

Kent and Medway Community Services Integration Public Engagement Report

May 2026

Contents

Executive Summary	2
Introduction	3
Online Survey Results	3
Targeted Discussion Groups	16
Public Stakeholder Information and Feedback Event	19
Next Steps	20
Conclusion	21
Appendices	22

Executive Summary

The Patient and Stakeholder feedback shows that people's experiences of community services across Kent and Medway are mixed, but with clear and consistent themes. Many respondents described excellent, caring, and professional support, particularly from Medway Community Healthcare (MCH) teams such as rapid response, Home First, community dental services and health visiting, as well as strong clinical care from Kent Community Health NHS Foundation Trust (KCHFT) staff in settings such as minor injury units and district nursing. However, people reported variation in access, waiting times and service quality. Lengthy waits for appointments, difficulty contacting services, and fragmented pathways (where people must repeat their story or are passed between teams) were common concerns. Issues of geographic inequity were also raised, particularly in North Kent and Swale, where overlapping provider boundaries can create confusion and inconsistent support.

When asked how community services could be improved, people consistently prioritised better access, clearer information and more joined up care. Shorter waiting times, more local clinics, and increased specialist capacity were the most frequent requests. Respondents also wanted clearer communication about what services exist and how to access them. Many emphasised the importance of services being truly local, person centred and easy to navigate, supported by modern tools such as online booking, self-referral routes and shared records that prevent people having to repeat their medical history.

People stressed the need for timely diagnosis, coordinated communication between providers, and smooth transitions between children's and adult services. They highlighted the value of local knowledge within teams, the importance of accessible digital systems that do not exclude those who cannot use online services, and the need for clinicians to have the most up-to-date information about what services are available. Concerns were also raised about the sustainability of staffing, the complexity of navigating multiple organisations, and the risk that any change could disrupt services already under pressure.

Views on the proposed integration of KCHFT and MCH were divided. Some saw potential for clearer and more consistent services across Kent and Medway, reduced confusion in areas caught between current organisational boundaries, and the opportunity to share high performing approaches such as Home First and rapid response. Others were sceptical, expressing concern that a larger organisation might feel less local and more bureaucratic, leading to increased travel, longer waits, job losses, reduced personalisation, and the dilution of the strengths of having a local focus. Many respondents were unsure the change would deliver meaningful benefits and worried that integration might be driven by financial or political pressures rather than a clear plan for improving patient care.

Overall, these findings suggest cautious optimism in places, but a strong need for reassurance that integration would protect local access, strengthen service quality, and invest in capacity rather than erode it

Introduction

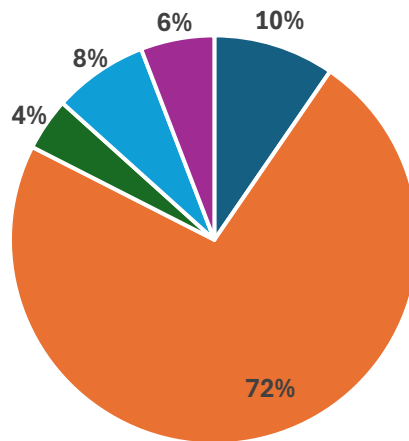
This report summarises feedback gathered from people across Kent and Medway as part of early engagement on the proposed integration of Kent Community Health NHS Foundation Trust (KCHFT) and Medway Community Healthcare (MCH). The work involved a broad cross section of participants, including patients, carers, those with additional needs, residents, voluntary and community sector organisations, local government partners, and colleagues from NHS provider and commissioning organisations. Insights were collected through an online public survey, targeted discussion groups and a face-to-face neighbourhood health event held in Medway, where people took part in facilitated discussions and live polling. Together, these activities provide a rounded picture of what matters most to people about community services, and their hopes and concerns about the potential integration.

Online Survey Results

1. Are you answering this survey as (please tick all that apply):

Answer Choices	Response Percent	Response Total
A patient	86%	206
A carer	10%	23
A parent	9%	22
	answered	240

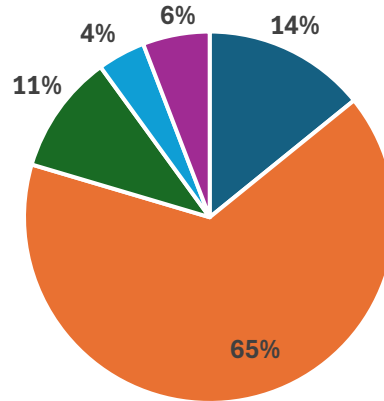
2. Which area do you live in?



■ East Kent ■ Medway ■ North Kent ■ Swale ■ West Kent

Answered: 240

3. Do you use services from:



■ KCHFT ■ MCH ■ Both ■ Neither ■ Not Sure

Answered: 240

4. What has your experience been of the care you have received from KCHFT community services?

Positive Experiences

- Many reported **very good or excellent care**, with staff described as **caring, thorough, timely and efficient**.
- **Minor Injury Units (Sittingbourne & Sheppey)** received strong praise for effective communication, especially with children, and safe clinical decision-making.
- **District Nurses** were highlighted as hardworking and providing excellent care.
- **MSK** services were viewed positively for local access and short waiting times.
- Where accessed, services were seen as **convenient and timely**, and several respondents emphasised that **once in the system, care is first class**.
- People also valued **continuity** (staff who “get to know you” and **build confidence**) and cited **prompt, informative and supportive** interactions.

“I’ve always been treated with respect and kindness by the clinicians. A phlebotomist really made my son feel at ease at his first ever blood test that he’d remember.”

Challenges

Access, Navigation & Waiting Times

- Difficulty finding the right service or getting responses.
- Long waits for some services, including **over a year** for outpatient diagnosis/treatment.
- **Referrals between services** with no joined-up pathway.

