerns and associated stress. Some suggested the need for free parking and increased availability of disabled parking. Others suggested travelling can be a challenge for those with sensory impairments.

Parking / drop off

- *Adequate car parking and stress caused...*
- *“More disabled bays closer to the entrance*
- *“No parking fees”*
- *“Getting there, parking”*
- *“Plenty of parking.”*
- *“More car parking spaces”*
- *“Car Parking adequate but transport with an impairment be difficult.”*
- *“Car parking and the price of parking, will there be sufficient parking spaces for staff and patients?”*
- *“Designated parking /bus/taxi spaces with paths that visually impaired can find their way.”*
- *“There should be adequate and cheap parking available to users of the hospital.”*
- *“Parking for mobility scoots should be considered in the plans.”*
- *“Safe drop off points not in ambulance areas dedicated spaces.”*
- *“Is there a pick-up/drop-off point? Is two spaces sufficient?”*

Accessibility

All groups discussed accessibility. Suggestions highlighted how getting this right can help people feel more comfortable when accessing care, as well as contributing towards positive overall patient experience for all. Many specific comments and suggestions were made on how to improve accessibility when travelling to and from the new Eye Hospital and when navigating the building once inside.

Positive comments on accessibility

- *“Hope that it is accessible for all, including those with disabilities or severe eye impairments.”*
- *“More accessible for people from across the region.”*
- *“I like that the fact the current Eye Infirmary is old, not suitable and not fully accessible has been addressed. I think this is a great opportunity to make the new building accessible for everyone.”*
- *“Better for staff and sure will lead to be a more patient access friendly unit.”*
- *“Fabulous for the City. As a wheelchair user, I can’t wait!”*
- *“The site looks great, easily accessible. Centre of Town.”*
- *“It’s great though because this attention to detail is fantastic that they are already considering all of these things.”*

<ul style="list-style-type: none"> • <i>“Easier access in the hospital, less stairs, layout of new one looks better.”</i> • <i>“Space looks fantastic.”</i> <p>Young people and older people expressed importance of independence when accessing care and that this should drive the design of the building to help improve overall patient experience:</p> <ul style="list-style-type: none"> • <i>“Failure to not make it accessible and comfortable to access will not be a good patient experience and will not enable patients to get there independently if it is not as accessible and as comfortable as possible.”</i>
Footpaths
<ul style="list-style-type: none"> • <i>“Dedicated footpaths that lead to transport or pick up points that clearly lead to the entrance or reception so that those that are impaired /blind can familiarise and be safe from entry to exit.”</i> • <i>“Designated parking /bus/taxi spaces with paths that visually impaired can find their way.”</i> • <i>“Safe designated walking areas.”</i>
Metro
<ul style="list-style-type: none"> • <i>“If you get the tube to Moorfields it will say change here for Moorfields High Hospital, if we could work with Tyne and Wear Metro for the closest approximation it might be able to get put on the audio announcements. Saying that that’s something RNIB could do as we have a good relationship with Tyne and Wear Metro.”</i> • <i>“What is the closest metro station to the new build?” Can you provide information on your website?”</i>
Taxis/ patient transport
<ul style="list-style-type: none"> • <i>“Wider taxi drops off with support if needed.”</i> • <i>“Taxi ports with marshals for those visually impaired feels less anxious or at the entrance as a guide during appointments these could be volunteers like during Covid 19.”</i> • <i>“Patient transport to be available for those who need it.”</i>
Toilets
<ul style="list-style-type: none"> • <i>“Toilets in the right places that are accessible, sensor taps etc”</i> • <i>“Plenty of well signposted fully accessible toilets that are regularly cleaned and designed to be easy to keep clean.”</i>
Wheelchair access
<p>Groups commented on the need for wheelchair access and wheelchair users indicated that they were assured that their needs would be met as part of the overall new building designs.</p> <ul style="list-style-type: none"> • <i>“There should be ramps and lifts for wheelchair users. Doorways should be wide enough to accommodate any size wheelchair.”</i> • <i>“As a wheelchair user, I can’t wait!”</i> • <i>“Extra feedback: every table should have a wheelchair space, things as low down on shelves as possible to accommodate this, lifts clearly marked, also consider this at the front desk (extremely uncomfortable if a patient in a wheelchair can’t see over the top of it to speak to the receptionist).”</i>
E-scooters
<ul style="list-style-type: none"> • <i>“E –scooters are an issue for people with sight loss, you can’t always see they are there or hear them coming.”</i>
Lifts / stairs

<ul style="list-style-type: none"> • <i>“No stairs, lifts to show you the way, if you can’t see how do you know how to get somewhere.”</i> • <i>“Large buttons on the lift”</i> • <i>“Talking lift buttons / voice button - If needing to go upstairs.”</i> • <i>“Being able to see the buttons on the lift.”</i> • <i>“Is there going to be an audio system in the lift?”</i> • <i>“All one level with no stairs.”</i> • <i>“Less slopes /banks/ no stairs or yellow strips so it can be seen.”</i>
Quiet rooms/spaces
<p>A number of groups commented on the need for quiet areas and rooms for patients and visitors with specific needs.</p> <ul style="list-style-type: none"> • <i>“Dedicated quiet room for children with additional needs.”</i> • <i>“There should be a quiet area, for people who may become overwhelmed or have sensory issues. This area should not be too small, as this can cause more sensory issues and lighting, information on the walls should also be taken into consideration here.”</i> • <i>“Dedicated areas for children with additional needs priority triage.”</i> • <i>“Private day unit that is quieter with specialist staff for children with needs with appointments systems to avoid wait times.”</i> • <i>“Acoustics needed to be carefully considered.”</i> • <i>“People with disabilities may not be able to wait for long periods of time – this can cause additional pain or / and anxiety.”</i>
Improved interpreters service / translation support
<ul style="list-style-type: none"> • <i>“Interpretation can be arranged by Apna Ghar but what if this is not available, this cannot always be arranged in time and some from the group would avoid going.”</i> • <i>“Improved interpretation support, more parents/disabled people.”</i>
Self-check in
<p>Groups commented on the need for larger text or keyboards on the self-check in system to ensure it is more accessible:</p> <ul style="list-style-type: none"> • <i>“Check as sight deteriorates so may need bigger text on screen or large key board.”</i>
Onsite support / making the new Eye Hospital inclusive
<p>Groups suggested that increased onsite support for people with disabilities and specific needs would help to make the new Eye Hospital more accessible and inclusive and help people to feel more comfortable during their visit whilst also improving overall patient experience.</p> <ul style="list-style-type: none"> • <i>“Additional support worker in the hospital on hand for support with experience of additional needs /challenging behaviour to avoid chaos with a separate reception area /room.”</i> • <i>“Volunteers or staff from the BAME community at the entrance to help reduce barriers and give patients the feeling that they are looked after and can approach if they are struggling.”</i> • <i>“A dedicated BAME worker/ patient volunteers making it more accessible for the community”</i> • <i>“Onsite support for those that need it, in case patients are embarrassed to ask for help.”</i>

- *“It will make the overall patient experience improved and ensure people feel better supported throughout their appointment.”*

Overall patient experience

Many comments were made about the potential for improving peoples’ experiences before they even arrive at hospital and in their interactions with staff. People with visual impairments find it difficult to read current appointment letters and feel all communications from the hospital should be standardised so that large print is the default format rather than being an option available on request.

Appointment letters – large print format / Easy Read

- *“The whole process. One thing if someone gets referred making sure that GP, optometrist, hospital has the patient’s communications preferences because people aren’t getting communicated with in the right way. Where is the best place to get preferences listed? Also people need to tell NHS what they want – don’t know about sight loss issue if you don’t tell them.”*
- *“Still sending out letters in small print – this needs to change.”*
- *“Larger print for everyone around appointment date time for everyone without having to request larger print.”*
- *“Appointments large print - you should not still have to request these.”*
- *“Be able to book a new appointment without a letter for those that are visually impaired this could not be done during Covid-19 and letters still come in small print.”*
- *“All information and invitations should be in easy read.”*
- *“Flag people’s ability to use technology.”*
- *“Helpful to confirm appointment use technology, send text reminders so people do forget. Consider all people are not tech savvy and sight deteriorates with age and/or some conditions.”*

Appointment times

Most groups, including sight loss and BAME groups, indicated that a range of appointment times and an appointment system would help to make the hospital more accessible for patients and visitors:

- *“Appointment times sometimes cannot attend due to childcare.”*
- *“Appointment times during school times not after 4pm.”*
- *“Appointment systems”*
- *“Appointment times available during school times as childcare can be a huge issue in the BAME community when attending appointments.”*
- *“A range of appointment times.”*
- *“Better spaced-out appointments”*
- *“You should always be asked prior to attendance at an appointment if you need any support to attend or whilst in attendance. Whether this be around access or communication.”*
- *“Booking in -some people don’t know who or where to contact they call and can get passed around a system and get lost.”*
- *“Good communication prior to appointment to negate anxiety and stress.”*

Staff awareness training

All groups discussed staff awareness of sight impairments and disabilities and suggested more consistent training would help to improve their overall experience:

- *“More awareness around sight impaired, sets of questions staff ask to establish what support is needed e.g. don’t say go over there people who can’t see don’t know where.”*
- *“Staff awareness training around autism /ASD disability awareness.”*
- *“Ensuring that staff are children nurse practitioner that has children’s experience is key in particular around additional needs.”*
- *“More children’s accessible training.”*
- *“More nursing support / on notes visual impairments a different colour folders.”*
- *“More staff training around questioning what support is required.”*
- *“More staff training, more support staff available volunteers that take you to different departments to help /support you.”*
- *“Nursing staff training needed for treatment, this is not always consistent.”*

Groups suggested more staff should be recruited to support the new clinical areas of the new Eye Hospital:

- *“More staff to support new service areas.”*
- *“I think if there is more staff and specialist to support the added facilities i.e., paediatrics and the day unit.*
- *“Most importantly allowing students to come to the facility for training purposes (including facilities for teaching).”*

Reception staff

Discussions also focused in particular on reception staff and need for training on disability awareness, communication skills and ensuring staff are asking the right questions so that people get the right support during their visit:

- *“On arrival at reception staff need excellent communications skills.”*
- *“Staff who are trained in disability awareness.”*
- *“Improved training for receptionist staff to ensure they are asking the right questions and patients are getting the support they need.”*
- *“It will make the overall patient experience improved and ensure people feel better supported throughout their appointment.”*
- *“Access to receptionist – Clearly defined desk awareness of impairment and asking giving out cards to patients that need support or have an impairment or designated area, so staff know they need support, what your visual impairment is, large yellow card as an example.”*

Telephone triage/ online consultations

Discussions suggested that the Eye Hospital should continue using the telephone triage system and online consultations.

- *“Telephone triage to continue to avoid hospital where possible.”*

Planning for the opening

Groups commented that it would be helpful if orientation visits could offered to people to help familiarise themselves with the layout of the new building. Others, including young people, expressed concerns about the impact of change of location on some current patients and older people as well as people with specific needs:

Orientation visits

- *“Orientation visits to familiarise themselves with the building. For those with impairments or with any disability both children and adults.”*

- *“Will the layout be the same on each floor? If it’s the first time someone has come to the building those volunteers can give the orientation around the building so that the person has built a visual map in their mind so next time they go they know what department they need to go to and know how to access that department.”*
- *“Involving young people with sight/visual impairments to initial visits before completion to ensure things are correct first time to meet the needs of the next generation that will use the service.”*
- *“Older and younger people involved in outside and inside, furnishings, sitting chairs, signage, colours.”*
- *“I am mostly concerned about how people who used to visit the older care facilities will be able to access the new facility. How will people with disabilities and limited access to transport and knowledge of the local area be able to access the new eye hospital and how would the ability of people to access this new facility be handled?”*
- *“Many people may struggle to access the new location especially if they are used to and comfortable with the old facility. This transition may be difficult for some people who have been visiting the old facility for their entire life.”*

Listening to views of patients and service users

Participants highlighted the importance of listening to service users and patients so that the Trust and the architects get the building right first time and it meets the needs and requirements of people with disabilities and eye conditions.

- *“Listen to users about getting it right first time.”*
- *“Being involved more before changes are made.”*
- *“Getting it right first time the sight and hearing service would be keen to be involved in further plans.”*
- *“Groups of people with lived experience, such as Sunderland People First, should be used to make sure sensory issues have been taken into consideration during the planning stage.”*

Communicating in the lead up to opening

Communicating the change of location and information about the new Eye Hospital will be important. Groups commented on information being made available when the new building opens, and in advance of appointments, via websites and printed maps and videos to help improve health literacy.

- *“Clear directions on website and patients given a printout map with their appointment, to avoid any stress about getting to appointments on time.”*
- *“There could be videos developed that show people around the new Eye Hospital and maybe explain where it is and how best to get there. These should include people with a learning disability and / or autism. This would put people at ease before they visit.”*

On-site amenities at the new Eye Hospital

There were a number of comments about other amenities that would improve overall patient experience.

ECLO (Eye Clinic Liaison officer) provision

Sight loss groups highlighted the importance and value of the ECLO service and how the service should be situated at the front of the building to ensure people get immediate access to the right information and support.

