

The Path to Excellence

Public consultation

How we create the best possible improvements for healthcare in South Tyneside and Sunderland

A public consultation to ask for your views on proposed changes to **stroke, maternity (obstetrics), women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) hospital-based services** in South Tyneside and Sunderland.

Share
your views!



Summary consultation
document

5th July – 15th October 2017

www.pathtoexcellence.org.uk



About this document

This summary public consultation is based upon our full Path to Excellence transformation programme.

It contains key information about the future of stroke, maternity (obstetrics), women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatric) services in South Tyneside and Sunderland.

You will find the full consultation document and supporting information along with a range of relevant weblinks on our website www.pathtoexcellence.org.uk

Who should read this document?

This information is for anyone who has experience of, or interest in, stroke, maternity, women's healthcare and children and young people's urgent and emergency healthcare services in South Tyneside or Sunderland. It doesn't matter whether you have previously used these services, we would like to hear your views on the potential changes to these hospital-based services in your area.



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About the consultation

This public consultation has been put together by four local NHS organisations who are working together to improve your local NHS services to deliver safe, high quality care that will make the best use of resources and meet the needs of our population both now and in the future.

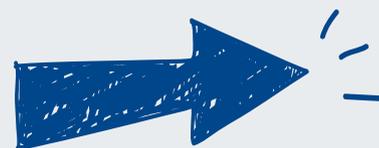
- **NHS South Tyneside Clinical Commissioning Group**
- **NHS Sunderland Clinical Commissioning Group**
- **South Tyneside NHS Foundation Trust**
- **City Hospitals Sunderland NHS Foundation Trust**

In this document you will find key information about current services, the challenges we face, and potential ways we could rearrange these services in the future in order to improve their quality, make better use of our staff and ensure services are fit for the future.

We will explain the challenges we face around the way these services are currently being delivered, and the different ways local clinical leaders such as doctors and nurses think these services could be provided in the future.

Which services are included in this consultation?

These

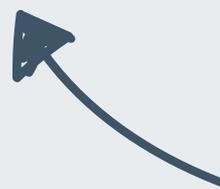


This clinical service review focuses on a number of specific areas of each service. These are shown on the opposite page.



Important

All other aspects of these services, for example outpatient and community services, will continue in their current form.





Stroke services

Hospital-based care (acute) and hospital-based rehabilitation services.



Maternity services (obstetrics)

Covering hospital-based birthing facilities i.e. where you give birth to your baby, and special care baby unit (SCBU).

Women's healthcare services (gynaecology)

Covering all inpatient surgery that includes an overnight hospital stay.



Children and young people's healthcare (urgent and emergency paediatrics) services

Specifically urgent and emergency care.

These two services are discussed together in this document.





This document sets out:

- **three possible options for the way hospital stroke healthcare services could be organised**
- **two possible options for the way hospital-based maternity (obstetrics) and women's healthcare (gynaecology) services could be arranged**
- **two possible options for the way children and young people's healthcare (urgent and emergency paediatrics) services could be delivered across South Tyneside and Sunderland**

These potential options have been developed to ensure we provide our patients with the highest quality of care while getting the best out of our staff, our facilities and our resources.

Why sharing your views is important

We want to hear from patients and carers with first-hand experience of these services, the wider public, as well as our staff and those who work within the community and voluntary sector.

We are keen to hear how you think these proposals may affect you or how they could be improved. The consultation is an opportunity to work together to generate ideas and shape solutions, and to give as many people as possible the opportunity to have their say on any potential changes.

It is very important that people know no decisions about these potential changes have been made. All responses from this public consultation will be analysed and considered. This feedback, together with the clinical case for change and the specialist impact assessments of the potential changes, will help the two clinical commissioning groups (CCGs) to make a decision later in the year.



Why hospital services need to change

The picture for the NHS in the North East echoes that of the rest of the country. The quality of care that people receive is generally very good but it can vary across the region. Preventable illness is common and the growing demand for healthcare services is putting greater pressure on NHS resources, staff and finances than ever before.

In addition, we are facing a number of challenges:



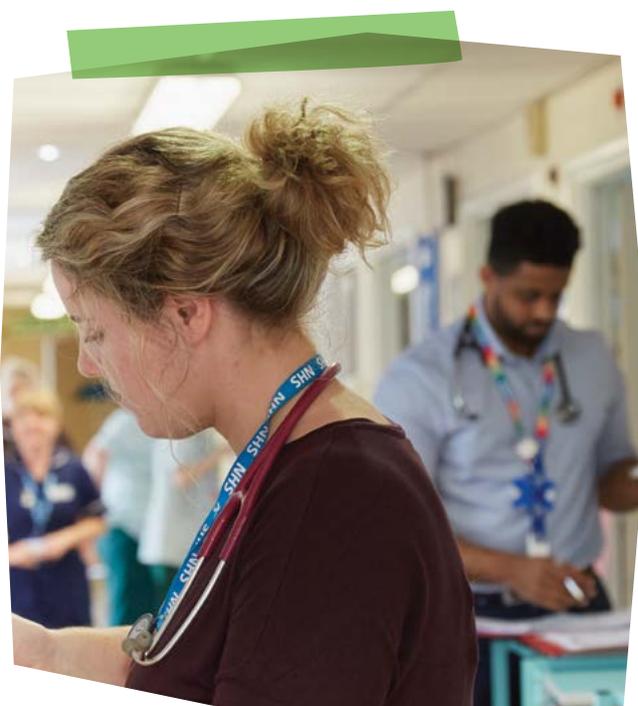
- **the needs and expectations of the public are changing**
- **new treatment options are emerging while life expectancy is increasing**
- **for many people, those extra years are spent in poor health, with more complex care needs**
- **the NHS is required to move towards delivering a greater number of services seven days a week**
- **the NHS is experiencing increasing workforce pressures, particularly recruitment of senior medical staff but also nursing, therapy, and junior medical staff and this means that we need to think differently around how we deliver services**
- **a shortage of consultants to provide 'out of hours' cover and the need to ensure that nurse staffing levels meet national standards**
- **the need to improve quality and performance nationally as evidence suggests that better clinical outcomes and quality come with seeing a sufficient number of patients for doctors to maintain specialist skills**
- **modernising and reforming services in line with local and national strategies and the needs of individuals and communities**





For stroke, maternity, women's healthcare, and children and young people's urgent and emergency hospital services we need to consider the following:

- **access to seven-day specialist stroke services is a national expectation to ensure the best possible care and recovery**
- **there is currently only one part-time permanent consultant physician able to provide stroke services at South Tyneside District Hospital, supported by a temporary doctor - this does not meet national clinical guidelines**
- **around £900,000 was spent on temporary doctors across these four key areas in 2015 to 2016**
- **we know that larger clinical teams are likely to be more attractive to new medical staff as they deliver fewer on call commitments and therefore offer a more appealing work-life balance**
- **there are not enough permanent maternity and women's healthcare medical staff which means temporary doctors are regularly used to keep staffing levels in line with clinical standards**



What does this mean for the future?

Providers, commissioners and clinical networks agree that, to create a better future for the NHS, we need to adapt and change the way we do things. This doesn't mean doing less for patients or reducing the quality of care. Instead, it means increasing the focus on prevention, finding new ways of working together to meet people's needs and identifying more efficient ways to run our services.