Variation & Inequity

- **Geographical variation** in what is available, especially:
 - Concerns about **equity across the county**.
 - **North Kent/Swale** cited as receiving **fewer or less coordinated services**, and specialist provision (e.g., **Parkinson’s nurse**) was not always available locally.

Service Confusion & Provider Issues

- Confusion over which organisation provides which services (KCHFT, Medway, Virgin/HCRG, Cora).

- Some dissatisfaction with areas where community services had been **outsourced**, citing reduced standards and access difficulties.

Communication

- Poor communication reported by a few respondents, even when clinical care itself was good.

Workforce Pressures

- Comments from an ex-staff member highlighted **staff shortages** in community nursing and community hospitals, impacting care quality.

“Difficulties in finding correct service... the departments seemed to know each other, and this helped... but getting through on the phone was difficult.”

“Not having to repeat my child’s story multiple times... Medway seem to understand this more than Kent. Hope this is not lost.”

Answered: 88

5. What has your experience been of the care you have received from MCH community services?

Positive Experiences

Many respondents reported **excellent or very good care** from MCH community services,

- People described their care as **friendly, efficient, professional, and compassionate**, with staff frequently praised for being **helpful, respectful, knowledgeable, and reassuring**.
- Services such as wound care and tissue viability, podiatry, physiotherapy, anticoagulation clinics, phlebotomy, and community nursing were highlighted for delivering **high-quality clinical care**. Respondents appreciated that care was often **delivered locally**, with **flexible appointment times** and staff who took the time to explain procedures clearly.
- Community dental services were again singled out for exceptional support, particularly for anxious patients and children. Several respondents emphasised that **once they were in the system**, the care felt **first class**, confidence-building, and well-coordinated.
- A small number highlighted individual staff members who “went above and beyond,” reinforcing the strong appreciation for frontline teams.

“The Occupational Therapists, Care Managers and Enablement staff at MCH are outstanding... you can tell they care about outcomes for their patients.”

Challenges

Long Waiting Times

- Many respondents noted that **waiting times remain a significant issue**, with prolonged delays for initial appointments, follow-ups, and some therapy pathways.
- People also cited slow triage processes and extended waits to reach the right service.

Access Issues and Operational Reliability

- A recurring theme was **difficulty getting through on the phone**, trouble securing timely appointments, or arriving to find **clinics closed without notice**.

- Booking processes, especially for blood tests, were described as confusing, with unclear signage or conflicting instructions.

Patchy or Variable Quality

- While many experiences were positive, others reported **mixed or inconsistent care**, with quality varying between teams and locations. Examples included early discharge without resolution, limited physiotherapy input (“just exercises”), and missed or delayed diagnoses that led to people seeking private care

Communication & System Problems

- Respondents raised concerns about **poor communication between departments**, including delays in updating GP records, reliance on letters that arrived late, and a lack of joined-up information between hospital, GP, and community teams. Some felt they had to repeatedly chase updates, referrals, or prescriptions.

Service Pressures & Resource Gaps

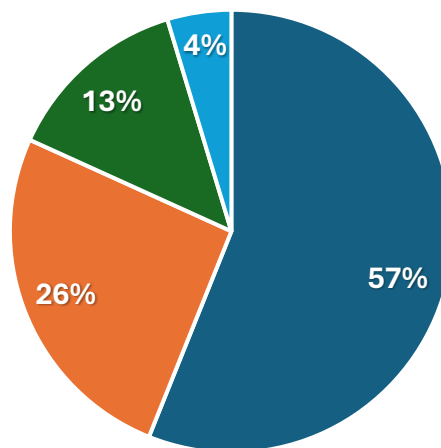
- People reported that services could be **overcrowded**, under-resourced or stretched due to rising local demand. There were worries that staff capacity may not keep pace if service areas widen.

“I keep having to tell each of the services... need a database they can all access.”

“Over one year and still ongoing... still waiting to be seen.”

Answered: 187

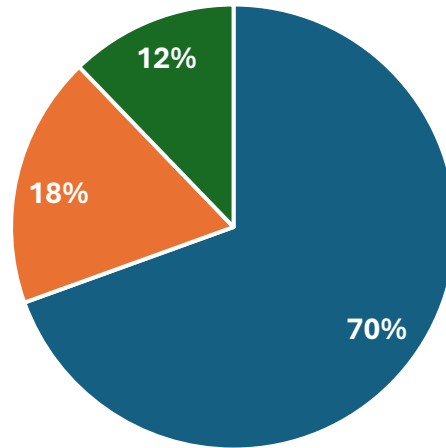
6. How easy to access are the community services you use?



■ Easy ■ It takes more effort than I would like ■ Difficult ■ Impossible

Answered: 231

7a. Do the community services you use meet your needs?



■ Yes ■ No ■ Not Sure

Answered: 231

Please explain why you chose the previous answer:

Positive Experiences

A number of respondents felt their needs were met because:

- They received **prompt treatment and good outcomes**.
- Local services were able to meet most needs (e.g., physio, clinics, nursing).
- Staff such as **occupational therapists, care managers, enablement teams, and community nurses** were described as **outstanding, caring, and professional**.
- Some received **ongoing support** such as physio, exercise classes, MRI, and follow-up options.

“The children’s emotional wellbeing team... made a huge difference... wish it could have been longer.”

Challenges & Reasons Needs Were Not Fully Met

Long Waiting Times

- Long waits for appointments, including delays of months or more with **no updates** given.

Access and Navigation Problems

- Some services were **difficult to access or use**.
- People struggled to get appointments.
- Unusual working hours of some patients meant services were not always accessible for them.
- One person highlighted a **gap in support** when transitioning to adult services.

Not Enough Specialists / Capacity

- Direct references to shortages of specialists.
- Services described as overstretched or unable to respond quickly.

Geographic / Provider Confusion

- Residents in Swale felt **'lost in the middle,'** caught between Medway and Kent providers.
- Frustration with services being delivered by external contractors, described as **financially driven with cutbacks.**

"I work odd hours which means I cannot always gain access at an appropriate time."