<ul style="list-style-type: none"> • <i>“ECLO provision (in RVI this is a bit of an afterthought) should be at the forefront of the pathway.”</i> • <i>“Educate people on benefit of ECLO and community support workers who can give more information – ECLO is gateway to all of that.”</i> • <i>“There should be somewhere to give compliments, share concerns or get information and advice. A bit like PALs.”</i>
Pharmacy
<p>Groups including those with long-term health conditions suggested the pharmacy would be better located on-site and next to an exit in the new building.</p> <ul style="list-style-type: none"> • <i>“The chemist on the exit”</i> • <i>“Pharmacy onsite for ease of patients.”</i> <p>Sight loss groups suggested large print on medication dispensed by the pharmacy would help to improve accessibility.</p> <ul style="list-style-type: none"> • <i>“Instructions on medication readable in large print.”</i>
Optician
<ul style="list-style-type: none"> • <i>“Having an optician on site would also be a good idea.”</i>
Refreshments/Food
<ul style="list-style-type: none"> • <i>“An area to buy food.”</i> • <i>“A larger non congested tearoom in more than one area of the hospital e.g. at the entrance and on the ground floor.”</i> • <i>“Café and decent coffee machine, water dispenser”</i>

Communications and involvement

RNIB commented how impressed they were with the overall approach to communications and engagement. Positive comments also suggested that the message was getting out into the community. Sight loss groups have valued the engagement with different groups and information in accessible formats.

Communications and involvement
<ul style="list-style-type: none"> • <i>“Clear and concise information in a format that is easily understandable.”</i> • <i>“The provision of accessible information is important.”</i> • <i>“All information and invitations should be in easy read.”</i> • <i>“Wish more local people would get involved.”</i> • <i>“The (audio) CD was brilliant. When I listened to the CD I was just wishing I could see the design; I’m really impressed with it at the moment.”</i> • <i>“There could be an easy read survey to complete so that people can give them feedback.”</i>
<p>Feedback from sight loss groups suggested continued partnership working with charities to share information. Others highlighted concerns about digital literacy and access to IT and the intranet or may need support to access to technology.</p> <ul style="list-style-type: none"> • <i>“To work with charities and to make sure they promote on their site and possibly on their Facebook pages, that touches a certain category of people.”</i> • <i>“Some kind of booklet that you can send out in audio because not everyone is good with technology so everybody has access to the information and I think it would be very beneficial.”</i>

3. Feedback from online survey findings

This section of the report summarises feedback from an online survey which sought feedback from patients, the public, staff and stakeholders on plans for the new Eye Hospital. In total, 336 surveys were completed and postcode data shows respondents were not only from Sunderland and the immediate surrounding areas of South Tyneside and Durham, but from across the North East including Northumberland, Teesside and Cumbria.

The survey was available both online and in hard copy and consisted of 11 questions. Posters and cards promoted the survey using a QR code linking directing to the online version. A link to the plans (www.stsft.nhs.uk/neweyehospital) was highlighted in the introductory text of the survey to help ensure people could find out more about the new Eye Hospital before completing the survey.

Please note:

Percentages have been rounded up to one decimal place.

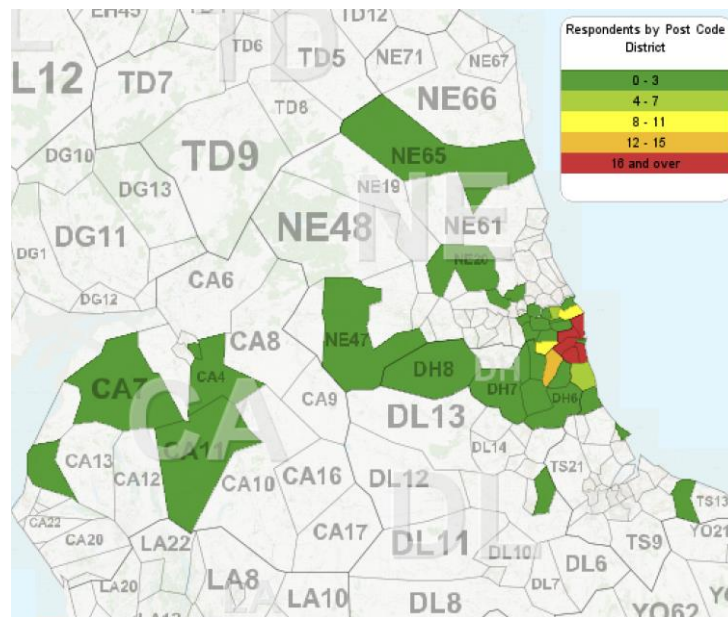
Respondents can represent more than one category.

* These figures in the qualitative questions represent the capacity in which respondents have completed the survey.

Q1. What is the first half of your postcode? (N=335)

In total, 335 respondents answered this question, providing the following information in the below table and map.

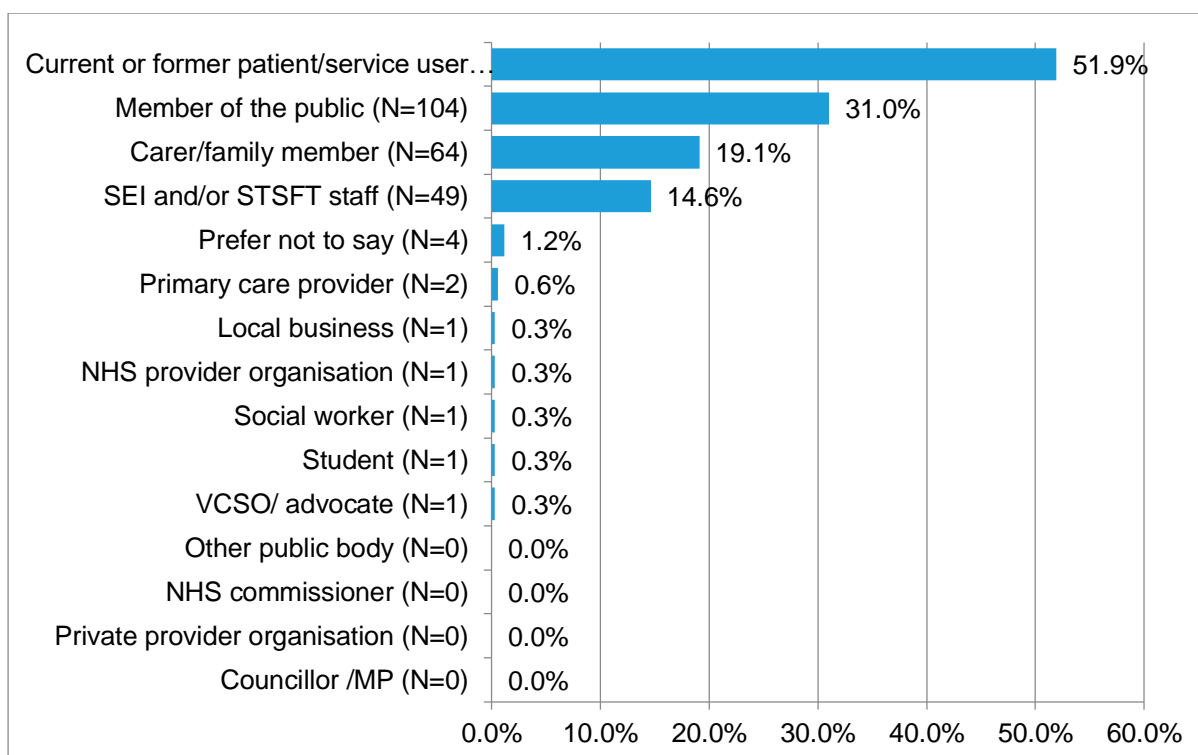
Postcode	Number of responses	Postcode	Number of responses
SR1	4	NE9	1
SR2	54	NE10	1
SR3	67	NE20	1
SR4	47	NE31	1
SR5	30	NE32	5
SR6	54	NE33	1
SR7	4	NE34	9
SR8	1	NE35	2
DH1	3	NE36	2
DH2	1	NE37	3
DH3	1	NE38	9
DH4	15	NE47	1
DH5	1	NE65	2
DH6	1	TS12	1
DH7	1	TS24	1
DH8	1	CA1	2
DL1	2	CA4	1
NE3	1	CA7	1
NE5	1	CA11	1
NE6	1	CA14	1
NE8	1		



Q2. Please tell us in what capacity you are responding to this engagement survey? (N=335)

In total, 335 respondents provided the capacity in which they were responding to the engagement survey providing the following information in the below table. **Please note:** respondents may represent more than one category.

Organisation	Respondents
Current or former patient/service user	174
Carer/family member	64
Member of the public	104
Councillor /MP	0
Charity/Voluntary organisation/ advocate (VCSO/ advocate)	1
STSFT staff member	49
Student	1
Primary care provider (including GP/GP practice, high street optometrist, pharmacist etc).	2
Social worker	1
NHS provider organisation	1
Private provider organisation	0
NHS commissioner	0
Local business	1
Other public body	0
Prefer not to say	4



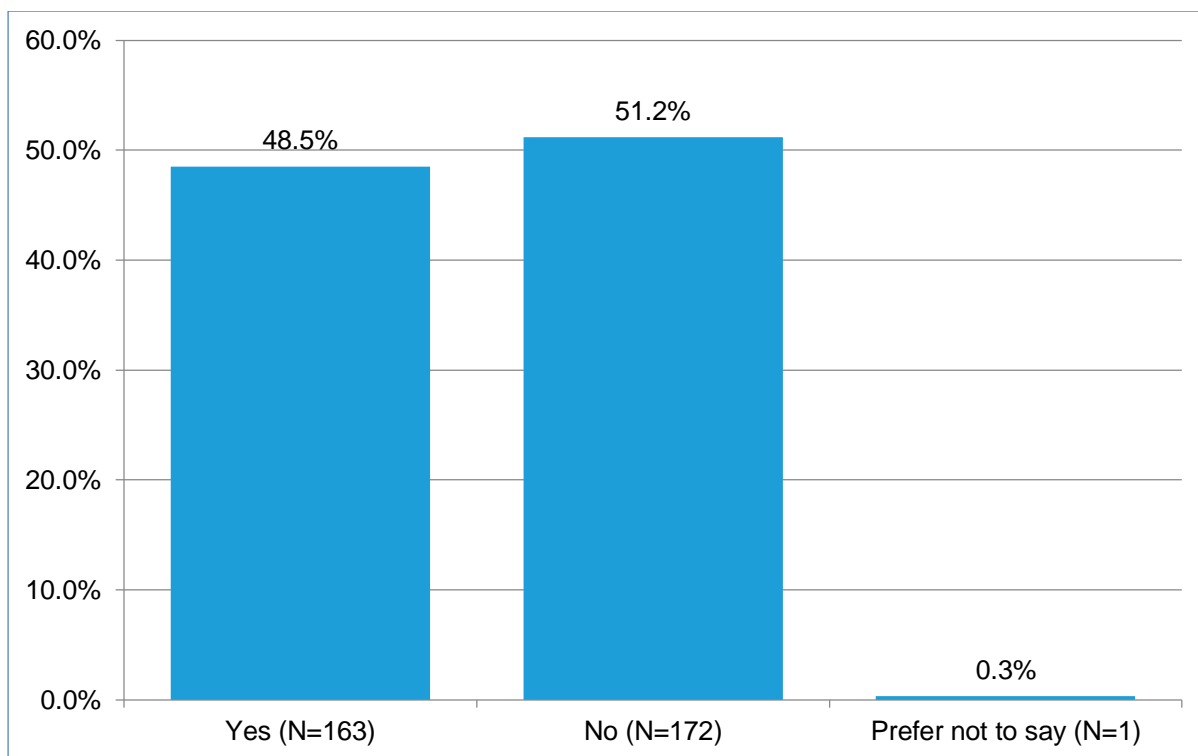
Q3. If you are responding on behalf of a group, organisation or team, please state the name of your group / organisation / team: (N=65)

Respondents were asked to state the name of the group/organisation or team if they were responding on behalf of a group. The majority of respondents who answered this question actually indicated that either that they weren't responding on behalf of a group or that they were a member of the public (50). Responses from the remaining 15 people are categorised below:

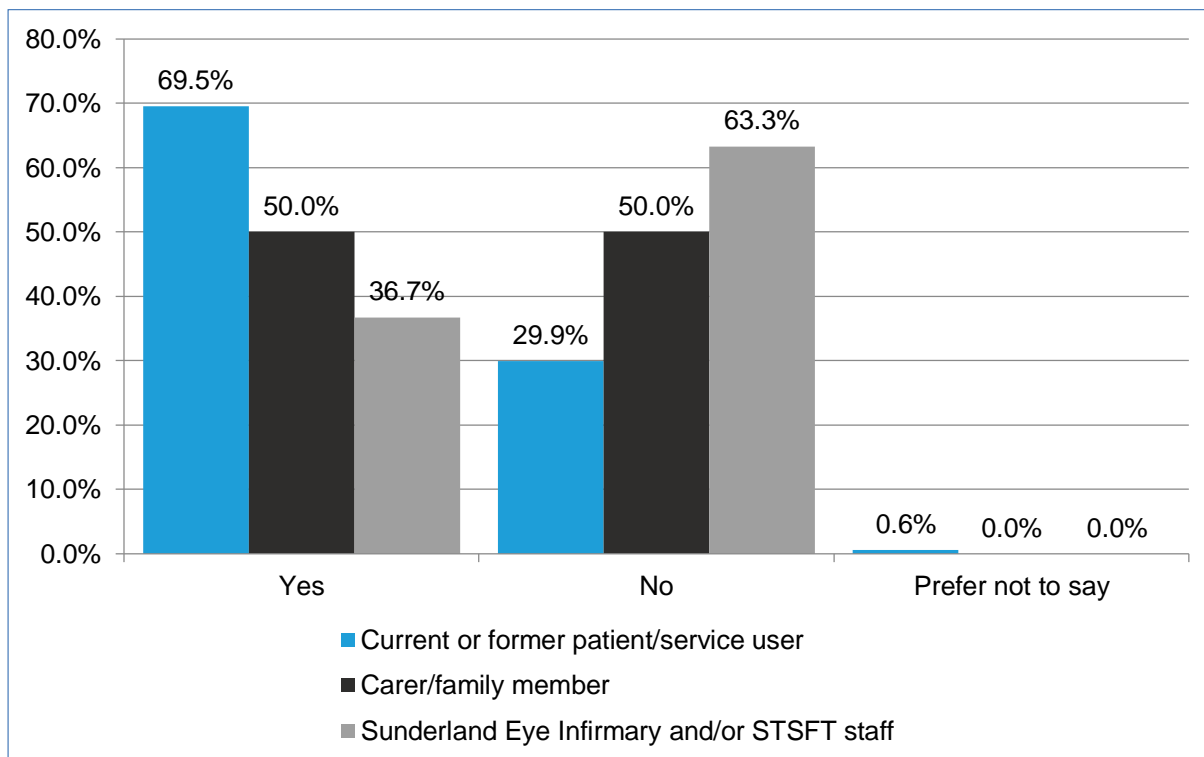
Organisation	Respondents
STSFT staff	6
Sunderland and County Durham Royal Society for the Blind	2
Moving and Handling	1
STSFT Community Speech and Language Therapy	1
Shiney Row Advice and Resource Project	1
Sunderland Eye Infirmary Main Theatre Department	1

Q4. Do you currently use eye (ophthalmology) services at Sunderland Eye Infirmary or have you used them in the past two years? (N=336)

Just short of half of the respondents indicated that they were either a current service user or had used the service within the past two years (48.5%).