Across South Tyneside and Sunderland, we have a proud history of extremely good care delivered by exceptionally dedicated staff working in our hospitals, in the community, in clinics, GP practices, with valued support from the community and voluntary sector. The Path to Excellence builds on this history as we work together to develop plans for better quality care and meet key quality standards while at the same time, recognising the need to be as efficient as possible.

Despite the challenges facing our NHS, we strongly believe that the people of South Tyneside and Sunderland should have a better quality of health than they currently experience.

Through reviewing our services we want to deliver long-term effective solutions to secure improved health outcomes in our area by:

- **providing a wide range of safe, high-quality and accessible healthcare services**
- **making the best use of our senior medical staff at all times**
- **providing value for money**
- **investing further in services that are of most benefit to patients**
- **sharing resources and services in areas where patient numbers are low**





The broad picture of health facts for our local population

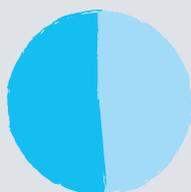
Population by region

Source:
South Tyneside: NHS South Tyneside CCG
Sunderland: ONS Census Data 2011



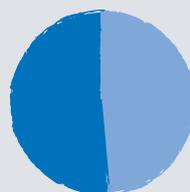
Population by gender

Source: ONS Census Data 2011



South Tyneside

- Females (51.7%)
- Males (48.3%)

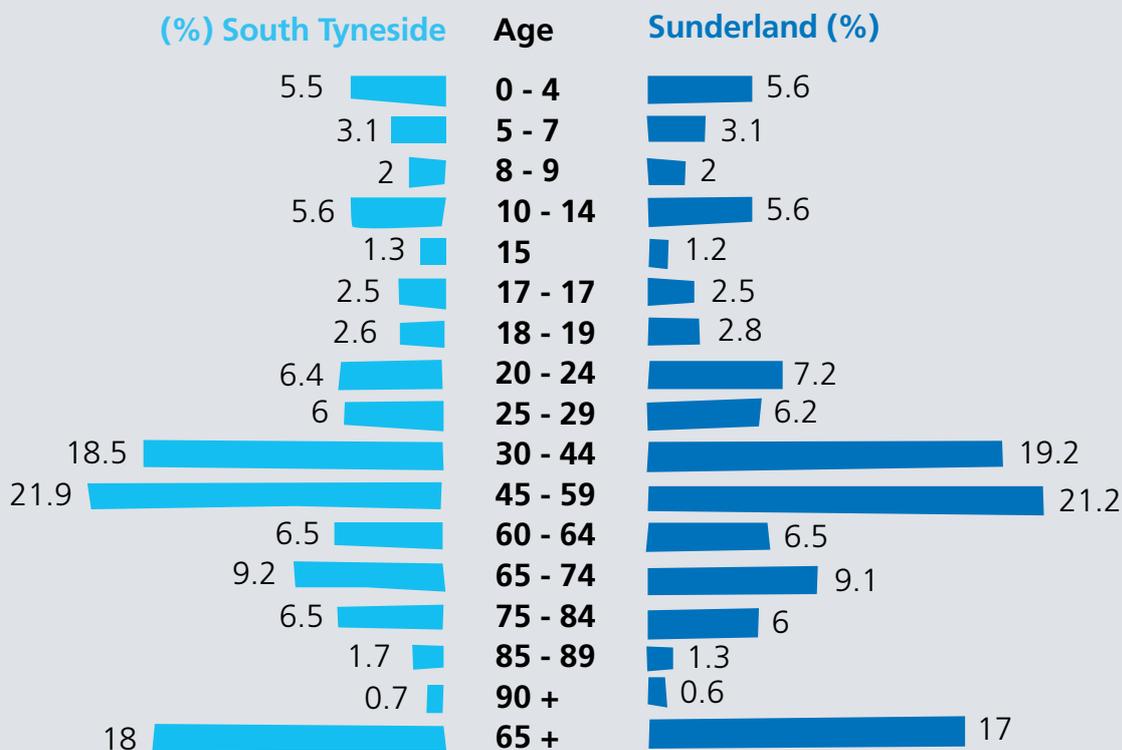


Sunderland

- Females (51.4%)
- Males (48.6%)

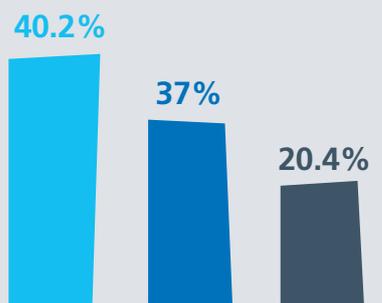
Population by age range

Source: ONS Census data



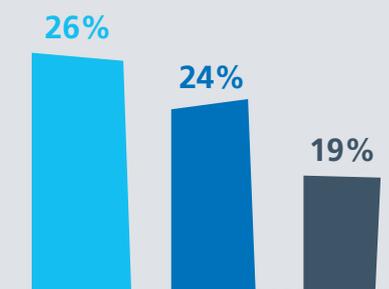
Deprivation

Source: PHE 2015



% under-16s in poverty

Source: PCBC



■ South Tyneside ■ Sunderland ■ Nationally

Obese adults



South Tyneside



Sunderland



Nationally

Source: PCBC

Adults diagnosed with diabetes (%)

Source: PCBC



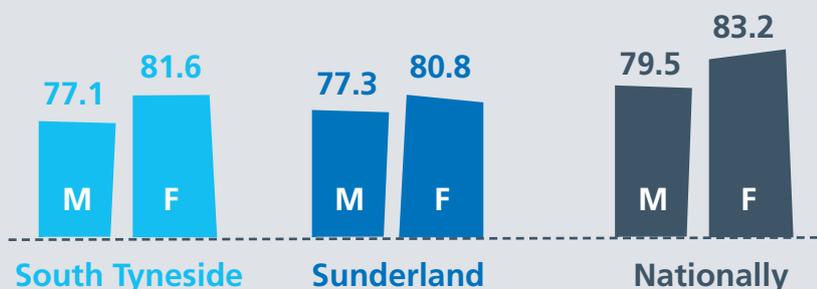
South Tyneside

Sunderland

Nationally

Life expectancy (years)

Source: PCBC



■ M Male ■ F Female



The key tests to be satisfied at this stage, included ensuring that the proposed changes will:

deliver high quality, safe care (that is better than the current service arrangements and satisfies all relevant standards set out in law and guidance)

support long term service provision (including ensuring that the clinical workforce and patient numbers are there to make the service viable)

be affordable (without any significant extra costs)

be achievable within the next couple of years

What you said was important to you

We began a programme of clinical service reviews in 2016 where we asked clinical staff in both hospitals how they think these services should be delivered.

Clinical teams covering stroke, maternity, gynaecology and paediatrics have been leading the process. Each team reviewed a long list of potential scenarios against key criteria and the options that matched the criteria were developed further to be put forward for formal, public consultation.

If you live in South Tyneside or Sunderland and have experience of, or an interest in the four key areas it is likely that you already know a little about the 'Path to Excellence' work.