"Difficult to get through on the phone."

Answered: 167

7b. What would make community health services better for you?

Better Access to Services

- **Shorter waiting times** and reduced delays for all services (appointments, triage, outpatient care).
- **Easier access to appointments**, including:
 - More local clinics and services in community settings (especially North Kent).
 - Same-day or quicker GP access.
 - More outpatient capacity.
 - More mental health provision, locally and faster.

Improved Communication & Information

- Clearer information on **what services exist**, who provides them, and how they can be accessed.
- Better **signposting**, advertising, and a more user-friendly website.
- Clearer **discharge processes** and communication between teams.

More Joined-Up, Integrated Care

- Services that **talk to each other**, especially across children's and adult pathways.
- Shared records or a **single database** to avoid repeating medical history.
- A smoother transition into adult services with clarity on which services continue and which stop.
- Consistent coordination between GP, community services, and hospitals.

More Capacity & Specialist Support

- **More staff** and reduced workload pressures.
- More **specialists**, including mental health, chronic pain, physiotherapy, neuro/complex needs.
- Better continuity for people with **lifelong disabilities.**
- Maintaining highly responsive models.

Easier, Modern Ways to Access Care

- **Self-referral options**
- **Online booking** and patient-initiated follow-ups
- Better **telephone response**
- Improved digital systems that do not fail or go down for extended periods

Localisation & Convenience

- Services to be closer to home, fewer hospital visits.

- Better transport links (e.g., buses to clinics).
- More services provided through GP surgeries or community hubs.

Patient-Centred Approach

- Staff being friendlier and more person-centred.
- Services designed around patient needs, not organisational constraints.
- Clearer patient choice in referrals (“choose and book” style options).
- Ensuring staff properly introduce themselves with name and role.

System-Level Improvements

- Reduce bureaucracy and unnecessary paperwork.
- Ensure service stability and avoid frequent changes to access criteria.
- Some want services to **return to NHS provision** rather than private/outsourced models.
- Better leadership and community focus in large organisations.

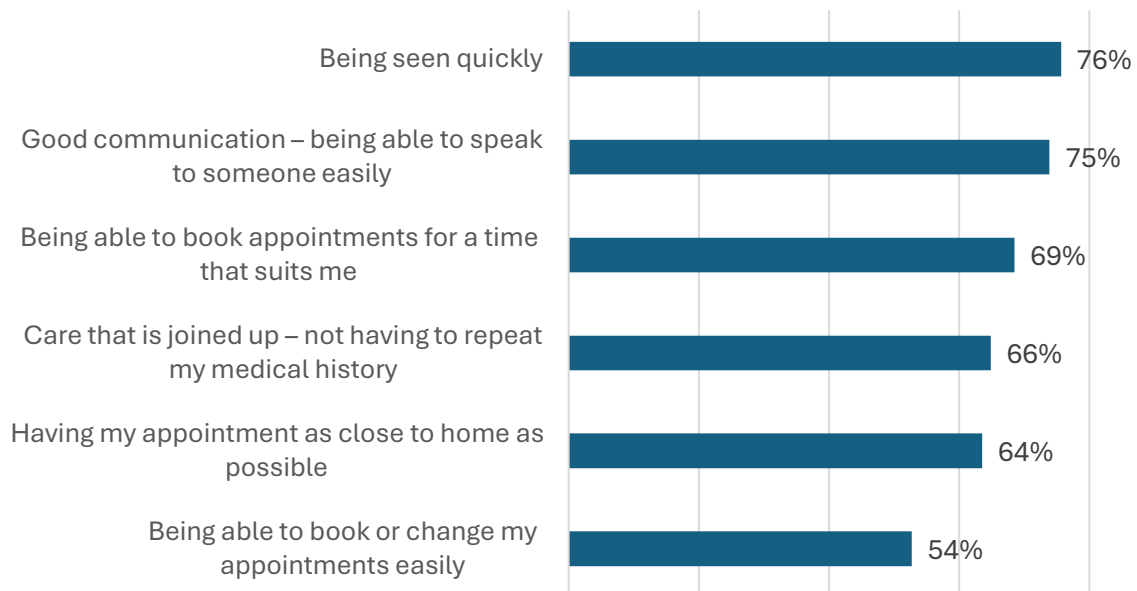
“More services in North Kent e.g. Community Chronic Pain.”

“More outpatient capacity... more surgeries to cover all the new houses being built... longer opening hours.”

“Better leadership... organisation has become too large... no one takes responsibility.”