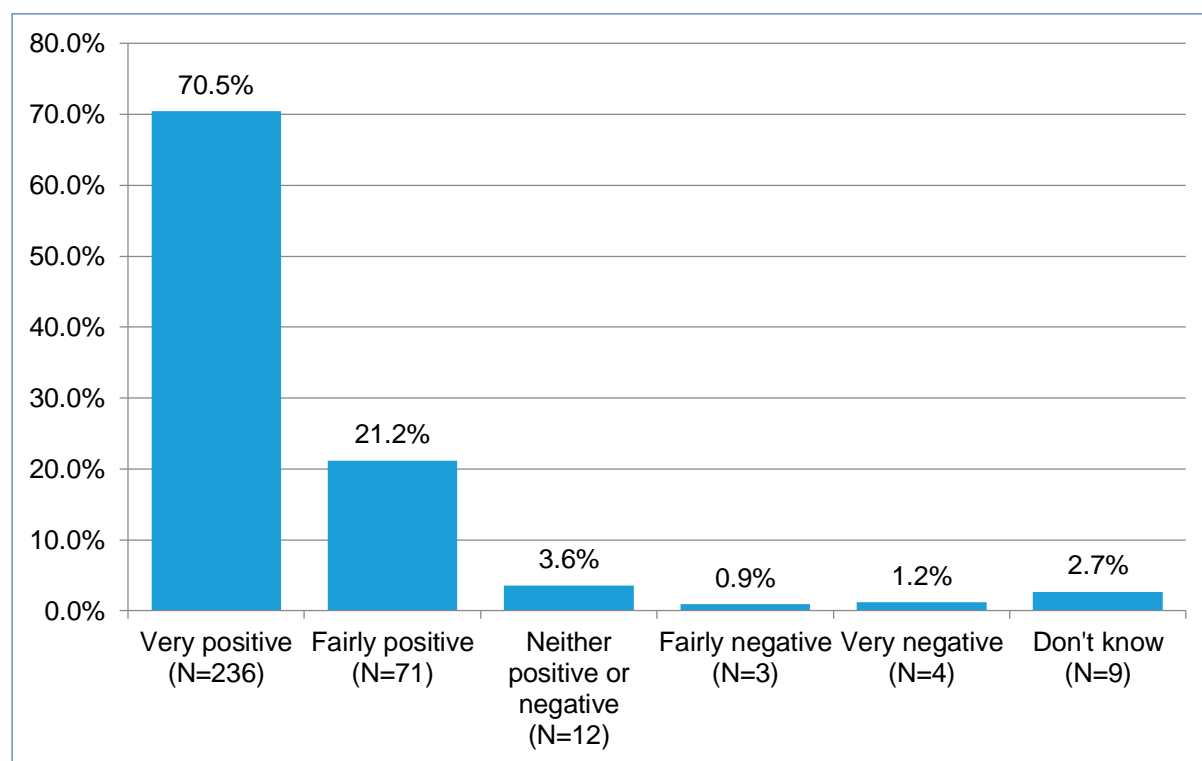


Of those who were currently using services, or who had used services in the past two years, the table below shows the capacity in which they were responding to the survey:

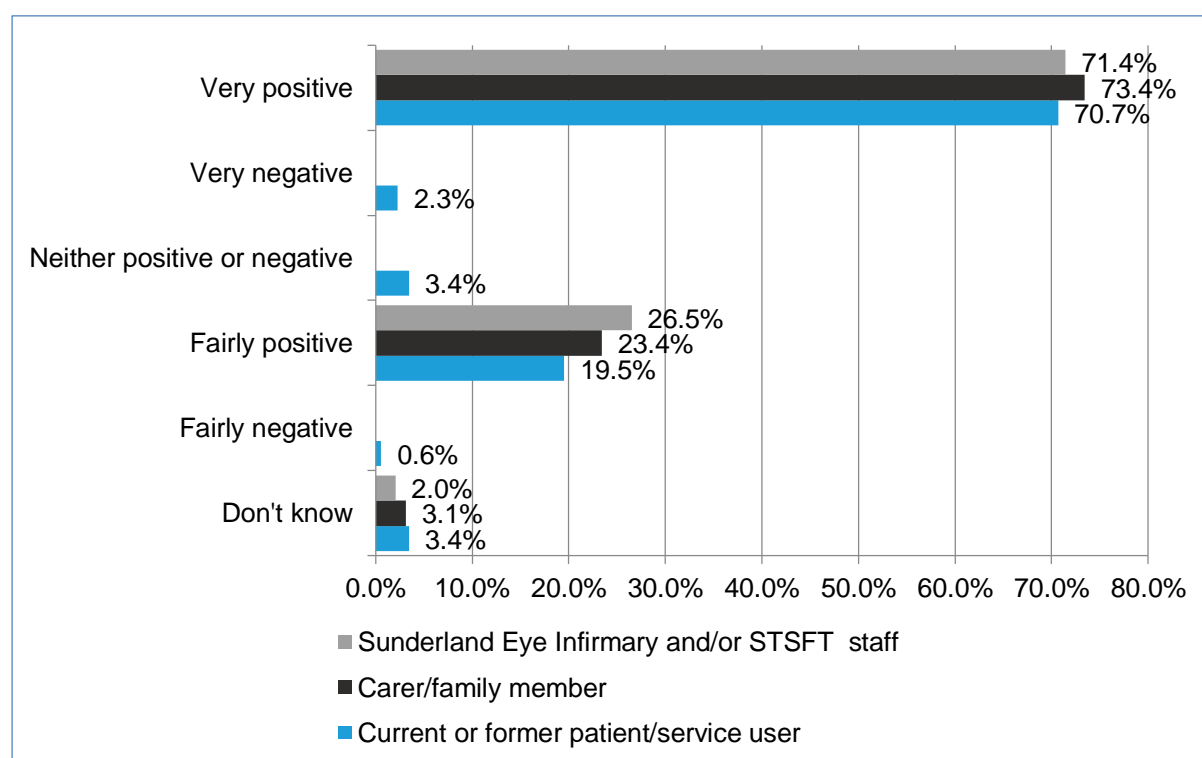


Q5. Overall, what do you think about our plans for a new Eye Hospital in Sunderland? (N=335)

Just short of three-quarters of respondents indicated that they thought the plans were very positive (70.5%) and 21.2% felt fairly positive about the plans.

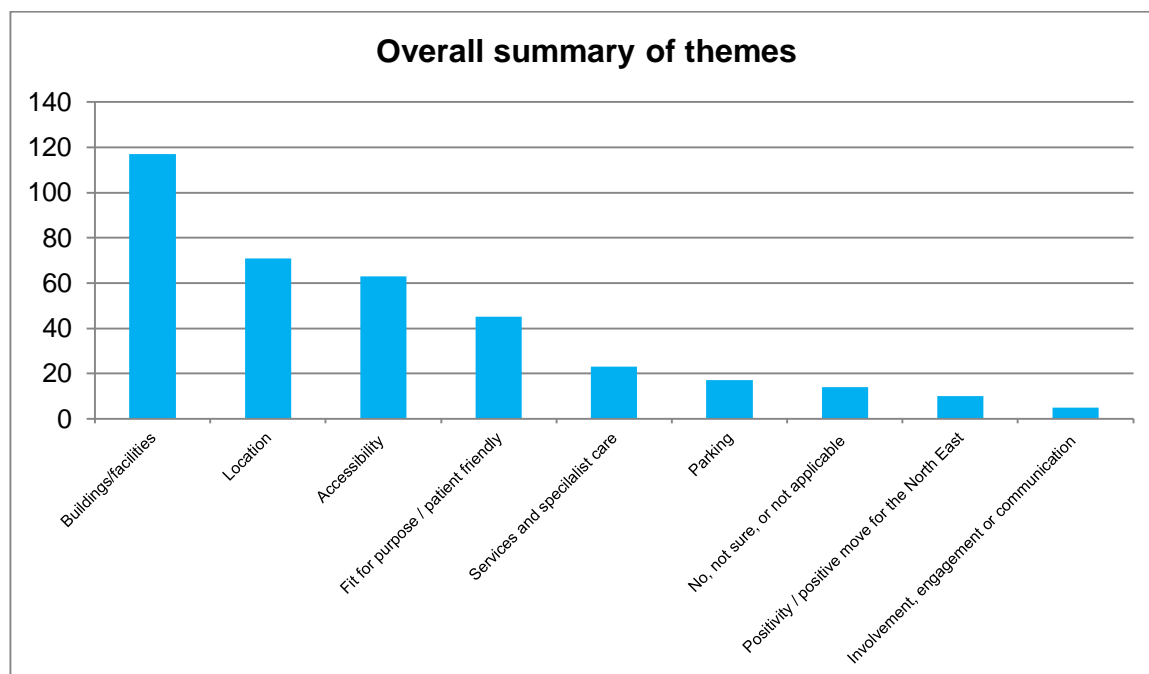


The table below shows the breakdown of sentiment by the capacity in which they were responding to the survey:



Q6. Is there anything you particularly welcome about our plans for the new Eye Hospital? (N=266)

Respondents were asked if there was anything particularly welcome about the plans for the new Eye Hospital. 266 respondents provided 366 comments. These comments were grouped into the following themes.



Building/facilities

In total, 117 comments discussed the building or facilities. There were 74 positive comments about welcoming a new or updated state-of-the-art building or site.

“Purpose built hospital - the old eye hospital building is inadequate.”

“Lovely new facility.” [Carer/family member and STSFT staff member]

“A new, modern site.” [Current or former patient/service user]

Similarly, 26 comments addressed the facilities, suggesting that new or improved facilities would be welcomed for both staff and visitors alike. One comment from a member of STSFT staff suggested that a sink in every room would be welcomed.

“Modern facilities and central location.” [Current or former patient/service user]

The size of the building and or facilities was also discussed, with 16 comments suggesting that respondents would welcome more space or capacity.

“Space central building that is fit for purpose with room for growth.” [STSFT staff member]

One comment suggested STSFT should ensure that the old building is reused.

*"If you must have a new hospital don't pull the old one down.
Please re-use it for something else." [Current or former
patient/service user]*

Location

In total, 71 comments discussed the location with all but two comments welcoming the new City centre location. Overall, people welcomed the central location, felt that the area/location was better, or that it was local/close to home.

"Closer to town centre." [Current or former patient/service user]

"Location and modern facility." [Member of the public]

"Closer to where I live." [Carer/family member]

Only two comments indicated that respondents were either not happy with the suggested area, or that the hospital should be built on its current site.

*"Prefer it to be built on current site away from busy town centre."
[Current or former patient/service user]*

Accessibility

In total, 63 comments discussed accessibility.

*"I feel the location is a lot more accessible to those living in South
Shields and surrounding areas." [Member of the public]*

*"More accessible for people with disabilities." [Current or former
patient/service user, carer/family member and STSFT staff
member]*

Transport and the ease of access to the new Eye Hospital was discussed in 20 comments, with all but two comments suggesting that transport to the new hospital should be easier.

*"Nearer city centre, easier access to public transport." [Current or
former patient/service user and a Carer/family member]*

The other two comments indicated that the respondents hoped that public transport would be easier.

*"I'm hoping that transport from South Shields might be easier. I
love the present Eye Hospital but that is only downfall."
[Current or former patient/service user]*

Fit for purpose/patient friendly

In total, 45 comments discussed a fit-for-purpose or patient friendly hospital, with 19 comments indicating that the new Eye hospital is long overdue and needs to be updated with many suggesting that the current hospital is not fit for purpose.

“Last time I was in Eye Infirmary I commented on its age but has always been a building that fitted into its surroundings.” [Member of the public]

Linked to this, 16 comments welcomed the plans for the new Eye Hospital because it will be fit for purpose and meet the needs of patients whilst being patient friendly

“A BRIGHT NEW BUILDING DESIGNED TO MEET THE NEEDS OF PATIENTS TODAY.” [Member of the public]

The design and layout of the new Eye Hospital was addressed in six comments which indicated that the layout would improve movement around the hospital and between departments.

“An easier lay out as the current one can be a bit of a maze.” [Carer/family member]

A further respondent indicated that they welcomed plans because it would provide a staff room for breaks.

“Fit for purpose examination rooms, ease of movement between departments for patient tests. Having a staff room for breaks.” [STSFT staff member]

A further two comments indicated that respondents welcomed the plans for a new Eye Hospital because it would have a separate children’s area and improved signage. Finally, one comment from a respondent who completed the survey in the capacity of a current or former patient/service user said that they shouldn’t fix something that isn’t currently broken.

Services and specialist care

In total, 23 comments talked about services and specialist care, with 13 comments indicating that respondents would welcome the state-of-the-art, cutting edge and modern treatment, services and equipment.