Between October and December 2016 we asked local people to share their experiences of these services and how they feel they could be improved. Over 3,000 people responded by either survey, interview, or by attending an event or meeting.

This initial feedback gave us an insight into the most successful areas of services and the areas where you feel improvements could be made. You told us:

You can find out more by reading the full report *A review of patient insight South Tyneside and Sunderland* at www.pathtoexcellence.org.uk

	What's important	Areas of satisfaction	Areas for improvement
Stroke care services	Little difference was found between those who preferred stroke services to be centralised in one location, and those who preferred local services to remain in South Tyneside and Sunderland	Overall satisfaction levels are high Excellent standard of care High-quality of health professionals	Increased support from specialist teams to ensure the best recovery possible Improved communication with health professionals
Maternity services (obstetrics)	Choice over where to give birth Reassurance of consultant and midwife care together in the same location	Many respondents satisfied with current maternity arrangements	Better facilities for partners to stay in hospital Being able to see the same healthcare professional Improved staffing in antenatal clinics to reduce waiting times
Women's healthcare services (gynaecology)	The availability of high-quality, safe care from gynaecology specialists and being able to see the specialist who can deal with specific illnesses or conditions were felt to be more important than having an emergency gynaecology unit close to home	Staff praised for professionalism and kindness	Waiting times for referrals On-the-day appointments or procedures Postoperative care Communication
Children and young people's healthcare (urgent and emergency paediatrics) services	The availability of safe, high-quality care from staff who specialise in treating children and young people's illness was considered more important than having an emergency paediatric unit close to home	Satisfaction levels very high for current provision	Waiting times for appointments Improved facilities for parents and carers to stay in hospital with their child



We now need your help in creating the best possible improvements to healthcare in South Tyneside and Sunderland. The following pages explain how stroke, maternity, women's healthcare and children and young people's urgent and emergency healthcare services are currently managed in hospital and community settings across South Tyneside and Sunderland. We explain the challenges we face in each of these areas and set out a number of different ways in which we could solve them.

We would like you to tell us:

- **how you rate the importance of each key criteria to ensure the highest quality future service arrangements**
- **if there is any other criteria that we should consider before agreeing our decision-making process**







A photograph of a hospital corridor. In the foreground, a person's arm in a light blue patterned shirt is visible. The background shows a white sink, a hand sanitizer dispenser, and a mirror on the wall.

How services could be arranged differently in the future

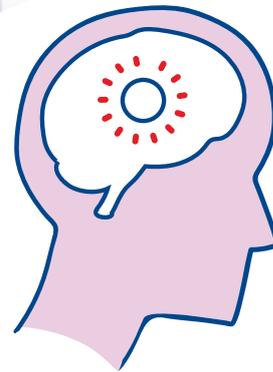
Stroke care services

How services are currently delivered in South Tyneside and Sunderland

Until recently, we offered a full range of stroke services in both South Tyneside District Hospital and Sunderland Royal Hospital – this covered everything from emergency treatment and specialist stroke nurse practitioners to rehabilitation support and out-of-hours community care. However South Tyneside services have temporarily been relocated to Sunderland due to staff shortages.

The potential service changes relate specifically to hospital service provision. Community-based rehabilitation services will continue to be provided in both South Tyneside and Sunderland.

Stroke patient pathway



Stroke symptoms
999 call and ambulance
transfer to hospital



Ambulance

Key to abbreviations:
CT scan - computed tomography

These parts of stroke services are being reviewed

(All services within the red dashed line)



Hyperacute stroke care
Assessment, diagnosis and treatment by specialist stroke team, including CT scan and start of rehabilitation



Acute stroke care
Treatment and rehabilitation by a specialist stroke team in preparation for hospital discharge



Community stroke rehabilitation care
Including any physiotherapy, speech and language, occupational therapy support as required

Hospital

Home/Nursing or Residential care



Why do stroke services need to change?

Although stroke services across South Tyneside and Sunderland generally provide a safe standard of care, provision can differ across the region, with some areas falling short of national guidelines. To ensure a consistent service we need to address a number of challenges:

- **low staffing levels and inefficient working arrangements are making it difficult to make much-needed clinical quality improvements**
- **to improve compliance with national stroke clinical guidelines so that patients are assessed and treated as quickly as possible**
- **work towards national expectations to deliver seven-day stroke hospital services, with specialist acute stroke centres treating a minimum of 600 patients each year**

In a national audit of stroke services carried out by the Royal College of Physicians, stroke services across the country are rated on a scale of A-E. The most recent audit rated our stroke services as level 'D'. This means that improvements are required in a number of areas – many of which are related to staffing.

Quality of care and number of patients

When doctors see a wide range of cases in sufficient volumes they maintain their clinical skills and, as a result, improve the outcomes for patients. This is known as 'critical mass'. The Royal College of Physicians recommend a critical mass of 600 patients per year for stroke cases. Over the past few years neither of our areas has reached the critical mass. Last year South Tyneside treated 283 cases and Sunderland was just short of the target at 569.

Temporary changes to stroke services

In South Tyneside we have been trying to recruit more senior medical staff into the acute stroke service since 2014 but a local and national shortage of stroke specialists means we have not succeeded in filling the vacancies. Given how vulnerable this left the service, all acute stroke care was temporarily centralised at Sunderland Royal Hospital in 2016. This difficult decision was made to improve care until we could develop proposed solutions and carry out this public consultation.



Improving stroke services



The most effective stroke services across the country share a number of features:

- **quick access to Computer Tomography (CT) scans and diagnostics**
- **specialist nurses on site to support the assessment of patients within the emergency department**
- **seven day consultant presence with extended evening working**
- **compliance with the recommended number of therapists to ensure quick and timely assessment of confirmed stroke patients**

This relatively new model of delivery concentrates resources on a single site. The model has been adopted in London, Greater Manchester and the West Midlands. Centralising stroke services in London saved 96 lives in the first year compared to standard care (Morris 2014) according to the independent National Institute for Health Research.

Stroke patients who are cared for on a stroke ward are more likely to be alive, independent and living at home after one year than if they are cared for on other wards.





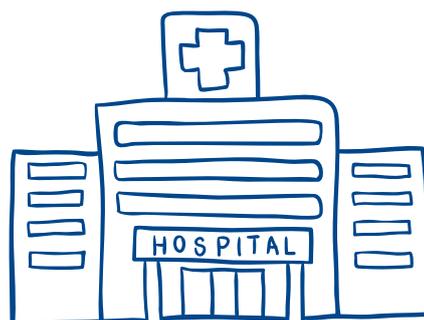
Developing the stroke services options

As part of the temporary changes to hospital stroke services in 2016 we talked to representatives of different clinical groups and patients and carers with experiences of local stroke services. As a result, we felt that locating all elements of stroke care onto a single hospital site was the best way to address local workforce and quality challenges.

The temporary changes have been effective. It has resulted in shorter hospital stays and improved access to a dedicated stroke bed for patients. Stroke clinicians tell us that they are able to provide better patient care under this model but when looking at the longer term we are also considering two alternative options. These options would offer South Tyneside stroke patients the opportunity to be cared for at their local hospital following an initial period of care at Sunderland Royal Hospital whilst their condition is at its most serious.

