

# THE CITY OF DURHAM TRUST

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The City of Durham Trust commented on the earlier iterations of the settlement study and is pleased that it is being updated. We have a number of comments on the following paragraphs:

2.6 We are pleased to see Cafés and Restaurants on the list, and hope that farm shops with attached cafés are included (not all of these are in open countryside). We regret the omission of public libraries, and hope that this is an oversight that can be rectified. There are 39 permanent public libraries in County Durham, listed on the website at <http://www.durham.gov.uk/article/1996/Find-a-library> and in addition there are 84 smaller places served by the mobile library service.

2.10 We have commented previously about the scoring for hospitals, basically about two issues:

- What matters is how long it takes to get to the hospital, not whether the hospital is in a particular settlement. To illustrate: the journey times to the University Hospital of North Durham by bus from Sacriston (6 minutes), Edmondsley (10 minutes), and Lanchester (16 minutes) are all considerably less than from Belmont (28 minutes) but Belmont would get the points for having a hospital within the settlement and the others would not. Consequently it should be the time taken to reach the hospital that should be the deciding factor, not whether it is physically situated within a particular settlement.
- For accident and emergency, the patient will be taken to the hospital best able to treat their condition which may well not be the nearest. For example, An advertisement for the new 111 phone number in the *Durham Advertiser* (25 October 2012) cites a man in Newton Hall who was diagnosed with a potential heart problem and taken urgently by ambulance to the James Cook Hospital in Middlesbrough. The ambulance would have passed the main entrance to University Hospital Durham. Also, the A&E at Durham can become full, then ambulances are diverted to the QEH in Gateshead or the James Cook in Middlesbrough. We suggest you should consult with the Health Authority before finalising the scoring for this aspect.

The other, more general, issue is that some settlements are so large that they benefit from the presumed presence of facilities that are some distance away, yet villages that are closer to these facilities in a neighbouring settlement do not benefit. We suggest that larger settlements should be divided into several localities.

We have reviewed the evidence we gave on this issue in 2012 and much of what we said then remains relevant today, so that is attached so that the issues raised then can be taken on board when the detail of the settlement study is refined.