“I hope it will bring modern treatments to the fore.” [Carer/family member]

“As we are living longer it's even more essential to look after our eyes and have supportive diagnostics treatments with the advancement of medical technology.” [Member of the public]

Five comments welcomed the plans if the new Eye Hospital provides the same high level of care and services.

“That hopefully the current high level of service will expand.” [Current or former patient/service user]

Specialist care was addressed in four comments which addressed the need for a dedicated specialist eye hospital. One of the comments indicated the need to retain their centre of excellence.

“A dedicated eye hospital.” [Member of the public]

Finally, one comment provided by a member of the public indicated that they welcomed the plans for the new Eye Hospital because the A&E services will still be available.

Parking

In total, 17 comments addressed parking, with seven comments from respondents suggesting that they liked or hoped there would be plenty of parking.

“It being more central to the town centre and having more car parking spaces.” [Current or former patient/service user]

Two respondents indicated that they welcomed disability friendly and disabled parking).

“More up to date environment, more easily accessible to users of public transport, hopefully adequate parking for disabled and non-disabled drivers.” [Patient/service user, Care/family member]

Five comments respondents suggested that they welcomed an improvement to parking.

“Good parking facilities.” [Current or former patient/service user]

Finally, three comments from respondents welcomed or would like low cost or free parking.

“Not much publicity in what you are doing but hope there is free parking.” [Member of the public]

Positivity / positive move for the North East

In total, ten comments discussed the new Eye Hospital plans positively, with respondents indicating that the plans look good or amazing and would be a good move for the North East/City of Sunderland.

“I think the new plans look good.” [Current or former patient/service user]

“Updated hospital will be great for the city.” [Current or former patient/service user]

One comment from a member of the public suggested that they welcomed everything about the plans for the new Eye Hospital.

Involvement, engagement or communication

In total, five comments addressed engagement and or involvement. Two comments indicated that respondents welcomed the involvement of staff and those with sight problems in the plans of the new Eye Hospital.

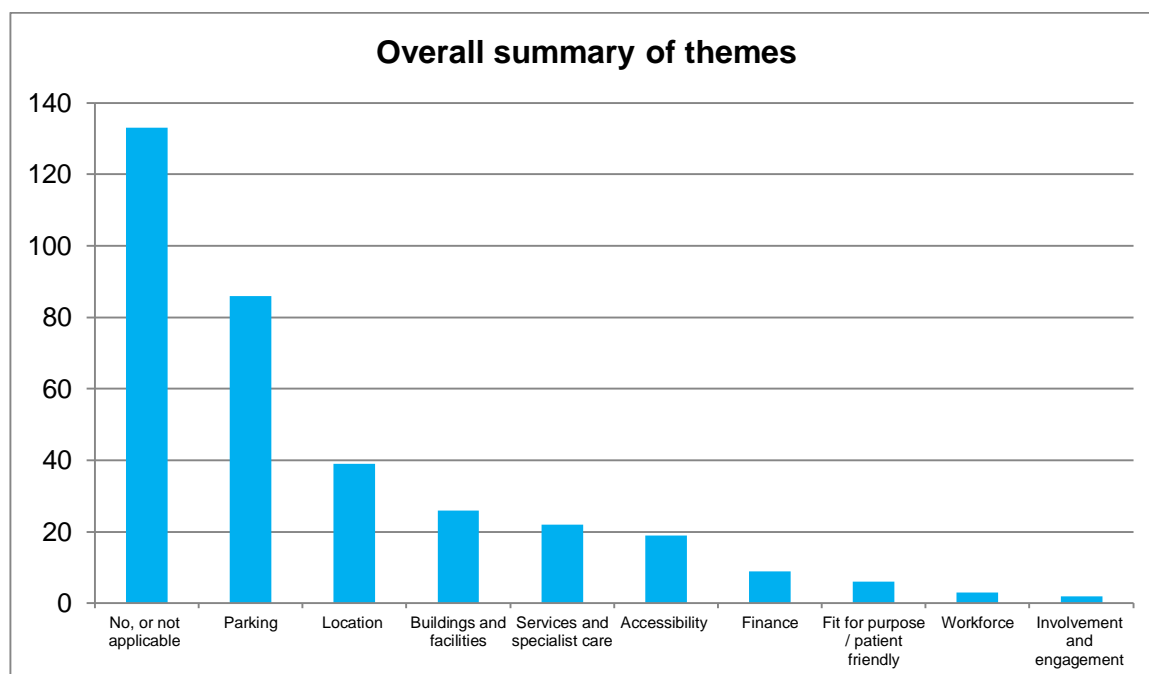
“Better access and improved signage. It’s excellent that the staff and the RNIB have been involved in the planning.” [Current or former patient/service user]

There were three comments from those who hadn’t seen the plans or that the plans were not communicated with the wider public.

“Not seen them.” [Social worker]

**Q7. Is there anything that concerns you about our plans for the new Eye Hospital?
(N=279)**

Respondents were asked if they had any concerns about the plans for the new Eye Hospital. 279 respondents provided 345 comments. 133 comments indicated that respondents had no concerns, or that the question was not applicable to them. The remaining 212 comments were grouped into the following themes.



Parking

In total, 86 comments discussing parking at the new Eye Hospital with 64 comments expressing concerns around the availability of parking at the new Eye Hospital. Eight respondents talked specifically about the city centre location.

“Adequate parking - especially as it’s so close to town centre.”

[Current or former patient/service user]

Additionally, six respondents indicated they had concerns around the expense of parking at the new Eye Hospital, with a further three comments suggesting that parking should be free.

“I am concerned about the parking for staff and visitors.”

[Sunderland Eye Infirmary and/or STSFT staff member]

Additionally, three comments also indicated concern over the parking being used by city centre shoppers at the new Eye Hospital.

“Parking. Due to location in city centre will the car park be for service users only? I.e. will there be a system to keep visitors to the city centre shopping etc out of the car park?” ***[Carer/family member and a Sunderland Eye Infirmary and/or STSFT staff member]***

Finally, two comments expressed concerns around the availability of disabled parking bays

"I hope there is enough disabled parking on site. Not just up Livingstone Road. My Dad has Parkinson's and can't walk a great distance." **[Carer/family member]**

Location

In total, 39 comments indicated concerns around the location of the new Eye Hospital. Of these 39 comments, 13 respondents did not provide any further information. 13 comments did, however, talk specifically about concerns over the city centre location.

"The proposed relocation to an area that already struggles to cope with traffic, notwithstanding the ongoing improvements. Along with other proposed land uses, there will be an inevitable increase in traffic to the site. There is also the issue of what the current site will be used for." **[Current or former patient/service user and a carer/family member]**

Additionally, eight comments indicated concern around the road access to the location of the new Eye Hospital or that the location was difficult to access.

"Location, will it really be accessible?" **[Current or former patient/service user]**

Five comments indicating concerns around the traffic in the area.

Buildings and facilities

In total, 26 comments indicated concerns around the buildings and facilities at the new Eye Hospital. Of these, nine comments indicated that a better environment or facilities would make them feel more comfortable, such as not allowing smokers outside, having sufficient toilets, free Wi-Fi, more privacy, or a bike shed.

"Non-smoking [sic] environment including outside the hospital building." **[STSFT staff member]**

Four comments questioned what would happen to the old building.

"What will happen to the old building?" **[Current or former patient/service user and STSFT staff member]**

Additionally, three comments indicated concern around the potential loss of an iconic or architecturally interesting building, with a further comment that the old building had a "cosy feel".

"More concerned about the potential loss of an architecturally interesting building (the old eye hospital)." **[Current or former patient/service user]**

Furthermore, two comments indicated concern around the design of the new Eye Hospital being 'too' modern, or that it needs to be designed well.

"Too modern and stark may lose that homely friendly feel." **[Member of the public]**

Similarly, four comments indicated concerns around the size of the new building, with two comments suggesting it is not big enough, another suggesting that

moving and handling should be considered in the design, and a further comment questioning whether there will be enough space for admin.

“Ensure future proof facilities e.g. bariatric and ability that moving and handling is considered in design - ability to have a stretcher in car park lifts in case of emergency).” [Sunderland Eye infirmary and/or STSFT staff member]

Two comments questioned the need for a new hospital, with one comment suggesting it could be located on the existing site.

“Is there really a need for a whole new hospital? Could it be located in existing building or at the royal hospital itself.” [Current or former patient/service user and member of the public]

Finally, one comment from a STSFT staff member indicated that Sunderland Eye Infirmary is very busy and is still not at capacity after the COVID pandemic.

“SEI is now very busy and still not at capacity post Covid and the car park and surrounding roads are busy.” [Sunderland Eye infirmary and/or STSFT staff member]

Services and specialist care

In total, 22 comments addressed services, with seven comments suggesting that they hope the friendly or personal atmosphere of the new hospital will not change.

“Losing the special atmosphere, the teamwork and time we have with the patients which I feel is a massive part of our reputation as a caring hospital.” [STSFT staff member]

Similarly, five comments indicated concern around losing the reputation of Sunderland Eye Infirmary, with suggestions that changing the name could do this.

“I would hate it if the Sunderland Eye Infirmary name was changed. We have a solid reputation as a centre of excellence and everyone regionally recognises our name.” [STSFT staff member]

Four comments indicated that having shorter waiting times at the new Eye Hospital would make them feel more comfortable,

“Lower wait times in the Eye A&E.” [Member of the public]

Furthermore, two comments suggested that the change shouldn't have an impact on the level of care. Also, two comments indicated that they had concerns over the availability or reduction in beds.

“Will it be big enough? I have been told the number of overnight beds will be cut back, this doesn't seem to make sense with an expanding population. The hospital will be built with expansion in mind, but surely the hospital needs to be built big enough to absorb future needs, at least for 30 years or so.” [Unknown respondent]

Another comment suggested that certain areas of treatment would only be carried out privately.

"Only that certain areas of treatment will only be done Private."

[Current or former patient/service user]

Finally, one comment indicated that there should be an 18-hour A&E department.

"There needs to be free access car parking and an 18 hour A and E dept." ***[Current or former patient/service user and a member of the public]***

Accessibility

In total, 19 comments addressed accessibility, with 10 comments received which expressed concerns over access of the new Eye Hospital by public transport, suggesting there needs to be a bus service running past.

"Possible lack of public transport to where it will be located, perhaps shuttle buses from Park Lane or another central point would be a good idea for those who don't drive." ***[Current or former patient/service user]***

Additionally, four comments indicated concerns around access both to, and around the new Eye Hospital for those with disabilities and other accessibility needs.

"Hoping it will cater for the accessibility needs of its users." ***[Current or former patient/service user and carer/family member]***

Furthermore, five comments indicated concerns around the distance or travel to the new Eye Hospital, with one specifically indicating it is too far for elderly and vulnerable people.

"It is in Sunderland again to far for elderly and vulnerable people." ***[Carer/family member and member of the public]***

Finance

In total, eight comments discussed finance, with six comments addressing concerns over the cost of the new Eye Hospital.

"I can't see how you can build and equip it for just £36M." ***[Member of the public]***

Additionally, one comment suggested that it surely would cost less to modernise and update the old building.

"The beautiful building on Queen Alexandra Road would surely cost less tax payers' money to update and modernise. It's an iconic building which should be saved". ***[Member of the public]***

Finally, one comment indicated that the new Eye Hospital was a waste of money, and the money should instead be used to give staff a pay rise.

"Yeah money wasted on a new hospital that could be spent on giving staff a pay rise particularly given the pandemic." ***[Current or former patient/service user]***

"Yes, hopefully the Sunderland Labour councillors are not involved in any personal financial gains as they did when agreeing to the

new civic buildings. It is a disgrace that they were allowed to get away with that. **[Member of the public]**

Fit for purpose/patient friendly

In total, six comments addressed the need for fit for purpose or a patient friendly hospital, with two comments about the need for greater signposting.

“That there is clear signage in bigger letters as patients who attend have problems with eyesight!” **[Current or former patient/service user]**

Additionally, one comment indicated that there is a lack of refreshment facilities, including coffee shops and food outlets available for patients.

“Limited parking, no coffee shop or food outlets for patients.” **[STSFT staff member]**

One comment indicated there is a lack of outdoor play space for children, or a sensory garden, which are well established in other care facilities. A further comment indicated that they would like to see a dedicated area for those with learning disabilities and autism, regardless of age.

“AS THE CHILDRENS AREA IS ON AN UPPER LEVEL NO OUTDOOR PLAY SPACE FOR CHILDREN? MOST SUPRISED THAT NO SENSORY GARDEN FOR ALL PATIENTS AND THEIR CARERS??? GARDENS ARE RESTORATIVE, CALMING AND FRESH AIR VITAL TO A HEALTHY LIFE STYLE THIS SHOULD HAVE BEEN CONSIDERED. SENSORY GARDENS ARE WELL ESTABLISHED IN OTHER HEALTH CARE FACILITIES.” **[Member of the public]**

Finally, one comment suggested that there was no mention of the design with regards to the patient toilets.

“No mention of design of patient toilets.” **[Current or former patient/service user]**

Workforce

In total, three comments addressed the workforce and talked about the staffing levels at the new Eye Hospital and concern around staff safety due to the distance staff would have to walk from the car park.