When considering options we took into consideration the following:

- **clinical quality improvements**
- **staffing levels**
- **health outcomes of patients**
- **travel time to the stroke unit**



Proposed options

How services could be arranged differently in the future, the proposed options that we are consulting you about:



We've illustrated these options on the next pages

Option 1

- Combine all hyperacute and acute stroke care at Sunderland Royal Hospital
- Patients from both South Tyneside and Sunderland will have their continuing hospital-based rehabilitation at Sunderland Royal Hospital before being discharged to their local community stroke teams who will provide any further rehabilitation and support locally

Option 2

- Combine all hyperacute and acute stroke care at Sunderland Royal Hospital
- After **seven days** patients who live in South Tyneside can be moved to South Tyneside District Hospital for continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally
- Sunderland patients will continue to receive their stroke rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally

Option 3

- Combine all hyperacute stroke care at Sunderland Royal Hospital
- After **three days** patients who live in South Tyneside can be moved to South Tyneside District Hospital for their acute stroke care and continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally
- Sunderland patients will continue to receive their acute stroke care and in hospital rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally

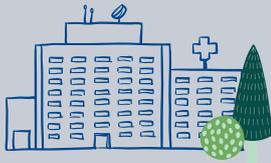


The stroke pathway model on pages 18-19 shows that only the services highlighted within the dashed red lines would be different in each of the three options.

← ---
These proposed options
are explained in detail
on the previous page

Sunderland

Royal Hospital



South Tyneside

District Hospital



Impact
of proposals



Option 1

Inpatient hyperacute and acute stroke care

Hospital-based rehabilitation on
specialist stroke ward

Local Community Stroke Teams

Local Community Stroke Teams

Impact of Option 1

- This option would deliver the greatest clinical improvements
- It would fund more therapy staff to improve recovery
- It would be a more appealing working arrangement to help recruit medical staff
- Local clinics for people who have a mini stroke (TIA) would be at both hospital sites
- Visitors of 240-300 South Tyneside patients each year (less than 1% of the population) will experience additional travel
- £510,000 savings would be possible

Option 2

Inpatient hyperacute and acute stroke care

Hospital-based rehabilitation on specialist stroke ward

After 7 days

South Tyneside patients can be moved to South Tyneside District Hospital

Local Community Stroke Teams

Hospital-based rehabilitation on specialist stroke ward

Local Community Stroke Teams

Impact of Option 2

- Working arrangements would be less appealing to staff
- Would still present difficulties in ensuring adequate doctor cover
- TIA clinics would be available at Sunderland Royal Hospital as there would not be enough medical staff to provide clinics at both hospitals
- Visitors of 240-300 South Tyneside patients will experience additional travel for seven days
- No savings would be made to invest in more clinical improvements
- This would require an additional investment of £431,000

Option 3

Inpatient hyperacute and acute stroke care

Hospital-based rehabilitation on specialist stroke ward

After 3 days

South Tyneside patients can be moved to South Tyneside District Hospital

Local Community Stroke Teams

Acute stroke care

Hospital-based rehabilitation on specialist stroke ward

Local Community Stroke Teams

Impact of Option 3

- Working arrangements would be less appealing to staff
- Would still present difficulties in ensuring adequate doctor cover
- TIA clinics would be available at Sunderland Royal Hospital as there would not be enough medical staff to provide clinics at both hospitals
- Visitors of 240-300 South Tyneside patients will experience additional travel for three days
- No savings would be made to invest in more clinical improvements
- This would require an additional investment of £431,000



Options we discounted

The team were focused on finding a local sustainable solution that would best serve the population of South Tyneside and Sunderland. This meant we discounted the 'do nothing' option as it would not lead to service improvements, particularly in relation to staffing shortages and the limited number of specialist medical trainees as this problem exists across the whole country. For the same reason we did not consider discontinuing these valuable services.

To let us know how you feel about suggested changes to services, see 'how to get involved' on page 62.



Response to proposed changes

Option 1 emerged as the preferred model of care by clinical teams. Centralising services means we could address some of our staffing concerns by investing in extra specialist nurses to deliver 24 hour, seven days a week care and reorganise a number of therapists. These changes could potentially improve the service from a 'D' to and an 'A' or 'B' rating. It was considered to offer the most positive health outcomes for people suffering from a stroke, and the best opportunity to improve the quality of services across South Tyneside and Sunderland by:

- **making sure patients are admitted to a specialist ward more quickly**
- **ensuring greater input from senior medical staff**
- **improving the staff-to-patient ratio for therapy staff**
- **allowing savings to be reinvested in other areas of the service**
- **continuing to provide some TIA (a transient ischaemic attack or mini stroke) clinics at South Tyneside District Hospital**

An independent assessment found that options 2 and 3 would require additional investment to deliver essential specialist stroke healthcare professionals (such as physiotherapists, speech and language therapists) and medical staff.



We think it is important to be open and honest about the views of our clinical leaders. However, it is important to note that no decision has been made. This consultation is an opportunity to discuss all three proposed service options with patients and the public. This feedback will be used to inform a final decision.



How services could be arranged differently in the future

Maternity (obstetrics) and women's healthcare (gynaecology) services

How services are currently delivered in South Tyneside and Sunderland

Our local community can access both maternity and women's healthcare services at both hospital sites and around 4,500 babies are born every year (1,300 at South Tyneside and 3,200 at Sunderland).

There are many areas of crossover in maternity, women's services, children and young people's healthcare services and special care baby services so doctors and nurses often work across the different clinical areas. Due to this shared medical

team and the interdependence of both maternity and Special Care Baby Unit (SCBU), SCBU services are being considered as part of the proposed maternity and gynaecology service changes.

The consultation covers the hospital-based inpatient aspects of the services. Community based services will remain unchanged in South Tyneside and Sunderland.



The maternity (obstetrics) services currently on offer in South Tyneside and Sunderland include:

Antenatal care:

- midwifery appointments
- ultrasound scans
- appointments with a consultant if there are any risk factors

Delivery:

- maternity (obstetric) unit
- midwifery-led care
- home birth
- elective surgery or emergency caesarean

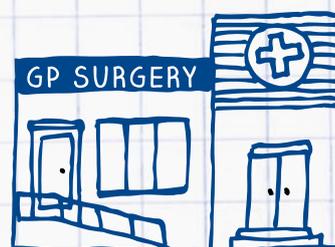
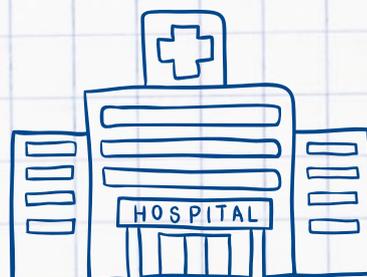
Postnatal care:

- any inpatient stay following birth including neonatal or Special Care Baby Unit (SCBU)
- visits at home from a midwife or health visitor