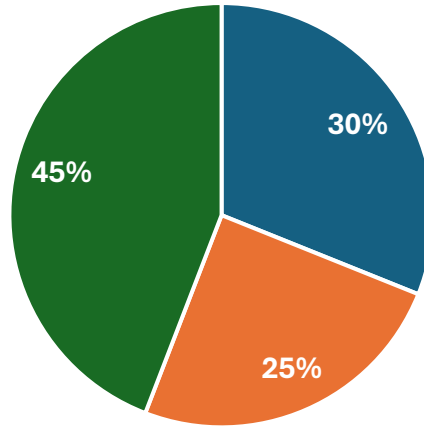
Answered: 169

8. What matters most to you about your healthcare? (Select all that apply):



Answered: 240

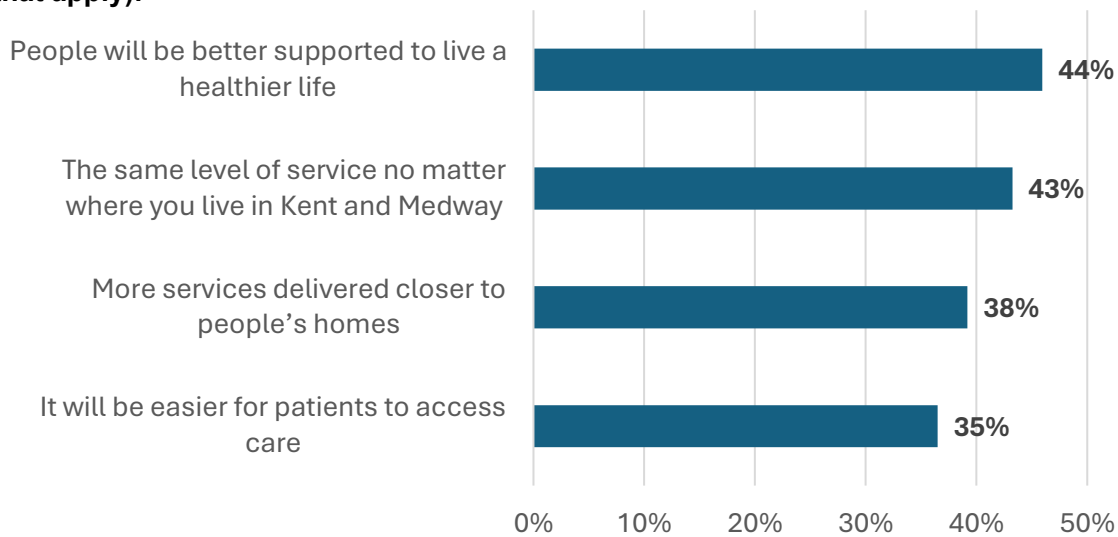
9. Do you think KCHFT and MCH merging as one organisation could improve your care?



Answered: 239

■ Yes ■ No ■ Not Sure

10. What benefits do you think becoming one organisation could bring? (please tick all that apply):



Answered: 384

Other: 19

Reduced Confusion & Better Equity of Access

- **Reduce confusion**, especially in areas like **Swale**, where people currently fall between Kent and Medway systems.
- Help eliminate the **postcode lottery** in community services so people receive the same support regardless of where they live.

Improved Partnership Working & Sustainability

A few respondents believed a combined organisation could:

- Strengthen **partnership working** across health and local government.
- Be **more sustainable** and potentially more resilient.

Learning From Each Other

- **KCHFT and MCH learn from each other**, particularly from high-performing services such as rapid response and Home First teams.
- Good practice is shared and embedded across Kent.

Economies of Scale

- Potential **economies of scale** (e.g., shared resources, reduced duplication).

More Options for Patients

- Being able to access services more flexibly (e.g., attending Maidstone if Medway cannot provide something).

Potential for More Efficiency

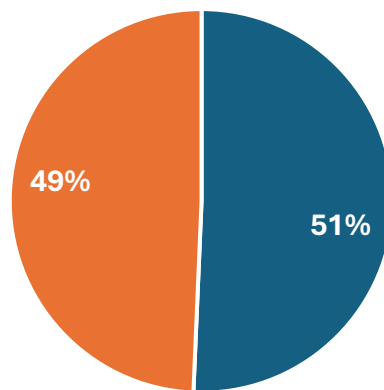
- A single organisation could be **more efficient** overall.

“Hopefully no more postcode lottery as to which organisations you come under.”

“Ultimately this is an efficiency exercise, which is welcome.”

“The NHS children’s care coordination service within children’s therapies service is amazing. Medway needs to have this team as well”

11. Do you have any concerns about this change?



■ Yes ■ No

Answered: 236

If yes, please tell us more: 120

Reduced Local Access & Increased Travel

The **most frequent concern**:

- People fear being sent to **far-away appointments**, which will impact:
 - elderly people
 - disabled people
 - people who do not drive
- Worried that services will become **more centralised** and less local.

- Concerns about inconsistent services across Kent and the risk of a **postcode lottery** continuing or worsening.

Longer Waiting Lists & Fewer Services

- **Reduced number of services** available locally.
- **Increased waiting times** due to larger caseloads.
- Stretch already limited staff “past breaking point.”
- Failure to deliver improvements due to existing system pressures.

Job Losses, Staffing Issues & Low Morale

- Fears of **job cuts**, especially in corporate and clinical roles.
- Concerns about **top-heavy management** at the expense of frontline staff.
- Worry that merging different cultures and ways of working will **damage morale**.
- Possible redeployment of staff “all over the place,” making services worse.

Loss of Quality, Personalisation & Local Knowledge

- A bigger organisation will be **less personal and more bureaucratic**.
- Medway’s strong local/community understanding could be lost.
- High-performing services (e.g., health visiting, rapid response) could be “**watered down**.”

Poor Communication & Coordination

- Fear of a “**commissioning mish mash**” like the historic East/West Kent split.
- Concern that communication may worsen.
- Risk of more red tape, duplication, and hierarchy.

Political or Financial Motivations

- That the change is **politically driven**, not patient-focused.
- That it appears to be a **cost-cutting exercise**, not a service improvement.
- Efficiency drives may lead to **centralisation, rationalisation**, and fewer local options.

Uncertainty, Doubt & Lack of Trust

- “Consultation is a done deal” – scepticism about genuine engagement.
- Fear that **improvements will not happen**.