“The job/staffing situation.” **[Current or former patient/service user and STSFT staff member]**

“Parking must be also addressed as the space doesn’t look big enough. I have heard that staff will have to walk a short distance. Is their safety being considered?” **[Member of the public]**

Involvement and engagement

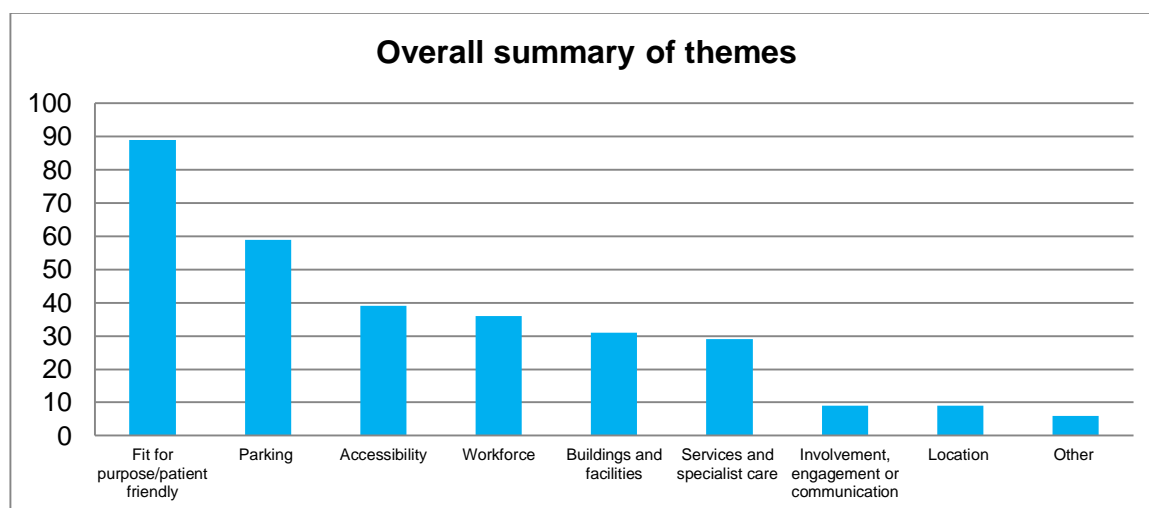
Two comments indicated that respondents had not seen the plans or received any information about them.

“Haven’t seen the plans not freely advertised that I could see.” **[Member of the public]**

Q8. What would make you feel more comfortable as a patient and/or visitor to the new Eye Hospital? (N=252)

Respondents were asked what would make them feel more comfortable as a patient and/or visitor to the new Eye Hospital. In total 252 responses were received with 337 comments. 30 respondents either indicated that nothing would make them feel more comfortable, that they didn't know what would make them feel more comfortable or that this question was not applicable.

The remaining 307 comments were grouped into the following themes.



Fit for purpose/patient friendly

In total, 89 comments addressed a fit-for-purpose or patient friendly hospital, with 36 comments indicating that clearer or better signposting would make them feel more comfortable at the new Eye Hospital. This includes making the signage larger and easier to read, using different colours for each area and providing a help guide for patients.

“Clear walkways & good signposting with coloured lines on floor to help navigate to departments.” [Current or former patient/service user]

Additionally, 16 comments suggested that larger, spacious, or more comfortable waiting areas, or separate waiting areas for adults and children would make them feel more comfortable.

“Larger waiting room than current eye infirmary.” [Member of the public]

Related to this, eight comments indicated that a better layout or having the building easier to navigate would make them feel more comfortable.

“Easier to navigate around the hospital.” [Current or former patient/service user]

Additionally, 10 comments indicated that having refreshments such as tea or coffee available, or a reasonably priced café would make them feel more comfortable. Six comments indicated that a comfortable, calm, or welcoming area would make them feel more comfortable. Further comments indicated that

respondents would like comfortable and adequate seating, or an outdoor area, with a further respondent suggesting that there should be a quiet room in the children's area.

"Spacious waiting room. Good seating. Courteous staff." **[STSFT staff member]**

Moreover, four comments indicated that good lighting or brighter rooms would make them feel more comfortable in the new Eye Hospital.

"More modern facilities, bright interiors with plenty natural light. Easy to access information for example finding your way around etc." **[Current or former patient/service user, carer/family member, and member of the public]**

Finally, two comments indicated that being able to have visitors would make them feel more comfortable.

"Being able to have someone with me for support." **[Current or former patient/service user]**

Parking

In total, 59 comments discussed parking, with 57 comments indicating that improved parking at the new Eye Hospital would make them more comfortable, with 19 of those indicating the need for an adequate number of spaces, a further four specifying disabled bays, and 21 comments indicating the cost should be lower or free.

"Easy to get to, ample parking that doesn't cost a fortune." **[Member of the public]**

Additionally, two comments received suggested having drop off points.

"Drop off points of no available disabled parking..." **[Member of the public]**

Accessibility

In total 39 comments addressed accessibility, with 16 comments indicating that having good access at the new Eye Hospital such as accessible toilets, lifts, wheelchairs, dropped curbs, colour coding areas, resting points, larger clocks and support for the deaf would make them feel more comfortable

"Automatic doors with audible information. Clear information points with sound buttons for hard of hearing. Each floor level a different colour code (see Queen Elizabeth hospital Gateshead). Coordinating floor level colour bands (mapping) on floor to direct patients. For those who struggle to focus above head level (disabled, stroke, elderly for example). Sitting dotted around. Accessible toilets in entrance, each level. Anti-blue light lighting/anti-glare. Lights not to just switch off in toilets as if suddenly dark can be scary." **[Current or former patient/service user and carer/family member]**

Additionally, 13 comments indicated that the new Eye Hospital needs to be easy to access or easy to get to. Finally, 10 comments suggested that the new Eye Hospital should have convenient and easy to use public transport links.

“Access. I think the trust need to consider facilitating some better transport links for the people of south Tyneside. Many patients who do not drive would benefit from a shuttle bus service to get to and from hospital sites.” [Member of the public]

Workforce

In total, 36 comments addressed workforce, with 27 comments indicating that having friendly, professional, welcoming, or courteous staff would make them feel comfortable.

“The same welcoming staff who are really friendly and all the staff are able to put children at ease.” [Carer/family member]

Additionally, five comments suggested having staff or volunteers available to meet and greet patients, assist in the navigation around the hospital, or to just provide information would make them feel more comfortable. A further comment suggested having a personal care nurse during their stay, particularly for children.

*“Helpers to assist navigating around such a vast building.”
[Member of the public]*

Linked to this, one STSFT staff member indicated that they need to have adequate staffing to provide quality of care for the patients.

*“Adequate staffing to continue to give quality care for patients.”
[STSFT staff member]*

Finally, one comment indicated that staff should have mandatory training around learning disabilities and autism, and that patients should have access to a learning disabilities nurse. An additional indicated that they should make it easy for patients to contact staff if they have concerns or fears.

“Make it easy to contact staff if patients have any concerns or fears.” [Current or former patient/service user]

Buildings and facilities

In total, 31 comments addressed the building and facilities, with 29 comments indicating that having a modern building that is spacious and welcoming, or having modern facilities would make them feel comfortable. A further comment from a current or former patient/service user suggested more modern facilities in A&E.

“Just the new surroundings and updated equipment.” [Current or former patient/service user]

Additionally, one comment from a current or former patient/service user indicated that the ventilation at the old hospital was poor and caused issues with their asthma.

“Obviously old building I was in last week and their [sic] was no air and could hardly breathe with my asthma.” [Current or former patient/service user]

Services and specialist care

In total, 29 comments talked about the specialist care and services at the new Eye Hospital, with 12 comments indicating that receiving high quality or excellent care would make them feel comfortable.

“The staff, the service, the quality of the care to remain first class no short cuts no ticky boxes no using resources meant for clinical front line for other things.” **[Current or former patient/service user]**

An additional seven comments indicated that if the new Eye Hospital has the same atmosphere, feeling or treatment as the old hospital they would feel comfortable.

“That it keeps the same feeling/atmosphere as the old hospital.” **[STSFT staff member]**

Five comments indicated the need for an improved appointment or check in experience, with two comments suggesting a self-check in option could be made available, a further comment suggesting check in at reception should be quicker, and another comment suggesting appointments should be structured to avoid crowding.

“Welcoming reception staff with the option of self-check in. Clear signage. More upmarket, well thought out interior design.” **[STSFT staff member]**

Whilst a further four comments discussed access to emergency care, suggesting that they would still like to be able to have access to quick, 24/7 emergency appointments or A&E.

“24/7 emergency care.” **[Current or former patient/service user]**

Finally, one comment from a social worker suggested that community-based services should be involved from the start of the patient's journey.

“Community based services involvement from start of journey.” **[Social worker]**

Involvement, engagement or communication

In total, nine comments addressed involvement, engagement or communication, with seven comments indicating that they would like a good reception area or information desk

“An information desk.” **[Member of the public]**

Additionally, one respondent indicated that there needs to be publicity around the new Eye Hospital, so patients know where to go.

“Huge publicity so we know where exactly to go.” **[Current or former patient/service user]**

Finally, one comment indicated that having the treatment explained would make them feel more comfortable.

“Explaining treatment.” **[Carer/family member and member of the public]**

Location

In total, nine comments addressed location, with seven respondents indicating that they would feel more comfortable if the new Eye Hospital was located out of the city centre, or in a location more central to the region.

“For it to be located more centrally to the region it supports.”
[Member of the public]

Two further comments indicated that the new Eye Hospital should be located somewhere that has easier public access

Other

In total, six comments in response to this question could not be themed and were categorised as other. Please see the below table.

Comments
<i>“It would definitely make me feel more comfortable.”</i>
<i>“If my lazy eye could finally be completely straight after 69 years.”</i>
<i>“Old one was fine”</i>
<i>“Yes”</i>
<i>“Yes”</i>
<i>“The individuality”</i>

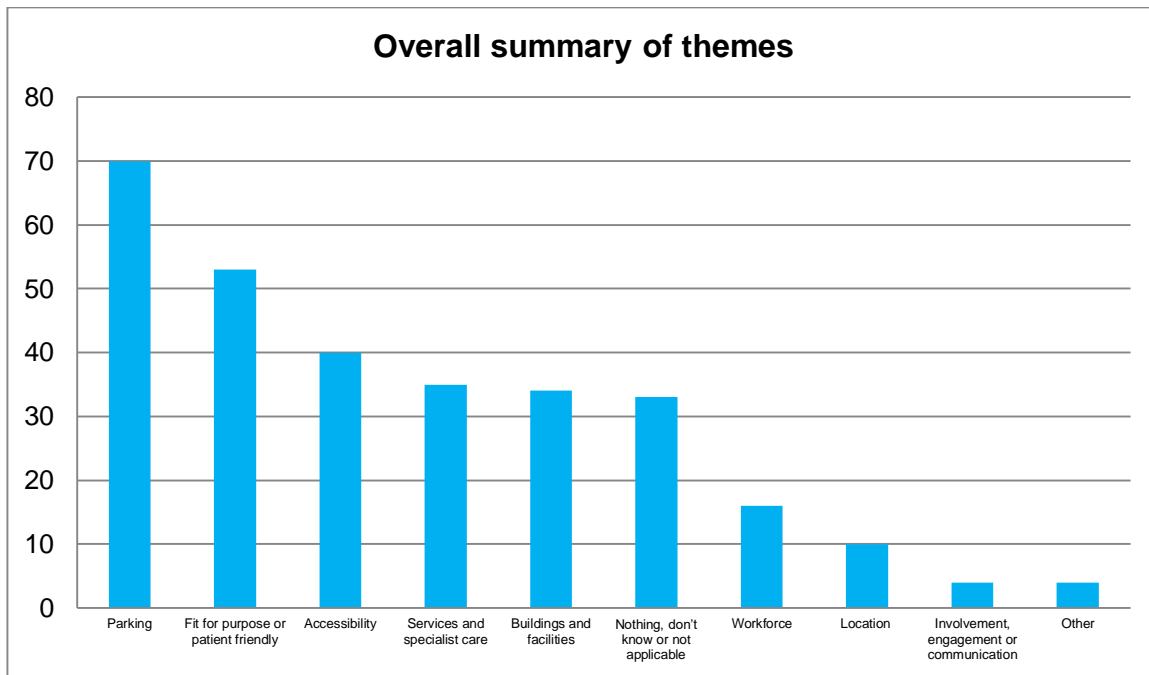
Q9. What would improve your overall experience of using the new Eye Hospital? (N=238)

Respondents were asked what would improve their overall experience of using the new Eye Hospital. 106 respondents provided 300 comments. 33 comments indicated that nothing would improve respondents' experiences of using the new Eye hospital, that they didn't know what would improve their experience of using the new Eye Hospital or that the question was not applicable:

“I won't know this until it opens.” ***[Carer/family member]***

“Nothing, care had always been excellent.” ***[Current or former patient/service user]***

The remaining 267 comments were grouped into the following themes.



Parking

70 comments were received about parking, with 52 of these comments suggesting that adequate, convenient parking including wide bays and disabled spaces would improve their overall experience.

“A decent sized car park.” [Current or former patient/service user]

An additional comment from a STSFT staff member suggested that their experience would be improved if every car park space had an electric charging point. Free, or affordable parking including overnight stays was also addressed in 17 comments

Fit for purpose or patient friendly

In total, 53 comments indicated that a new Eye Hospital that is fit for purpose or patient friendly would improve the overall experience, with 20 comments indicating that the environment of the hospital would improve their overall experience with good lighting, lifts, changing places, accessible toilets, a relaxed atmosphere, privacy, and a good layout all adding to an improved experience.

“Good atmosphere, friendly and knowledgeable staff. Good signage so easy to navigate to where I need to be.” [Member of the public]

Clear signage and the ease of navigation around the hospital was addressed in 22 comments.

“Easy to navigate environment with good parking and access.” [Carer/family member]

Linked to this, four comments suggested that providing escorts, porters, meet and greeters, or transport between the departments would improve overall experience.

“For people with mobility issues, who aren't wheelchair users, it would be good to have some kind of service providing transport to departments which are quite a long way to walk.” [Current or former patient/service user and a carer/family member]

Similarly, comments suggested that anything that can support a person with additional needs to access the services would improve their overall experience. Three comments suggested that their overall experience of the new Eye Hospital would improve if there was outdoor space or gardens.