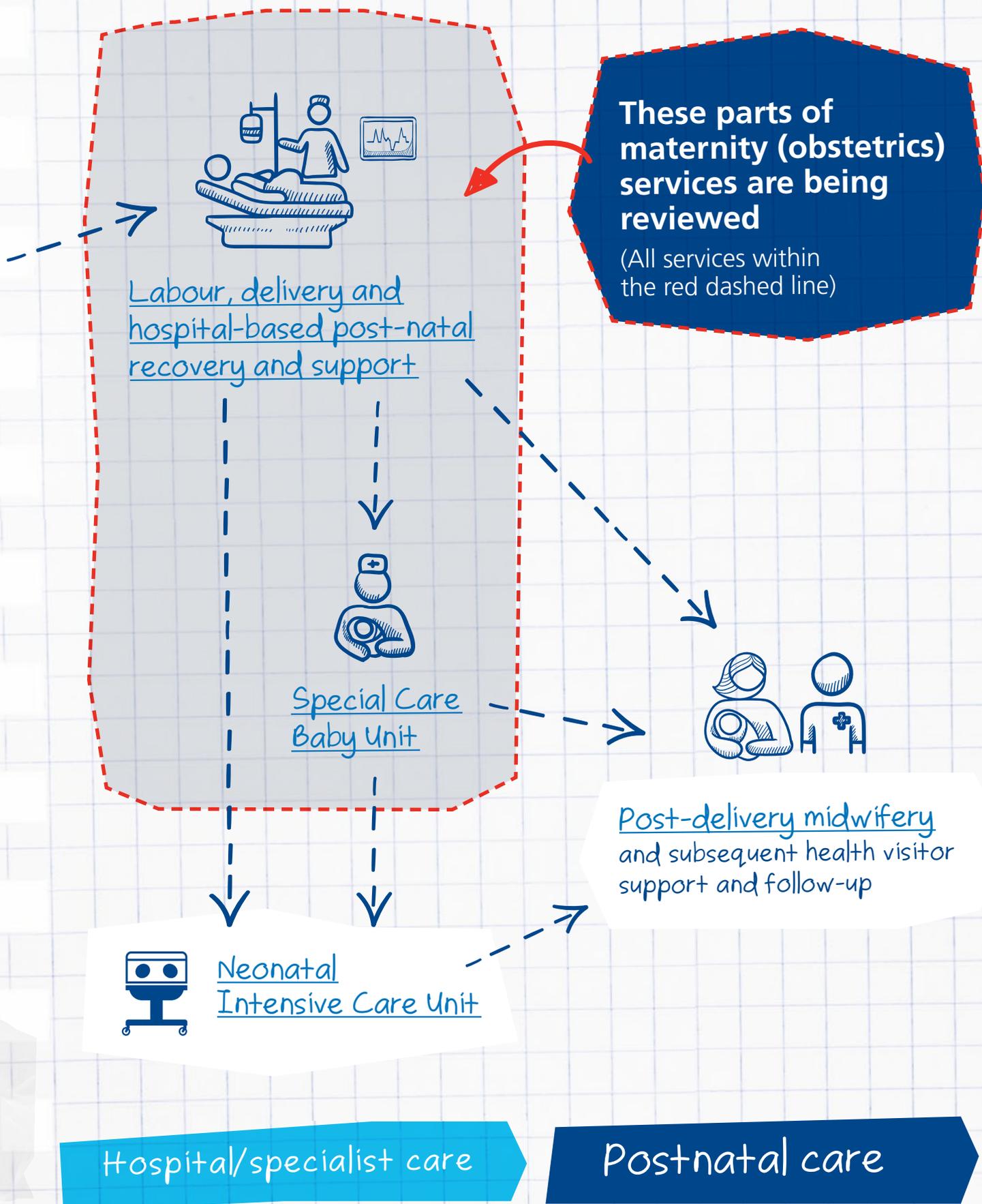
The maternity patient pathway



Dating scans, consultation and/or midwife care, pregnancy assessment unit support if required

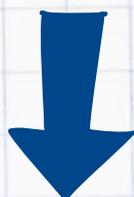


Antenatal care





Women's healthcare (gynaecology) patient pathway

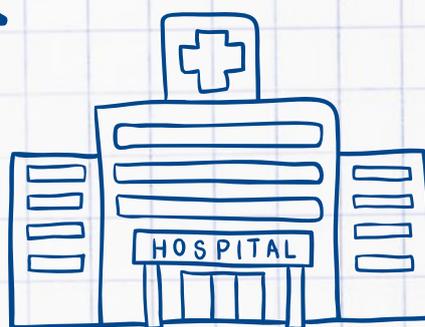


Emergency symptoms
Presentation
GP referral or
self-presentation to
emergency department

Referral for specialist
advice, possibly leading
to routine day-case or
elective gynaecology
surgery

Treatment
within emergency
department

Gynaecology
outpatients clinics



Out of hospital care

Hospital-based care

These parts of women's healthcare (gynaecology) services are being reviewed

(All services within the red dashed line)

Admission

For further review and surgery if needed

Planned in-patient surgery

Day case surgery provided on both sites

Discharge from hospital
With GP or no GP follow-up



Post-surgical follow-up

As required via outpatient clinics and/or community nursing teams

Hospital-based care

Out of hospital care



Why do maternity (obstetrics) and women's healthcare (gynaecology) services need to change?

The review of maternity and women's healthcare (gynaecology) services in South Tyneside and Sunderland is being driven by pressures across the service in both areas. The challenges we face include:

- **a shortage of senior doctors to meet required staffing levels**
- **an over-reliance on temporary staff to fill the gaps – this lack of consistency can prevent long-term quality improvement**
- **meeting national standards for quality of care**
- **special care baby unit staffing pressures that can limit the number of babies that can be cared for locally**
- **inability to increase the availability of senior medical cover and senior medical decision-makers as they are spread across two sites**
- **making further clinical quality improvements in line with national standards**

These factors combined mean we cannot always offer people the birth experience they have chosen in their birth plan. It also increases the potential of exposing mothers to clinical risks. Whilst we work hard to manage the safety of the service day-to-day if we make changes now, we can ensure a better, safer service for every single patient in the longer term.

National recommendations suggest that hospital maternity providers and local commissioners work together across populations of at least 500,000 in order to ensure services are safe and fit for the future. Combining resources across South Tyneside and Sunderland will help us achieve this.



Developing the maternity (obstetrics) and women's healthcare (gynaecology) services

Towards the end of 2016 we carried out a series of discussions with medical teams and NHS partners. We also gathered the experiences of people who are planning to have a baby, as well as patients and their partners who had used the services under review in the last two years.

We have looked carefully at the clinical maternity needs of women who give birth in South Tyneside and Sunderland. We have considered national best practice recommendations from the Royal College of Obstetricians and Gynaecologists (RCOG), as well as the improvements needed to deliver the National Maternity Strategy – Better Births.

All possible options were considered and from these discussions, two possible options emerged as viable solutions.

In a hospital environment maternity, women's healthcare (gynaecology) services, children and young people's urgent and emergency healthcare and special care baby services are closely linked with many members of the medical teams working across all clinical areas. The shared medical team and the interdependence of maternity and Special Care Baby Unit (SCBU), means that SCBU services are being considered as part of the proposed maternity and gynaecology service changes.