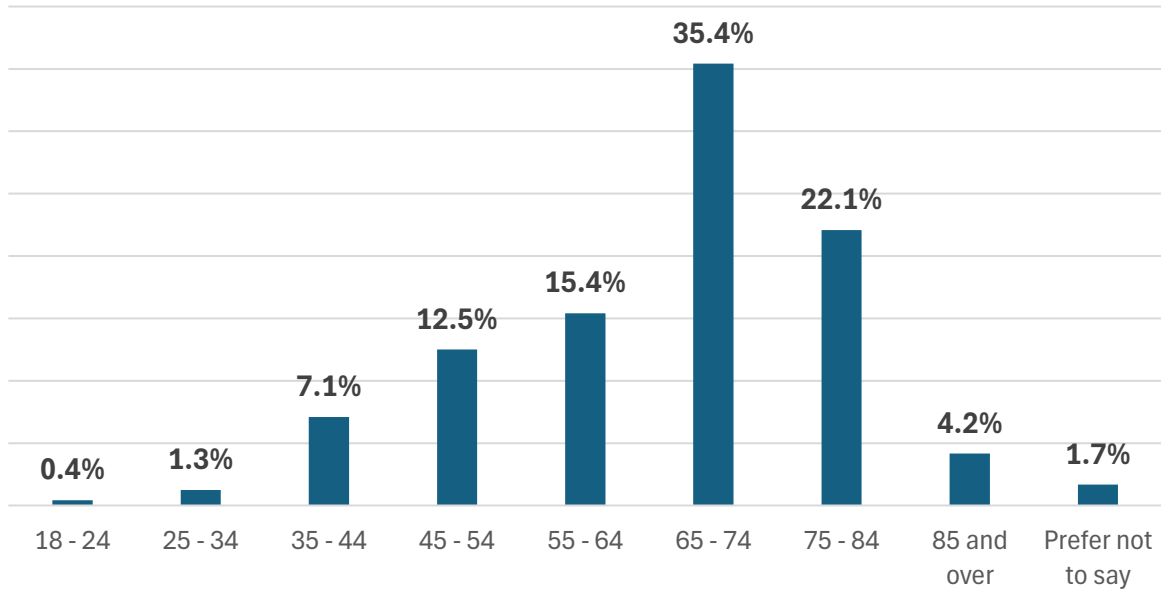
“Being given appointments too far away and not being able to get there”

“The system isn’t coping now so this won’t work bringing the 2 together because they’re at breaking point now.”

“This will remove the excellent local focus of MCH and probably... redundancies—loss of morale in workforce.”