“The design of the hospital, easy to move around with some space but not too much wasted space. A cafe with outdoor area for those who have to wait some time.” [Unknown respondent]

A further two comments addressed the children's area, suggesting that it should be separate from the adult's area and that it should be brighter and larger.

“A larger and brighter children's area.” [Carer/family member]

Accessibility

40 comments addressed accessibility, with comments indicating that ensuring people had easy access, including the travel to the new Eye Hospital would improve their overall experience.

“It's easier to get to.” [Current or former patient/service user]

Nine comments indicated that experiences would be improved if there were good public transport links, park and ride schemes or shuttle buses.

“Easy access from South Shields. At present 2 buses are required.” [Current or former patient/service user]

Finally, one comment suggested that nearby accommodation for out of area patients and carers would improve the experience of using the new Eye Hospital.

Services and specialist care

In total, 35 comments talked about services. 20 comments suggested that overall experience of the new Eye Hospital would improve if the waiting times were slicker or if the appointments were on time.

“Short waiting times.” [Current or former patient/service user]

Five comments suggested that overall experience would improve if they either received good service or care, or if the service or care they received maintained the same high standard.

“Being as good as it is now.” [Current or former patient/service user]

Four comments suggested the use of technology such as Wi-Fi and self-check ins would improve their overall experience.

“More space and use of good use of technology to help me have a smooth appointment experience.” [Member of the public]

Similarly, two comments suggested that overall experience would be improved if the new Eye Hospital wasn't as busy or crowded. Additional comments indicated

that overall experience would be improved if people were able to get an appointment when they needed it, or if all necessary tests and appointments were on the same day.

Buildings and facilities

34 comments talked about the building or facility, with 14 comments indicating that a new or modern, innovative, and spacious state of the art Eye hospital would improve experience.

“More modern and innovative building.” [STSFT staff member]

Similarly, five comments indicated that good or modern facilities would improve their overall experience.

“Services and staff were always of very high standard at old eye hospital so can only benefit from more modern updated facilities and equipment.” [Current or former patient/service user]

11 comments suggested that improvement to waiting areas, provision of cafes/shops, as well as comfortable and disabled seating, would improve experience. Additional comments suggested upkeep and cleanliness of building/s would improve their overall experience

“Not being understaffed, equal care for all patients and visitors, upkeep of the buildings.” [STSFT staff member]

There was also one comment that the existing site should be used as the site has plenty of land to build on alongside the old site.

Workforce

16 comments addressed workforce, with 12 comments suggesting that either efficient, friendly, approachable, or knowledgeable staff would improve their overall experience.

“Knowledgeable caring efficient staff.” [Carer/family member]

Other comments about the workforce indicated that either more staff or a well-staffed hospital would improve overall experience.

“Make sure it’s well staffed to cope with the backlog and make sure there was plenty of free parking.” [Current or former patient/service user]

Suggestions included the continuation of the Ophthalmic training for nursing staff who take up posts in the future.

Location

Location was addressed in 10 comments, with five comments suggesting that experience would be improved due to the location being more central.

“Easy access, central location.” [Current or former patient/service user]

In contrast, two comments suggested that the location of the new Eye Hospital should either be on the outskirts of the city or in a more rural location.

“For it to be situated on the outskirts of the city so it is easy to get to without having to battle traffic, one way systems etc.”
[Unknown respondent]

Other comments suggested overall experience would improve with less travel.

Involvement, engagement or communication

Four comments suggested that communication in the form of updates on appointments should be improved or that a map of the new hospital should be shared with patients to improve their overall experience.

“The eye infirmary already provide a great excellence of care. Map of the hospital sent out with appointment letter so patients can see where they need to be when arriving to hospital. Will help them familiarise their way around the hospital and where to go when they get there.” **[Current or former patient/service user]**

A further comment indicated that their overall experience would improve if they understood the new arrangements. Finally, one comment suggested that overall experience of the new Eye Hospital would improve if the good service provided by the hospital was promoted throughout the North East.

“Promoting the hospital all over Northeast how good the service is.” **[STSFT staff member]**

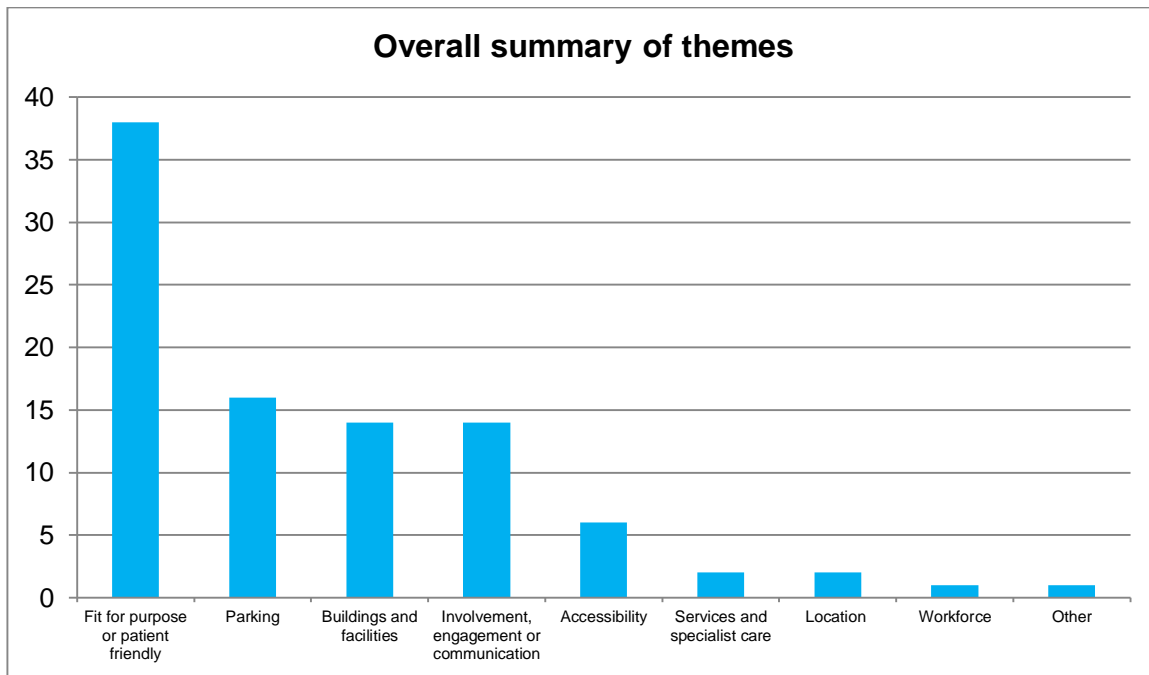
Other

In total, four comments could not be themes and were categorised as other. Please see the commented in the below table.

Comments
<i>“If my lazy eye could finally be completely straight after 69 years.”</i>
<i>“Ask me when it's built and I have used it.”</i>
<i>“Thankfully not needed.”</i>
<i>“Keep it under its own management.”</i>

Q10. Any ideas about the new Eye Hospital design that we might have missed? (N=196)

Respondents were asked if they had any ideas about the new Eye Hospital design that we might have missed. 196 respondents provided 210 comments. The majority of respondents (116) indicated that nothing had been missed, they couldn't think of anything, or that they were not sure. The remaining 94 comments were grouped into the following themes.



Fit for purpose or patient friendly

38 comments addressed the need for a fit for purpose, patient friendly hospital. Various suggestions were put forward on aspects of the design and atmosphere, including making use of bold colours and floor markings to accommodate visual impairments and bright, airy and spacious interiors with natural light and music.

“COLOURS SHOULD BE BOLD TO ACCOMODATE POOR EYESIGHT, NOT MUTED.” [STSFT staff member]

“Clearly signage and not like the old place.” [Carer/family member]

“I like the music in the back ground at DTC, not sure if it’s part of the new plans but it’s quite calming and pleasant to work in.” [STSFT staff member]

“...child consultation areas and treatment facilities not incorporated within adult areas...” [Member of the public]

A number of comments discussed amenities with suggestions to include a café which is independent and not operated by a large company, accessible toilets for visitors, changing places, information hubs, air conditioning and a sensory room for visually impaired patients.

“Again making sure adequate facilities in each area for example a toilet so that those with mobility issues don’t have to walk a huge distance in each area.” [Current or former patient/service user and carer/family member]

“Outdoor green spaces around hospital for staff and patients.” [STSFT staff member]

Parking

16 comments talked about parking at the new Eye Hospital, suggesting that there should be sufficient parking or that the parking should be free.

“Large car park is a must.” [Current or former patient/service user]

Buildings and facilities

14 comments were in relation to buildings and facilities, with six comments indicating that they were not happy with the design of the new building, suggesting that the building should be architecturally significant, and that it should not be futuristic or “personless”, or that it should not have a mezzanine level due to the waste of heat and space.

*“Would be nice to see something architecturally significant.”
[Current or former patient/service user]*

A further comment suggested that the new building should be energy efficient, make use of solar, heat pumps, and batteries.

“Yes making the building completely energy efficient. I think it's essential that there should be solar panels on all roofs. Also, the building should have ground source and air source heat pumps. The building should also be highly insulated. Finally batteries should be installed to absorb cheaper electricity on a night time to save money when energy is needed at peak times.” [STSFT staff member]

Three comments suggested that design should make use of Sunderland's history and heritage.

“Dedicate sections to mark Sunderland's heritage.” [Member of the public]

Other comments suggested that an admin area for files may have been missed, with a further comment suggesting that there should be an area for revisits of eye care. There was also a suggestion to allow some patients to trial the hospital prior to opening to find any faults in the design.

“...Could you get some patients in to trial the hospital prior to opening so they could flag any snag lists.” [STSFT staff member]

Finally, one comment suggested that moving and handling considerations may have been missed when it comes to the size of lifts.

“Moving and handling considerations bariatric care and emergency situations. E.g. size of lifts for transfers.” [STSFT staff member]

Involvement, engagement or communication

14 comments indicated that respondents had not seen the plans or designs for the new Eye Hospital.

“Haven't seen plans this is the first I've heard about it. Wanted it closed for years prime building land.” [Current or former patient/service user]

Accessibility

Six comments were about accessibility, including the importance of insuring there is access to the new Eye Hospital via public transport, or that a shuttle bus should be made available.

“Transport. Could provision be made for shuttle buses from e.g. [sic] Transport hubs?” [Current or former patient/service user]

Additionally, comments were made about the safety concerns around the access of the new Eye Hospital, suggesting that the levels of traffic are high, and patients have to cross a busy road.

“PUBLIC ACCESS, EYE HOSPITAL YOU HAVE TO CROSS ONE OF THE BUSIEST ROAD JUNCTION IN SUNDERLAND FOR PEOPLE WITH SIGHT PROBLEMS.” [Current or former patient/service user]

Services and specialist care

Two comments talked about the specialist services at the new Eye Hospital, with one comment indicating that they would like less telephone appointments.

“Less telephone appointments.” [Current or former patient/service user]

Additionally, one comment from a respondent who didn't provide information on how they were completing the survey, suggested that they'd heard the number of beds would be reduced, alongside an increasing population.

“But I have heard the new hospital has a reduced number of beds. The population is expanding, houses being built everywhere. The biggest mistake would be not to take this into account.” [Unknown]

Location

Two comments suggested that the location of the new Eye Hospital is an issue, suggesting that the location is very busy.

“To me it will be in a very busy location. Compared to the more sedate area it's located at the moment that maybe they only possible concern.” [Current or former patient/service user]

Workforce

One comment suggested a requirement for more doctors.

“More doctors...” [Current or former patient/service user]

Other

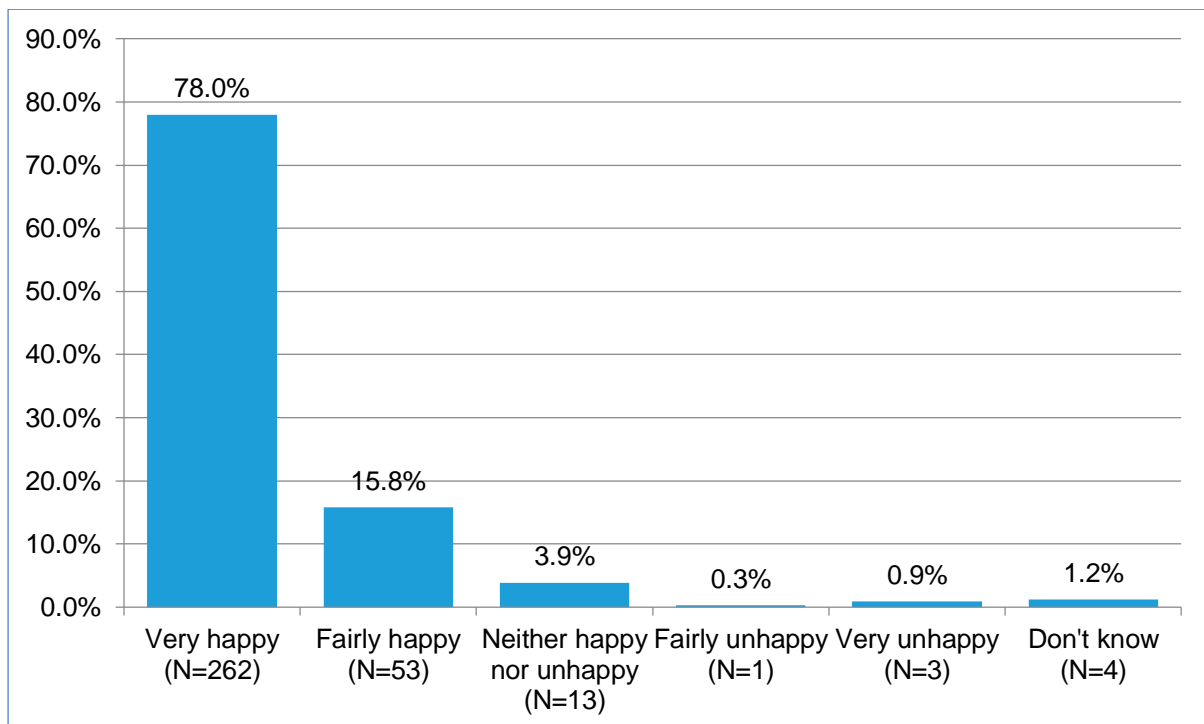
One other comment could not be themed and was categorised as other (see below).