Options we discounted

The teams were focused on finding a local sustainable solution that would best serve the population of South Tyneside and Sunderland. This meant we discounted the 'do nothing' option as it would not lead to service improvements, particularly in relation to staffing shortages and the limited number of specialist medical trainees as this problem exists across the whole country. For the same reason we did not consider discontinuing these valuable services. This left us with two viable options.





Proposed options

How services could be arranged differently in the future, the proposed options that we are consulting you about:



We've illustrated these options on the next pages

Option 1

- Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births
- Developing a free-standing midwifery-led unit at South Tyneside District Hospital for low risk births
- The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged
- Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals
- Single special care baby unit at Sunderland Royal Hospital

Option 2

- Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births
- The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged
- Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals
- Single special care baby unit at Sunderland Royal Hospital



These proposed options are explained in detail on the previous page

South Tyneside

District Hospital



Sunderland

Royal Hospital



Impact of proposals (Both options)

- Women from Sunderland and parts of County Durham could choose to continue to give birth at Sunderland Royal Hospital
- Antenatal and out of hospital postnatal care would take place locally
- Dating scans and consultation appointments would be available at both hospitals
- A single special care baby unit at Sunderland Royal Hospital would continue to serve South Tyneside and Sunderland communities
- All gynaecology care requiring an overnight stay would take place at Sunderland Royal Hospital. Around 400 women from South Tyneside would receive gynaecology care at Sunderland Royal Hospital with approximately 240 women receiving care at Gateshead or Newcastle.
- Routine day case gynaecology surgery would be available at both hospitals.
- Visitors from South Tyneside would experience additional travel to Sunderland Royal Hospital or Gateshead

Option 1

Free-standing midwife-led unit for low risk births

Antenatal and post-natal care, including dating scans, pregnancy assessment unit and community midwifery

Gynaecology day case surgery

Maternity and gynaecology outpatients clinics

Consultant-led maternity unit for high risk births

Alongside midwife-led birthing unit

Antenatal and post-natal care, including dating scans, pregnancy assessment unit and community midwifery

Special care baby unit and neonatal intensive care

Gynaecology inpatient and day case surgery

Maternity and gynaecology outpatients clinics

Impact of Option 1

- Women with a low risk pregnancy would have four birthing choices (home birth, free-standing midwifery-led unit (MLU), alongside midwifery-led care and consultant-led unit)
- All women with higher-risk pregnancies would give birth at Sunderland Royal Hospital
- Approximately 320 women from South Tyneside would give birth at the free-standing MLU at South Tyneside each year
- Approximately 460 women from South Tyneside with high-risk pregnancies would give birth at Sunderland Royal Hospital. A further 520 may choose to give birth at Gateshead or Newcastle
- £1.13 million savings would be achieved

Option 2

Antenatal and post-natal care, including dating scans, pregnancy assessment unit and community midwifery

Gynaecology day case surgery

Maternity and gynaecology outpatients clinics

Consultant-led maternity unit for high risk births

Alongside midwife-led birthing unit

Antenatal and post-natal care, including dating scans, pregnancy assessment unit and community midwifery

Special care baby unit and neonatal intensive care

Gynaecology inpatient and day case surgery

Maternity and gynaecology outpatients clinics

Impact of Option 2

- Women with a low risk pregnancy would have three birthing choices (home birth, alongside midwifery-led care and consultant-led unit)
- Home birth would remain a choice for low-risk women in South Tyneside
- All women with higher-risk pregnancies would give birth at Sunderland Royal Hospital
- Around 780 South Tyneside women would give birth at Sunderland Royal Hospital and 520 may choose to give birth at Gateshead or Newcastle each year
- An investment of around £300,000 would be needed to increase space
- £1.16million savings would be achieved



Response to proposed changes

The proposals were independently assessed (Health and Inequalities Impact Assessment) who found that both options 1 and 2 are expected to deliver:

- **more consistent high-quality care for women, mothers and babies, regardless of the day of the week or the time of day**
- **safer care due to improved numbers of specialist staff**
- **more cost-efficient and cost-effective maternity and gynaecology services**

To let us know how you feel about suggested changes to services, see 'how to get involved' on page 62.



The clinical teams do not have a preferred option for maternity and women's healthcare services as they feel both options offer the opportunity to deliver better patient care, make positive changes to patient health and help reduce health inequalities.









How services could be arranged differently in the future

Children and young people's healthcare (urgent and emergency paediatrics) services