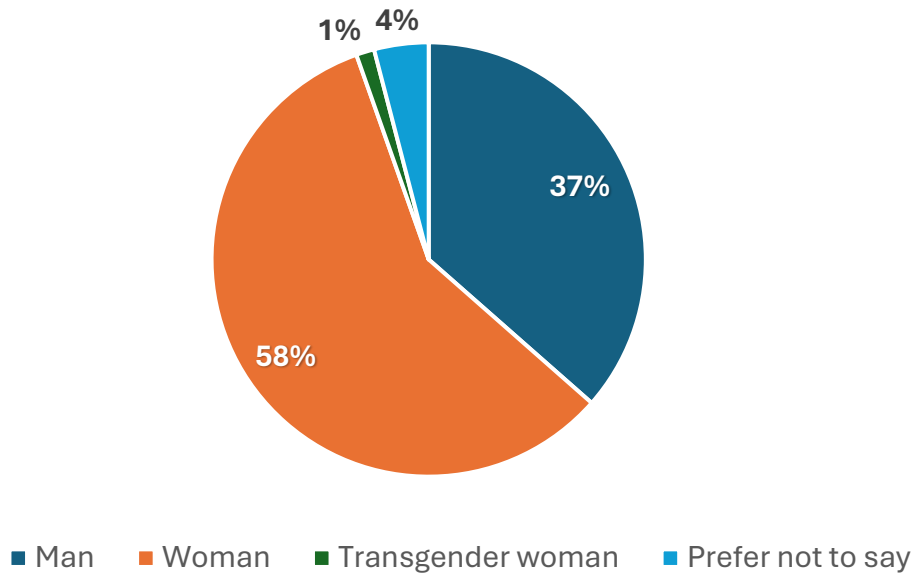
Demographic of Respondents

13. Age:



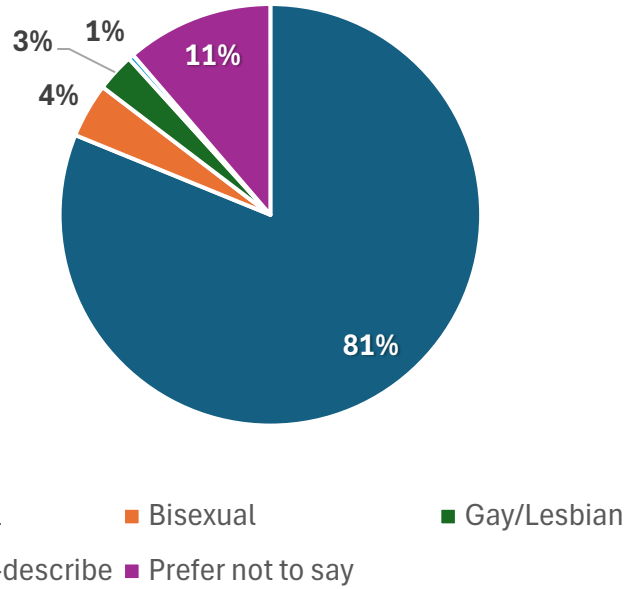
Answered: 240

14. Gender:



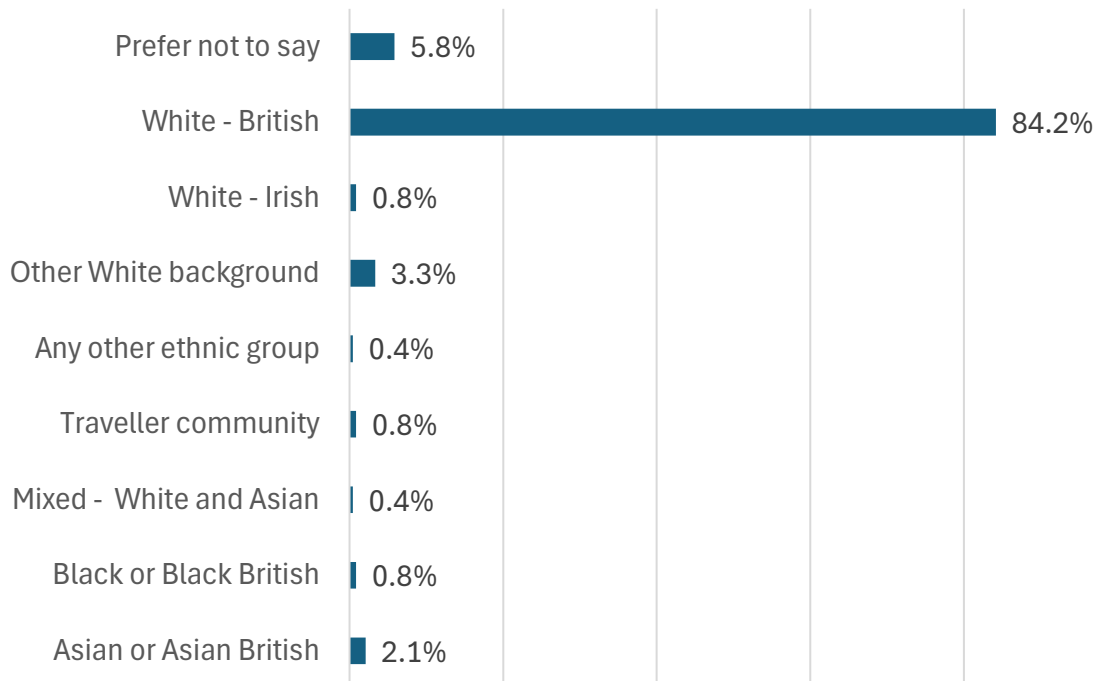
Answered: 240

15. Sexual orientation:



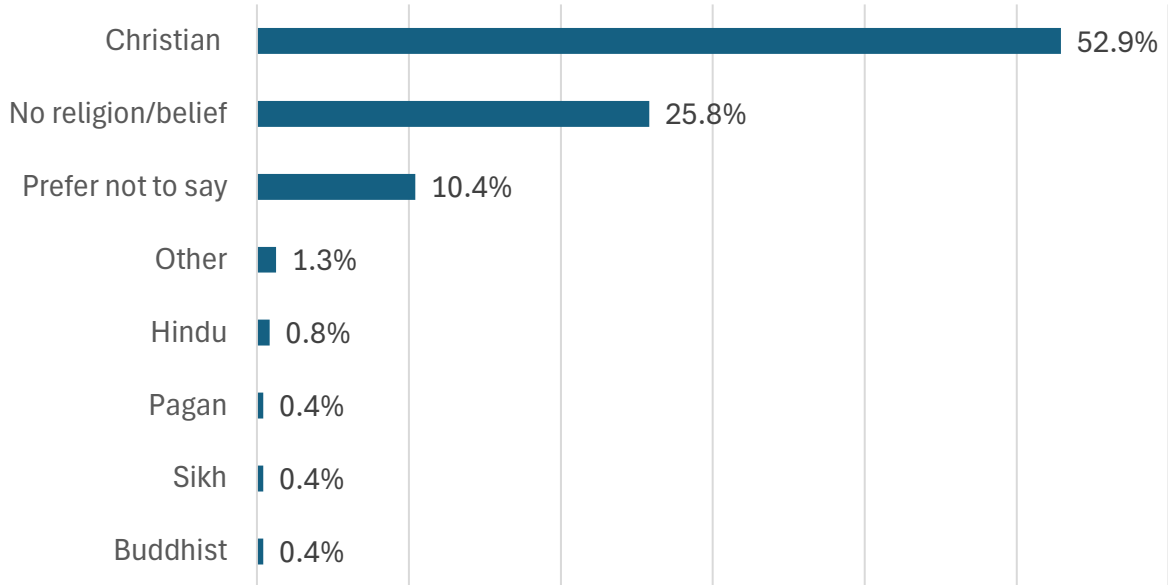
Answered: 239

16. Ethnicity:



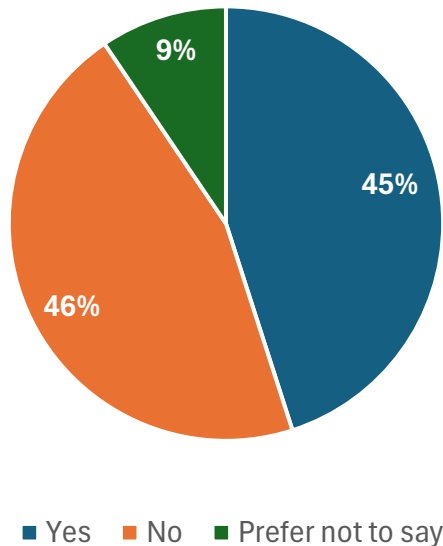
Answered: 237

17. Religion/belief:



Answered: 237

18. Do you have a health condition or disability which makes it difficult for you to do everyday things? (This could be mental or physical)



Answered: 238

Targeted Discussion Groups

Three open forum discussion groups were held with residents of Kent and Medway, to discover their perspective on the integration of MCH and KCHFT and any benefits or concerns they had around this. A total of 24 people participated across the three sessions, including one group of four people with learning difficulties. Before questions were asked, participants were shown an information video outlining the reasons behind the integration, including shared values, rising demand, workforce challenges, health inequalities, financial pressures, and the potential benefits of a larger, more resilient organisation. Below is a summary of the views shared against the three questions

1. What matters most to you about your healthcare?

Joined-up communication & coordinated care

- All services across Kent and Medway need to communicate effectively, with shared access to patient records across platforms.
- Professionals should speak to one another to avoid patients and carers repeatedly explaining their story.
- Families frequently end up coordinating communication themselves, especially where complex needs or multiple providers (e.g., HCRG, London hospitals) are involved.

Timeliness & responsiveness

- Faster access to results, timely diagnosis and appropriate follow-ups are essential.
- Lengthy delays for urgent appointments (e.g., neurophysiology after surgery) feel unsafe and cause distress.
- Reliable transition from children's to adult services is particularly important, so there is no "gap" in care when services change.