Comments

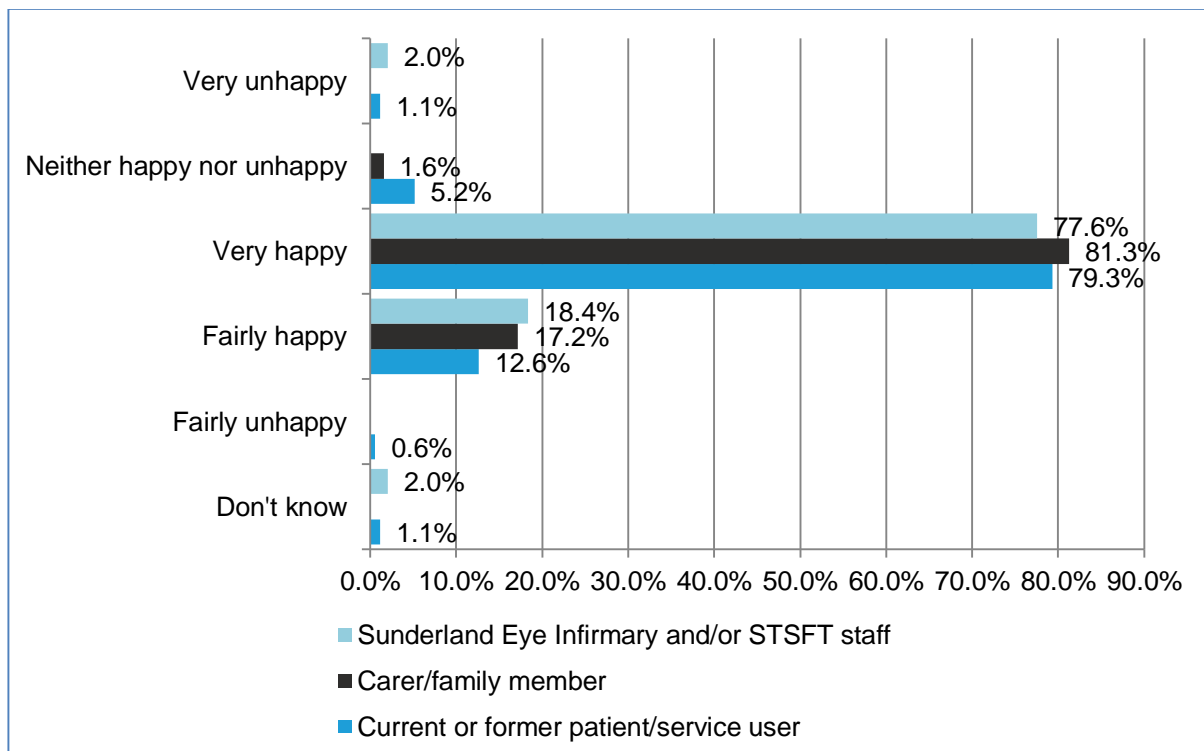
“I'm not qualified to answer that question, bit of a silly question when you think about it, is this question just for architects?”

Q11. Having read or listened to our vision for a new Eye Hospital in Sunderland, how happy would you be to use the proposed new Eye Hospital for an eye care need in the future when appropriate? (N=336)

The majority, over three-quarters, of respondents indicated that they would be very happy to use the proposed new Eye Hospital (78%).



The table below shows the breakdown of sentiment by the capacity in which they were responding to the survey:



4. Summary of Communications and Engagement Activity

A widespread PR campaign was launched on 16 March 2021 to announce plans for a new Eye Hospital in Sunderland and encourage people to share their views as part of a comprehensive patient and public involvement strategy. All PR activity signposted to one of three ways to get involved and give feedback via:

1. A series of online public engagement events
2. A range of targeted focus groups / in-depth interviews
3. An online survey

A range of materials were produced to communicate with different audiences about the plans for a new Eye Hospital. These information resources were shared with stakeholders across Durham, Sunderland, South Tyneside, Teesside, Tyne and Wear and North Cumbria and included:

- A dedicated new microsite (www.stsft.nhs.uk/neweyehospital) hosting a range of information in accessible formats about the plans for a new Eye Hospital



- A core engagement document explaining the plans. This was also produced in an Easy Read version, Audio version and Braille version.



- Posters and an information leaflet advertising the online public engagement events and QR code link to the online survey. (Posters were laminated for infection control purposes with controlled distribution due to COVID-19).



- Seven videos with clinicians and nurses, a young person's group representative, Sunderland Eye Infirmary project manager, Royal National Institute for Blind People (RNIB), as well as an animation (links below):
 - [New Eye Hospital in Sunderland](#)
 - [Clinical Director, Jean-Pierre Danjoux, talks about the new Eye Hospital](#)
 - [RNIB's Cathie Burke talks about the new Eye Hospital](#)
 - [Haygarth Ward Manager, Carol Jobling, discusses the benefits of the new Eye Hospital](#)
 - [Clinical Lead for the new Eye Hospital, Mark Doherty, discusses the benefits for patients](#)
 - [Liam, a member of our STSFT Young Person's Group shares exciting news about the new Eye Hospital](#)
 - [Project Manager, Tina Morrell, talks about the clinical services at the new Eye Hospital](#)
- A widespread social media and digital advertising campaign targeted across the North East and North Cumbria (visuals below). This included regular content shared with over 900 people in a closed RNIB Facebook group for people with experience of sight loss.



- Syndicated information and news content shared with key partners including Healthwatch, local CCGs, Sunderland Older Person's Council and the Royal National Institute for the Blind (RNIB). This included a letter sent to over 1500

people who have a sensory impairment, regular updates and invites to over 900 members of the RNIB and targeted emails to over 50 stakeholder groups identified through stakeholder mapping. One recipient of the letter sent commented:

"I have received the newsletter from Sight Service and it was very helpful thank you."

- Internal communications to reach over 8,500 staff working at STSFT.
- A high profile media launch on 16 March 2021 resulting in widespread coverage across the region including:
 - Lead story on BBC Look North, ITV Tyne Tees, BBC News online for Tyne and Wear with 19 articles published across North East press
 - The highest reach from any coverage came from the BBC website ([click here](#)) which reached an audience of almost 2 million alone
 - Coverage throughout the launch day on BBC Radio Sunderland news bulletins. ([Click here](#)) to listen to the news on the hour every hour. [Click here](#) to listen to the breakfast show interview (approx. 7.20am)
 - Media activity to promote additional engagement events in May in response to stakeholder feedback
 - Front page coverage in the Sunderland Echo



The table below summarises the total audience reach and levels of engagement achieved through the PR campaign.

Microsite views since 16 March	9,500 page views
Media reach	3.5 million
Social media reach (organic)	Over 390,000
Social media engagements (organic)	Over 10,000
Paid for social media reach	Over 74,000
Paid for social media engagements	Over 7,500
Video views	Over 1,000
Staff engagement via internal Intranet	Over 1,200 clicks
Paid for online media advertising	Over 380,000 impressions and over 600 clicks

Social media engagement - sentiment analysis

The sentiment of comments tracked on social media was overwhelming positive with people welcoming the new Eye Hospital and praising the staff and great care at the current hospital. Lots of people identified that the current building is run down and not fit for purpose. Comments included:

“It’s a centre of excellence and deserves this state of art new building.”

“That is excellent news and much needed.”

“Accessibility – especially by public transport will be much better at new site, and was relatively poor at the other one, from the beginning.”

Other comments were linked to Brexit and use of the Riverside location, questions about what will happen to the old site and implications for public transport to the area, parking, and the naming of the new Eye Hospital. Comments included:

“I would have thought that the riverside in Sunderland would have been best reserved for the ship yards since we are supposed to have left the EU.”

“Let’s hope there is plenty of parking.”

“What happens at the existing site when vacated for the new location – including implications for its public transport service to that area?”

The few negative comments on social media were about finance and the cost of the new build whilst a couple of comments included the location. Comments included:

“Would it not be better in these times and cheaper just to upgrade the hospital? The river banks are so important for ship building to return to the area, not houses and hospitals. You already have one, modernise it.”

“What is the matter with refurbishing the one you have got which is much sturdier than the one you are after and more cost effective. Secondly, what is it with all wanting to build near the water fronts when we could start up our ship buildings again as Sunderland was famous for.”

“What a ridiculous place to put it in between office space and housing. Think of the congestion. The Road system is congested enough without this.”

There were also positive comments from people who had attended online events and / or read the engagement material:

“Thank you for the opportunity to contribute and all giving your time on a Saturday, I very much appreciate it.”

“Interesting event this evening.”

“Always really appreciative of the excellent care offered by the Eye Infirmary. Very pleased that such an exciting and appropriate level of investment is securing the level of care provided by this centre of excellence.”

“When I listened to the [audio] CD I was just wishing I could see the design...I’m really impressed with it at the moment, really impressed.”

Key themes - how we have responded to public, patient and stakeholder feedback

This section of the report provides an overall summary of all the key themes collated from patient and public involvement activity. A commentary is also provided to explain how these points are being addressed and responded to through ongoing dialogue with the clinical design team and architects.

The themes that follow are all listed in alphabetical order as opposed to the number of times an issue was mentioned in the reports.

Key themes/ issues	How we are responding
Accessibility	Improving access for all in the new building has been (and continues to be) integral to the overall design process.
Acoustics / noise reduction	Making sure the acoustic treatments are correct within the new building is part of ongoing design discussions. This will ensure minimal distraction from background noise in busy parts of the hospital and create a more relaxed and calm environment.
Adult changing space	An adult changing place is planned in the ground floor of the new Eye Hospital.
Capacity	The building is being designed to be fit-for-purpose and 'futureproofed' to meet the needs of staff and patients. There will be the opportunity to increase clinical space, as required, in years to come. Clinical teams have led the design process using activity data to plan layout and space requirements.
Colour	<p>The suggested colour pallet for the interior has been taken from colours within Galley's Gill area, such as greens, yellows, oranges - colours that reflect the changing seasons of the park area. Many patients suggested colours should be muted in rest areas and waiting areas and this has been passed back to the architects.</p> <p>Bold colours may be featured on lift areas to indicate a different floor and, for example, behind reception areas. The sensory experience and colour scheme has been at the forefront of discussions with staff. Tonality, sharp contrast between different parts of the building will be pivotal so people can 'colour code' their way round very easily. Feedback suggested being able to feel your way around and have familiarity and way finding in the building (through colour) is important. Architects have advised this can be enhanced by lighting and acoustic treatments so people can find their way round and pick out colours easily.</p>
COVID-19 safe waiting areas	There are three key considerations being taken into account during the design process:

	<ul style="list-style-type: none"> - Making sure there is appropriate space to allow for social distancing - Making sure there is excellence air quality through mechanical ventilation systems - Making sure the design is flexible enough to respond to future issues. For example, waiting areas in the new building will be much bigger and can easily be changed to allow even more space. <p>In addition, the new Eye Hospital will have single ensuite patient rooms</p>
Cyclists	There will be bike storage facilities on the new Eye Hospital site. Infrastructure is also being put in place by the Council around the Sunderland Riverside environment to encourage cyclists.
Disabled parking	Many people asked about provision of accessible car parking and we can confirm there will be 7 disabled parking places situated near to the entrance.
Design for people with sight loss/eye conditions	This has been integral to our discussions with the architects from the outset. We want to ensure that the design of the building and access is fully considered for those with sight problems. Many people commented on how having dilating drops in their eyes means moving into bright open light areas affects them. Architects have confirmed they will plan gradual light changes from inside to outside, not going from bright space outside to dark space inside. Our clinical design team includes patient representatives as well as the RNIB and an independent accessibility consultant will also be commissioned as part of the next phase of the design. We will continue to involve and listen to people who will be using the new Eye Hospital and make sure we create the best possible experience.
Drop-off points	There will be a dedicated 10-20 minute drop-off section near the entrance.
Easy access to pharmacy	There will be a pharmacy located next to the main entrance. To help avoid crowded waiting areas we have designed the pharmacy to have enough space and a dedicated waiting area.
Eye Clinic Liaison Office (ECLO)	We have worked with RNIB and ECLO staff on the location and design of the ECLO office, which will be situated at the front of the new hospital building.
Engaging people with sight loss	Since 2020, we have heard from over 2,000 patients from Sunderland Eye Infirmary and continue to engage people with sight loss through a variety of focus groups and other mechanisms. We will continue to work with key organisations such as RNIB as work on the new Eye Hospital progresses following discussions at a focus group.