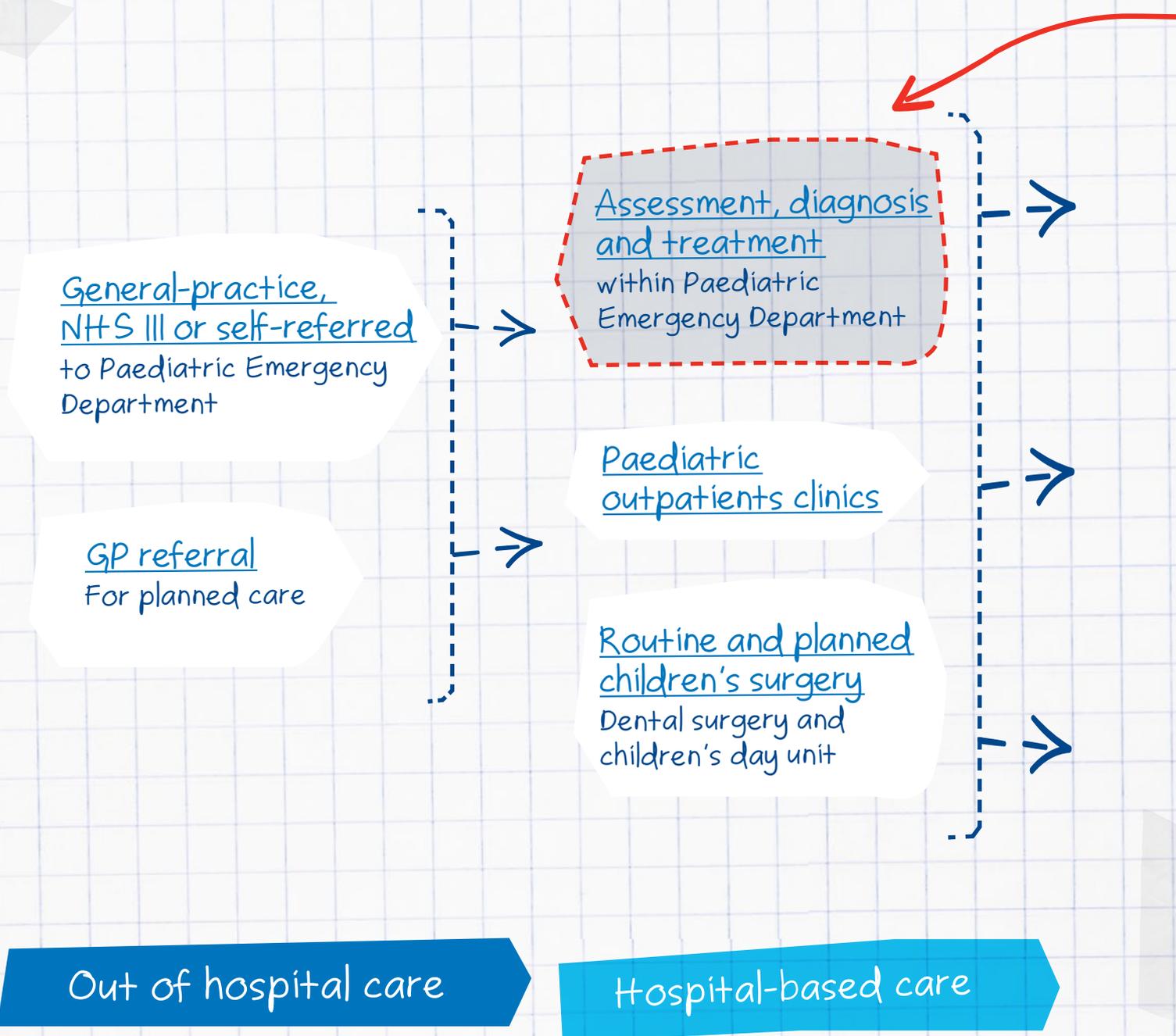


How services are currently delivered in South Tyneside and Sunderland

A wide range of children and young people's healthcare (urgent and emergency paediatrics) services are offered across both areas, with more specialist care centred at Sunderland Royal Hospital.

This consultation relates specifically to hospital service provision. Community based services will continue to be provided in both South Tyneside and Sunderland. The services currently on offer in South Tyneside and Sunderland are shown on the next pages.

Children and young people's healthcare (urgent and emergency paediatrics) patient pathway



These parts of children and young people's healthcare (urgent and emergency paediatrics) services are being reviewed

(All services within the red dashed line)

Admission

to short stay assessment unit for observation, short-term treatment

Admission

to paediatric inpatient bed (at Sunderland Royal Hospital) for further treatment

Discharged

with no further treatment or referred to GP for follow-up



Any further follow-up required

via: paediatric outpatients, children's community nursing team

Hospital-based care

Out of hospital care



Why do children and young people's healthcare (urgent and emergency paediatrics) services need to change?

The clinical teams in children and young people's urgent and emergency care services provide excellent quality care in many areas, but it is becoming increasingly difficult to work within existing resources.

Our services face a number of challenges:

- **we are meeting many NHS quality standards, but we need to ensure we have the correct staffing levels to cover all services all of the time**
- **a national shortage of qualified consultants and other senior medical staff means we are struggling to recruit the number of doctors we need to provide a sustainable and safe service, particularly in South Tyneside**
- **both areas are spending a lot of money on short term locum doctors to fill staffing gaps at very short notice**
- **to meet national standards we need to work towards delivering seven day hospital service access and specialist services in emergency hospitals**

If we want to give local children and young people the best quality care and secure the future of services across both areas we need to make some changes.

Last year there were around 20,500 urgent and emergency paediatric visits to Sunderland Royal Hospital and 18,000 to South Tyneside District Hospital. We know that a relatively high number of patients attended South Tyneside Hospital with minor injuries or illness that could have been treated effectively by primary care service providers.





Developing the children and young people's healthcare (urgent and emergency paediatrics) services options

When considering potential changes to services all solutions had to meet a number of criteria. The options we developed further had to:

- **deliver safe, high-quality care**
- **support service sustainability and resilience**
- **be affordable**
- **be achievable within the next couple of years**

A number of different clinical options were put forward and there was a difference of opinion amongst the teams. However, two models satisfied the criteria and these were further developed into the proposed options detailed opposite.

Children's inpatient services at Sunderland Royal Hospital and the Adult Emergency Department service at South Tyneside would remain unchanged in both options. Children's outpatient clinics would also continue to be provided as locally as possible, with the continued provision of children's day surgery such as dental surgery at both hospital sites. The proposals offer the opportunity to provide more specialised children and young people's outpatient clinics in South Tyneside.

We are confident that both options could create a safe and sustainable solution for all routine, urgent and emergency care across South Tyneside and Sunderland whilst keeping services local, where possible.

The Paediatric Emergency Departments provide a high-quality service, but overnight services are underused in South Tyneside (we see approximately nine patients per night). Medical staff in these areas could have more impact in other departments.



Proposed options

How services could be arranged differently in the future, the proposed options that we are consulting you about:



We've illustrated these options on the next page

Option 1

- Provision of a seven-day, 12 hour (8am to 8pm) paediatric emergency department and children's short stay assessment unit at South Tyneside District Hospital with 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital

Option 2

- Development of a nurse-led paediatric minor injury or illness service between 8am and 8pm at South Tyneside District Hospital with a 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital





These proposed options are explained in detail on the previous page

South Tyneside

District Hospital



Sunderland

Royal Hospital



Impact of proposals



Impact of proposals (Both options)

- Provide locally accessible 7-day urgent and emergency children's services at South Tyneside and Sunderland during peak times of need
- Offer specialised care at Sunderland Royal Hospital for more seriously ill children and young people
- Would improve the quality and experience of care
- Would involve some additional travel for families of South Tyneside patients requiring more specialist care or urgent treatment
- Sunderland and some County Durham patients would access urgent and emergency children's care at Sunderland Royal Hospital

Option 1

12-hour paediatric Emergency Department (8am-8pm), including children's short stay assessment beds

24/7 paediatric Emergency Department, including children's short-stay assessment beds

Impact of Option 1

- Eight out of ten patients from South Tyneside would continue to be treated locally
- Approximately 3,000 patients from South Tyneside who need urgent and emergency care overnight would be treated at Sunderland Royal Hospital each year, with approximately 400 treated at Gateshead or Newcastle
- It would be possible to provide more specialised children's outpatients clinics in South Tyneside
- Would cost approximately £370,000

Option 2

Nurse-led paediatric minor injury or illness service (8am-8pm)

24/7 paediatric Emergency Department, including children's short-stay assessment beds

Impact of Option 2

- Six out of ten patients from South Tyneside would continue to be treated locally
- Around 6,600 patients from South Tyneside needing specialist treatment would be treated at Sunderland Royal Hospital each year with approximately 700 of those treated at Gateshead or Newcastle
- It would be possible to provide more specialised children's outpatients clinics in South Tyneside
- Savings of approximately £220,000 would be made



Response to proposed changes

Our proposals for children and young people's healthcare (urgent and emergency paediatrics) have been independently assessed to measure their impact on patient health and their contribution to reducing health inequalities.

According to the Inequalities Impact Assessment (IIA), both of the proposed options are expected to achieve significant gains for population health and inequalities across South Tyneside and Sunderland.

These are:

- **more sustainable and consistent high quality care, regardless of the day of the week or the time of day**
- **safer care due to improved levels of specialist staffing able to assess and treat children promptly**
- **improved levels of specialist staff and resources able to deal with rising population needs in terms of scale and complexity, including more specialist skills, services and jobs in Sunderland**

The assessment also highlighted a number of profound benefits for children, especially in relation to:

- **more effective and timely treatment of acute illnesses**
- **less risk of deterioration**
- **less pain and distress due to delays in assessment and treatment**
- **shorter hospital stays and less admissions or re-admissions**
- **improved capacity to identify and safeguard children in need**

It was noted that for some patients, journey time to hospital would be increased but the IIA felt that these drawbacks were offset by the significant benefits of the proposed changes. To help patients with any travel issues that might emerge, we commissioned an independent travel and transport review; the findings are detailed on pages 54-57.