Clear points of contact

- Carers need clarity on who to contact when multiple services are involved.
- Information provided by GPs and community teams is often unclear or incomplete, especially regarding specialist services

Involvement, experience and being listened to

- Patients and carers want their experiences and concerns to be taken seriously.
- They want a meaningful voice in decisions, especially for those with special needs, disabilities, or complex medical conditions.
- Not expecting the patient or carer to naturally self-advocate, and to encourage this

Consistency and equity across Kent & Medway

- Service levels vary significantly between areas (e.g., Swale vs Medway vs West Kent).
- Families want equal access to high-quality care regardless of postcode.
- Consistency is especially important for those who move between services (e.g., through school placements).

Accessibility

- Surgeries must be physically accessible (wheelchair access was a specific concern).
- Information should be inclusive—easy-read, translated materials, and support for sensory or cognitive needs.
- Digital access should not exclude patients who cannot or do not want to use digital tools.

Closer-to-home care

- Community teams, neighbourhood hubs, and localised services are valued.

- Reducing the need to travel long distances is especially important for people with complex physical needs.

Well-trained, confident staff

- Staff need up-to-date training and better understanding of what services exist.
- GPs, in particular, need greater awareness of specialist adult services
- Staff should all be trained to work with people with disabilities

2. How could KCHFT and MCH coming together improve your care?

Joined-up systems and reduced duplication

- A single organisation could streamline communication and record-sharing.
- Merged digital systems would reduce repetition, improve continuity, and support better transitions between services.
- Could help ensure that GPs and other staff are aware of all available services.

Building on strengths & sharing expertise

- The merger offers an opportunity to share best practice from both organisations.
- Could support improved recruitment, retention, and reduced dependency on locum services.
- Continuity of seeing the same clinician could be improved.

More consistent services across the county

- Integration could help address the postcode lottery in access to therapy, paediatrics, physio, occupational therapy, and urgent care.
- A larger, unified trust may have more flexibility in staffing and resources.

Care closer to home

- Could accelerate development of neighbourhood teams and local health hubs.
- Better coordination may allow more services to move out of hospitals and into the community.

More efficient use of resources

- Cost savings from merged systems or duplicated roles may free up funding for frontline care.
- A combined organisation may manage estates, buildings, and clinical teams more effectively.

Clarity around external contractors

- People want clearer communication about how external contractors fit into the overall merger, since it currently sits outside the main narrative.
- Families want assurance that services delivered by external contractors (e.g., neurophysiology) will be integrated or at least clearly understood.

Greater leadership visibility

- The public want to hear directly from senior leaders and understand the purpose and benefits of the integration.

3. Do you have any concerns or see any challenges with this change?

Digital and system alignment

- Concern that incompatible IT systems will slow integration and create gaps in care.
- Worries that platforms like the NHS App, MyChart and service-specific portals will not link smoothly.
- Ensuring access for non-digital users remains critical.

Health inequalities

- People want assurance that the merger will *reduce*, not increase, inequalities.
- Need for measurable plans to address gaps between areas such as Swale, Medway, and West Kent.

Motivation and clarity of the change

- Some feel the merger appears cost-driven rather than patient-driven.
- Need clearer messaging about the purpose, benefits, and long-term vision.

Impact on social care and wider partnerships

- Concerns about how integration aligns with:
 - social care pressures,
 - London hospitals involvement,
 - local government boundary changes.
- Families want better coordination with social care, especially for individuals with lifelong needs.

Financial pressures and service quality

- Fear that cost-saving drives may reduce service availability or quality.
- Concern about potential closure of community buildings and clinics.

Impact on staff

- Anxiety around redundancies, role changes or staff needing to reapply for their jobs.
- Concern that uncertainty could lower morale and reduce quality of care.
- Risks to relationships and culture across teams after the merger.

Leadership, communication & engagement

- Public want transparent communication from leaders throughout the process.
- Greater engagement needed with community groups, seldom-heard populations, and those outside existing networks.
- Concern that engagement with the public so far has been driven by KCHFT, with limited visible activity from MCH.

Timeline and transition risks

- Large structural changes take time, and the public worry about disruption to care.
- Assurance is needed that services will remain safe, stable, and accessible during the transition.

Public Stakeholder Information and Feedback Event

As part of wider engagement activity, a face-to-face public event was held on Tuesday, 4 February at the University of Greenwich in Medway. The session was designed to bring together a broad cross section of stakeholders, including patients, carers, members of the public, voluntary and community sector organisations, local government representatives, and colleagues from NHS provider and commissioning organisations. The aim of the event was to gather views on what matters most to people as Kent and Medway move towards a neighbourhood health approach, with more care delivered closer to where people live.

During the workshop, attendees heard about the emerging neighbourhood model and were invited to take part in a series of live polling exercises and open-text discussions. These explored whether integration between KCHFT and MCH could improve care, what benefits people hoped such changes might bring, and any concerns or risks that needed to be considered. The ranking poll showed cautious but conditional support for integration rather than unequivocal endorsement.

Participants identified several potential benefits, with easier access to care, greater consistency of services across Kent and Medway, and more support provided closer to home emerging as the strongest themes. Many also recognised the opportunity to build on successful neighbourhood models already in place, the importance of strengthening prevention, and early support within local communities.

Concerns were detailed and centred on how integration would be delivered in practice. People wanted reassurance that Medway's established approaches to population health and enablement would not be diluted in a larger organisation, and that a 'one size fits all' model would not replace locally responsive services. Attendees also raised questions about workforce capacity, cultural alignment, governance, accountability, digital compatibility, and the need for transparency throughout the process. A number highlighted the risk that standardisation could lead to services being levelled down, rather than up, and stressed the importance of protecting what already works well for local people.

Overall, the event demonstrated that while there is openness to the potential benefits of integration, confidence is dependent on how well the change is explained, codesigned, and implemented. Attendees emphasised the importance of maintaining local identity, ensuring care remains personal and community-focused, and providing clear information about what will change, and what will not, as plans develop.