Finance	The new Eye Hospital is being funded by a loan from the City Council to the Trust. The Trust will repay it in full. It is not a PPI contract.
Lighting	Lighting is a core consideration for the design team and we know this is an important issue for people with sight loss/eye conditions and many comments were given about this during the engagement process. Whilst some parts of the hospital will need to be bright for clinical procedures to take place, other areas such as waiting areas and entrances will not need to be as bright. We are designing a gradual lighting system so that it becomes a little bit darker, or a little bit lighter, depending on whether you are coming into or going out of the hospital. This will ensure there are no harsh transitions between light and dark. The slight overhang on the first floor of the building will also prevent too much natural light coming into the building which can also be problematic.
Involving young people	Young people have been involved in a number of focus group sessions and have given us their views and ideas on what they felt was required in the new hospital design from their point of view.
Lifts	There will be two lifts instead of one and these will accommodate all patient needs.
Location	The new Eye Hospital will be located in a much more central location as part of the council's plans for the Riverside area and is close to local transport networks.
Heritage of Sunderland Eye Infirmary (SEI)	We are talking to staff about what we may be able to take to the new building and the potential for a display area to showcase the history and heritage of SEI.
Imaging hubs	The new Eye Hospital will have two large imaging areas - one on each floor - so patients won't need to go up and down the floors depending on which clinic they are attending.
Name of the new hospital	No decision has yet been made on the name for the new Eye Hospital. Early engagement has taken place with staff to gain insights on their understanding of what they think about naming of the new Hospital.
Navigation / patient flow	Feedback was given about the need for good navigation around the building and a number of suggestions received will be considered, while taking into account the different needs of people including those of patients with dementia. The clinical design team has spent a lot of time considering how patients move from one department to another to ensure there is a logical and easy way to navigate around the new building.
Orientation visits	During the focus groups, orientation visits were requested for people with sight impairment who regularly use the hospital. As we get nearer to the new Eye Hospital opening we have already considered having

	volunteers to help patients become more orientated. We will think how we might incorporate visits ahead of opening if possible. More information will be shared in future.
Parking	There will be a dedicated on-site car park at the new Eye Hospital with 90 spaces. This will include accessible bays and electric car charging points. In addition, a new car parking facility providing 650 spaces is planned nearby at Farringdon Row. 100 of these spaces will be dedicated for staff at the new Eye Hospital. For those who are travelling to the new Eye Hospital by car, there is also the existing multi-storey car park at St Mary's. These will also include electric car charging points and agreed rates for permit holder parking.
Pedestrian crossing	Many people shared concerns about crossing the main road. We have raised these concerns with the City Council who are considering the infrastructure around the Sunderland Riverside area to help improve pedestrian access to the new hospital site.
Public transport	The new Eye Hospital will be close to all public transport links including buses, trains and the metro.
Quiet rooms	Quiet rooms and / or quiet spaces will be incorporated in the new Eye Hospital so if somebody does have a specific sensory need they can feel comfortable in one of the quiet spaces.
Reception areas	Reception desks will have varying heights suitable for wheelchair users. Consideration is also being given to ensure that entrance areas flow through towards the reception desk with space clearly defined for waiting rather than along the sides of corridors as it is in the current building.
Seating	We greatly value feedback we have received about the need for comfortable seating and seating of different heights. These are things we will take into consideration when we get to planning the waiting areas and purchasing of furniture in the future.
Self-check in	We are considering the use of self-check in technology within our reception areas to help minimise queues. When we did our patient survey back in April 2020, 60% of the 2,000 patients who responded said they would be very happy to use self-check in so that was really helpful to us. Further feedback on this included the need for large font and contrasting colour on screens and we will need to consider specific requirements for those with sight loss as we progress these plans.
Sensory garden	We have planned sensory routes through the landscape that actually extends beyond the Eye Hospital building and into the wider Riverside Sunderland development. Specifically around the entrance, we are looking at sensory planning and seating areas.

Signage	The size, colour and position of signage will be critical to the design of the new Eye Hospital to make sure people can easily understand how to navigate the building. This is being fully considered as well as options for digital and / or audio signage and changes in flooring so patients know they have moved into a different area.
Technology	Maximising the use of technology is at the forefront of clinical design team discussions both in terms of the building design itself and medical advances in technology. In order to provide the gold standard in terms of ophthalmological technology / equipment, a new fundraising campaign will help ensure Sunderland stays at the forefront.
Virtual consultations	Many appointments are now successfully taking place by phone or video. Some eye conditions still need face to face appointments so that regular images can be taken of the eye. Wherever possible, we want to reduce the need for patients to travel to hospital if they don't need to. Patients have told us they welcome this as a more convenient way to access care. The new Eye Hospital will incorporate space for virtual clinics to take place.
Walkways	The design of the new Eye Hospital will ensure there is ample space as people enter the building to allow them to acclimatise to a new environment and as they navigate the building. Walkways will be clutter free and allow enough space for people to walk freely and without any obstacles in the way.
Wayfinding	Feedback on wayfinding was varied and we are considering a colour scheme that changes floor by floor to help people find their way around the new Eye Hospital. This will use colours as a wayfinding tool to denote different floors and departments. We will also consider electronic way finding technology which may benefit those with sight impairment who are comfortable using technology to find their way round using an app. Suggested use of maps will be considered.
Waiting areas	The waiting areas in the new Eye Hospital are much bigger than the ones in the current building and will also have sub-waiting areas.
Wheelchair access	The building will be fully wheelchair accessible.
Workforce	The personal touch as people are welcomed into reception will be important and consideration is being given around the suggestion for specialist disability awareness training for all staff at the new Eye Hospital.

Appendices

Appendix A - Focus group demographic data summary

The NHS has a duty to meet its public sector equality duty, as defined by S.149 of the Equality Act 2010 which applies to all organisations that provide a service to the public or a section of the public (service providers).

A number of focus groups were held to ensure views are sought from a range of people, including patients with experience, protected characteristics and seldom heard groups. Over 71 people participated in the focus group sessions and over 48 participants completed data monitoring surveys. A breakdown of these responses are summarised below:

Gender	46 respondents
Male	7
Female	39
Age	46 respondents
16-17	2
18-24	5
25-34	3
35-44	1
45-54	17
55-64	14
65-74	3
75 or older	1
Prefer not to say	0
Does your identity match your sex as registered at birth?	1 respondent
Yes	1
No	0
Disability	48 respondents
Yes	23
No	25
Prefer not to say	0
Sexual Orientation	0 respondents
Heterosexual	0
Gay / Lesbian / Bisexual / Other	0
Prefer not to say	0
Are you currently pregnant or have you been pregnant in the last year?	8 respondents
Yes	0
No	8
Prefer not to say	0
Not applicable	0
Marital Status	8 respondents
Single (never married or in a civil partnership)	4
Cohabiting	0

Married	4
Civil partnership	0
Separated	0
Divorced / Dissolved	0
Widowed / Surviving partner	0
Prefer not to say	0
Caring responsibilities	44 respondents
None	17
Primary carer of a child or children (under 2 years)	3
Primary carer of a child or children (2-18 years)	8
Primary carer of a disabled child or children	0
Primary carer of disabled adult (18 years and over)	3
Primary carer or assistant for an older person or people (65 years and over)	7
Secondary carer (another person carries out main caring role)	6
Prefer not to say	0
Race / ethnicity	47 respondents
Asian / Asian British: Bangladeshi	15
Asian/British Asian: Chinese	0
Asian/British Asian: Indian	0
Asian/British Asian: Pakistani	1
Black/British Black: African	0
Black/British Black: Caribbean	0
Mixed race: Black & White	0
Mixed race: Asian & White	0
Gypsy or traveller	0
White: British	31
White: Irish	0
White: European	0
Another race or ethnicity	0
Rather not say	0
Religion / belief	40 respondents
No religion	15
Christianity	6
Buddhist	0
Hindu	8
Muslim	4
Hindu	8
Jewish	0
Other religion	0
Prefer not to say	7

Appendix B - Survey demographic data

- The age of survey respondents ranged from 18-75+.
- 270 females and 61 male respondents completed the survey.
- 2 people stated their gender does not match their gender registered at birth.
- 92% of respondents stated they were heterosexual and the remaining stated that they were a gay man (1%) or gay woman or lesbian (n=1) or bisexual (1%). 2% stated that they would rather not say and 1% stated other.
- 47% of respondents stated they had a disability, long-term illness or health condition, of these responses:
 - 41% stated they have a long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
 - 11% of respondents stated they have a mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
 - 19% stated they have a physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
 - 3% stated they have a social or communication impairment (e.g. a speech and language impairment or Asperger's syndrome, other autistic spectrum disorder)
 - 8% stated that they are blind or visually impairment uncorrected by glasses
 - 12% stated they are deaf or have a hearing impairment
 - 13% stated they have an impairment, health condition or learning difference that is not listed above.
- 58% of respondents stated they do not have any caring responsibilities.
- 12% stated they were a primary carer of a child or children under 18 years.
- 2% stated they were a primary carer of a disabled child or children.
- 5% stated they were primary carer / assistant for a disabled adult (18 years+).
- 15% stated they were a primary carer or assistant for an older person or people (65 years and over).
- 6% of respondents were a secondary carer (another person carries out main caring role).
- 95% of survey respondents stated that they were White British (n=318), the remaining respondents stated as follows: one respondent was Asian/British Asian: Bangladeshi, one respondent was Asian/British Asian: Chinese, two respondents were White European, one respondent was Mixed race: Asian and White, four respondents were White Irish and the remaining six respondents did not indicate their ethnicity.

A full breakdown of demographic data of survey respondents is available below.

Postcode (N=334)

Postcode	% of responses	Number of responses	Postcode	% of responses	Number of responses
SR1	0.9%	3	NE9	0.3%	1
SR2	16.2%	54	NE10	0.3%	1
SR3	20.1%	67	NE20	0.3%	1
SR4	14.1%	47	NE31	0.3%	1
SR5	9%	30	NE32	1.5%	5

SR6	16.2%	54	NE33	0.3%	1
SR7	1.2%	4	NE34	2.7%	9
SR8	0.3%	1	NE35	0.6%	2
DH1	0.9%	3	NE36	0.6%	2
DH2	0.3%	1	NE37	0.9%	3
DH3	0.3%	1	NE38	2.7%	9
DH4	4.5%	15	NE47	0.3%	1
DH5	0.3%	1	NE65	0.6%	2
DH6	0.3%	1	TS12	0.3%	1
DH7	0.3%	1	TS24	0.3%	1
DH8	0.3%	1	CA1	0.6%	2
DL1	0.6%	2	CA4	0.3%	1
NE3	0.3%	1	CA7	0.3%	1
NE5	0.3%	1	CA11	0.3%	1
NE6	0.3%	1	CA14	0.3%	1
NE8	0.3%	1			

Age (N=336)

Age	% of responses	Number of responses	Age	% of responses	Number of responses
Under 18	0	0	55-64	34.2%	115
18-24	0.89%	3	65-74	29.9%	97
25-34	4.8%	16	75+	4.8%	16
35-44	9.2%	31	Prefer not to say	0.6%	2
45-54	16.7%	56			

Gender (N=336)

Gender	% of responses	Number of responses	Gender	% of responses	Number of responses
Female	80.4%	270	Other	0	0
Male	18.2%	61	Prefer not to say	1.5%	5

Additional Gender question (N=335)

Does your gender match your sex registered at birth?	% of responses	Number of responses
Yes	98.2%	329
No	0.6%	2
Prefer not to say	1.2%	4

Pregnancy data (N=335)

Are you currently pregnant or have given birth in the last year?	% of responses	Number of responses
Yes	0.6%	2
No	93.4%	313
Not applicable	5.4%	18

Prefer not to say	0.6%	2
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Living status (N=336)

Are you currently...	% of responses	Number of responses
Single (never married or in a civil partnership)	9.5%	32
Cohabiting	8.3%	28
Married	60.1%	202
In a civil partnership	1.8%	6
Separated (but still legally married or in civil partnership)	1.8%	6
Divorced or civil partnership dissolved	7.7%	26
Widowed or a surviving partner from a civil partnership	6.3%	21
Prefer not to say	4.5%	15

Disability (N=335)

Do you have a disability, long-term illness or health condition?	% of responses	Number of responses
Yes	46.9%	157
No	49.6%	166
Prefer not to say	3.6%	12

Additional Disability question (N=198)

Disability, health condition or long-term illness	% responses	Number of responses
A long-standing illness or health condition	40.9%	81
A mental health difficulty	10.6%	21
A physical impairment or mobility issue	18.7%	37
A social/ communication impairment	3%	6
A specific learning difficulty	0	0
Blind or have a visual impairment uncorrected by glasses	7.6%	15
Deaf or have a hearing impairment	12.1%	24
An impairment, health condition or learning difference that is not listed above	12.6%	25
Prefer not to say	24.8%	49

Additional Disability question (N=335)

Are you registered blind or partially sighted?	% of responses	Number of responses
Yes	3.6%	12
No	95.5%	320
Prefer not to say	0.9%	3

Caring responsibilities (N=325)

Disability, health condition or long-term illness	% responses	Number of responses
None	58.2%	189
Primary carer of a child or children (under 2 years)	0.6%	2

Primary carer of a child or children (between 2 and 18 years)	12%	39
Primary carer of a disabled child or children	2%	5
Primary carer or assistant for a disabled adult (18 years and over)	5.5%	18
Primary carer or assistant for an older person or people (65 years and over)	14.8%	48
Secondary carer (another person carries out main caring role)	5.9%	19
Prefer not to say	4%	13

Ethnicity (N=336)

Ethnicity	% responses	Number responses
Asian/British Asian: Bangladeshi	0.3%	1
Asian/British Asian: Chinese	0.3%	1
Asian/British Asian: Indian	0	0
Asian/British Asian: Pakistani	0	0
White: British	94.6%	318
White: Irish	1.2%	4
White: European	0.6%	2
Black/British Black: African	0	0
Black/British Black: Caribbean	0	0
Mixed Race: Black & White	0	0
Mixed race: Asian & White	0.3%	1
Gypsy or traveller	0	0
Rather not say	1.8%	6

Sexuality (N=331)

Which term best describes your sexual orientation?	% responses	Number responses
Heterosexual or straight	92%	304
Gay man	0.9%	3
Gay woman or lesbian	0.3%	1
Bisexual	0.9%	3
Asexual	0	0
Prefer not to say	5.4%	18
Other	0.6%	2

Religion (N=334)

Religion	% responses	No of responses	Religion	% responses	Number responses
No religion	29%	97	Muslim	0.3%	1
Christianity	65.9%	220	Sikh	0	0
Buddhist	0.3%	1	Prefer not to say	3.9%	13
Hindu	0	0	Other religion	0.6%	2
Jewish	0	0			