Next Steps

Engagement feedback has already informed planning and has highlighted several areas for focus in the next phase of integration and engagement work.

Clarity on the Future Service Model

We will:

- Develop a clear narrative explaining what will stay local and what may change.
- Set out how local models will be protected and strengthened.
- Communicate how we intend to level variation across Kent and Medway.

Access, Communication and Navigation

We will:

- Prioritise work on access, waiting times and communication as key service improvement areas.
- Begin planning for more joined-up digital systems to address duplication and reduce the need for people to repeat their story.
- Improve public information about services and how they can be accessed.

Governance and Transparency

We will:

- Commit to clearer communication about timelines, milestones, and decisions.
- Set out how the integrated organisation will be accountable for performance and equity.

Continued Engagement

We will:

- Continue discussions with patients, carers and the public as integration happens
- Target seldom-heard populations and groups with complex needs.
- Provide feedback loops explaining how views have shaped decisions.

Conclusion

Feedback across surveys, discussions, and the Medway event point to a simple truth: people rate the care they receive but can struggle to access it. The case for integration resonates when it promises clearer routes in, consistent standards and local care that feels joined up. Confidence depends on how the change is delivered, not just whether it happens.

For the programme to succeed, the public and partners want to see a credible, near-term improvement plan on access (waiting times, phones and bookings), a clear commitment to locality (care closer to home, with practical transport solutions), and visible protection and spread of what works (for example, rapid response, Home First and high-performing clinics). They also want assurance on workforce (including culture, morale, and capacity) alongside transparent governance, milestones and two-way communication during transition. Put simply, support is conditional: people will back integration if it levels up care everywhere, keeps services personal and local, and invests in capacity rather than eroding it.

Emma-Sue Willows
Participation Manager
Kent Community Health NHS Foundation Trust

Appendices

Appendix 1 – Online Survey

Tell us what you think about Kent and Medway community services coming together as one organisation

[Kent Community Health NHS Foundation Trust \(KCHFT\)](#) provides adult and children's community services across east and west Kent, including community nursing, rehabilitation and therapy services, as well as health visiting, school health and specialist children's services. KCHFT also provides some community services in parts of East Sussex and London.

[Medway Community Healthcare \(MCH\)](#) provides these services to people in Medway.

Both organisations work closely with our local GP surgeries and large hospitals, like Medway Maritime Hospital, but we do not provide these services.

To better serve people across the county, our two organisations are planning to come together to become one organisation. We would like to hear your thoughts about this so we can make the best decisions for our patients and communities.

1. Are you answering this survey as *(please tick all that apply)*:

A patient

A carer

A parent

Other (please tell us):

2. Which area do you live in?

- East Kent (covered by Ashford, Canterbury, Dover, Folkestone and Hythe, and Thanet councils)
- West Kent (covered by Maidstone, Sevenoaks, Tonbridge and Malling, and Tunbridge Wells councils)
- North Kent (covered by Dartford and Gravesham councils)
- Medway
- Swale
- Other (please tell us):

3. Do you use services from:

- KCHFT ([check our services listings](#))
- MCH ([check our services listings](#))
- Both
- Not sure
- Neither

4. What has your experience been of the care you have received from KCHFT community services?

5. What has your experience been of the care you have received from MCH community services?

6. How easy to access are the community services you use?

- Easy
- It takes more effort than I would like
- Difficult
- Impossible

7a. Do the community services you use meet your needs?

- Yes
- No
- Not sure

Please explain why you chose the previous answer:

7b. What would make community health services better for you?

8. What matters most to you about your healthcare? (Select all that apply):

- Being able to book appointments for a time that suits me
- Being able to book or change my appointments easily
- Being seen quickly
- Care that is joined up – not having to repeat my medical history to each new healthcare professional
- Good communication – being able to speak to someone easily
- Having my appointment as close to home as possible
- Other (please tell us more):

9. Do you think KCHFT and MCH merging as one organisation could improve your care?

- Yes
- No
- Not sure

10. What benefits do you think becoming one organisation could bring? (please tick all that apply):

- It will be easier for patients to access care
- The same level of service no matter where you live in Kent and Medway
- More services delivered closer to people's homes
- People will be better supported to live a healthier life
- Other (please tell us more):

11. Do you have any concerns about this change?

- Yes
- No

If yes, please tell us more:

12. If you would like to hear from us by email, newsletter or be more involved as we become one organisation, please provide your email address:

We ask a few optional demographic questions to ensure our products and services are relevant to people from all backgrounds. You don't need to answer any questions that you are not comfortable with.

13. Age:

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85 and over
- I'd prefer not to say

14. Gender identity:

- Woman
- Man
- Transgender woman
- Transgender man
- Non-binary
- I'd prefer not to say
- Other (please specify):

15. Sexual orientation:

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Prefer to self-describe
- I'd prefer not to say

16. Ethnicity:

- Asian or Asian British Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Any other Asian background
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Any other Black background
- Mixed - White and Asian
- Mixed - White and Black African
- Mixed - White and Black Caribbean
- Mixed - Any other mixed background
- Traveller community
- White - British
- White – Irish
- White - Any other White background
- Other ethnic group - Chinese
- Other ethnic groups - Any other ethnic group

- Don't know/Not sure
- I'd prefer not to say

17. Religion/belief:

- Buddhist
- Christian (Catholic, Protestant or any other Christian group)
- Hindu
- Jewish
- Muslim
- Sikh
- No religion/belief
- I'd prefer not to say
- Any other religion or belief:

18. Do you have a health condition or disability which makes it difficult for you to do everyday things? (This could be mental or physical)

- Yes
- No
- I'd prefer not to say

Thank you for taking the time to complete the survey

Appendix 2 – Questions for Discussion Groups and Public Event

- What matters most to you about your healthcare?
- How could Kent Community Health NHS Foundation Trust and Medway Community Healthcare coming together improve your care?
- Do you have any concerns or see any challenges with this change?