Unlike stroke, the clinical teams do not have a preferred solution for children and young people's healthcare (urgent and emergency paediatric) services as all options could deliver better patient care.

To let us know how you feel about suggested changes to services, see 'how to get involved' on page 62.



Unlike stroke, the clinical teams do not have a preferred solution for children and young people's healthcare (urgent and emergency paediatric) services as all options could deliver better patient care.





Travel and transport impact



Travel and transport impact

With any changes to services one of the biggest concerns is travel. We know from conversations with the public that people are concerned about how they will reach hospital services as a result of any changes.

Because of this we have commissioned an independent review of travel and transport. The review has looked at the following aspects of travel and transport:

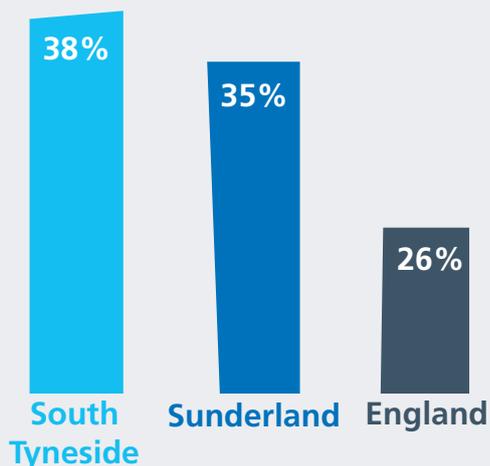


- the current level of availability of public transport, including frequency, hours of operation, variety of routes between (South Tyneside District Hospital and Sunderland Royal Hospital
- levels of access to public and private transport and the barriers to access
- how patients, staff and others currently travel to access services
- how much travel already happens from one area to another
- the cost of public transport
- parking arrangements, capacity, use and costs at the hospital sites, including any concessions already in existence
- patient transport access criteria and take up
- review of community interest transport or volunteer transport arrangements, for example dial a ride
- national and local NHS policies for providing assistance for travel
- review of existing travel and transport policy for both trusts – for patients, carers and staff
- information about what other organisations have done to improve access following reconfiguration of services
- the practical challenges of travelling between the two areas





% of households without access to a car



South Tyneside District Hospital

x12



Served by 12 bus services

Sunderland Royal Hospital

x18



Served by 18 bus services

Projected journey time increases for South Tyneside residents travelling to Sunderland Royal Hospital

20-25 minutes



Both hospital sites are within 800 metres of a Metro station.

Potential measures to reduce the impact on people travelling

The independent report suggested different measures that could help reduce the travel impacts of the proposed service changes, which include:

- ensuring patients and visitors have accurate, up to date information about their travel choices, including public transport information, and are aware of journey planning tools and facilities
- ensuring patients and visitors have accurate information about parking choices and costs
- providing patients with information about schemes that offer assistance with travel costs
- providing travel information with appointment letters
- promoting the existing policy of allowing patients to schedule appointment times that ease their travel arrangements
- introducing improved bus services serving the two hospitals sites

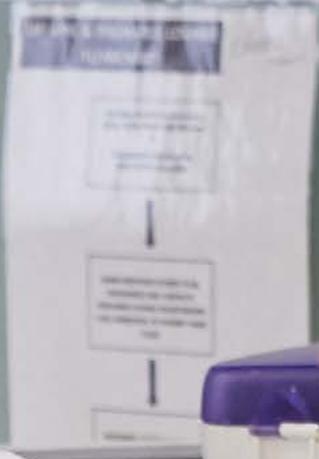
Some of these suggested improvements would need more involvement, consideration and support from wider organisations. The Path to Excellence programme would welcome these discussions with partners.





CARDIAC ARREST
DIAL 2222
FIRE/OTHER EMERGENCIES
DIAL 333

IF ANY PROBLEMS
WITH THE BM
MACHINE PLEASE
CONTACT: POINT OF
CARE AT SOUTH
TYNESIDE DISTRICT
HOSPITAL EXTENSION
2350/ 07572115706
OR GATESHEAD
0191 4453195





In summary



It's important that people have the opportunity to consider the options and share their views. In this section we summarise the different options under consideration.



It is important to note that while our clinical teams have expressed a preference for one of the options, no decision has been made.

Stroke services

Option 1

- Combine all hyperacute and acute stroke care at Sunderland Royal Hospital
- Patients from both South Tyneside and Sunderland will have their continuing hospital-based rehabilitation at Sunderland Royal Hospital before being discharged to their local community stroke teams who will provide any further rehabilitation and support locally

Option 1 is preferred by the clinical teams

Option 2

- Combine all hyperacute and acute stroke care at Sunderland Royal Hospital
- After **seven days** patients who live in South Tyneside can be moved to South Tyneside District Hospital for continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally
- Sunderland patients will continue to receive their stroke rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally

Option 3

- Combine all hyperacute stroke care at Sunderland Royal Hospital
- After **three days** patients who live in South Tyneside can be moved to South Tyneside District Hospital for their acute stroke care and continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally
- Sunderland patients will continue to receive their acute stroke care and in hospital rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally

Maternity (obstetrics) and women's healthcare (gynaecology) services

Option 1

- Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births
- Developing a free-standing midwifery-led unit at South Tyneside District Hospital for low risk births
- The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged
- Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals
- Single special care baby unit at Sunderland Royal Hospital

Option 2

- Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births
- The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged
- Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals
- Single special care baby unit at Sunderland Royal Hospital

Children and young people's healthcare (urgent and emergency paediatrics) services

Option 1

- Provision of a seven-day, 12 hour (8am to 8pm) paediatric emergency department and children's short stay assessment unit at South Tyneside District Hospital with 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital

Option 2

- Development of a nurse-led paediatric minor injury or illness service between 8am and 8pm at South Tyneside District Hospital with a 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital



How to get involved



There are a number of ways you can get involved to ensure your views are heard. All information about the different ways to be involved is hosted on our website.



www.pathtoexcellence.org.uk



Attend a public meeting

A range of public events are planned across South Tyneside and Sunderland over the consultation period. More details are included on page 64 and events will be publicised locally. Please register for events in advance.



Complete a survey

A consultation survey is available online via the website as well as paper copies. Paper copies include a free post address. If you would like a paper copy please contact us using the details below.

The final deadline for survey returns is midnight Sunday 15th October 2017.



Events and focus groups

Community and voluntary sector organisations will be running events for service providers and holding focus groups for those most likely to be affected by these proposals. If you would like to get involved in these activities then please contact us.



Individual or organisational responses and submissions

Responses are welcomed from individuals or organisations. Please ensure these are submitted before the end of the consultation period at midnight Sunday 15th October. (In your submission please indicate whether you are happy for your comments to be published as part of the final feedback report.)

Contact us



Website: www.pathtoexcellence.org.uk



Email us: nhs.excellence@nhs.net



Call us on: 0191 217 2670



nhsexcellence



@nhsexcellence



Write to us (no stamp required):

The Path to Excellence
South Tyneside and Sunderland Consultation
Freepost RTUS-LYHZ-BRLE
North of England Commissioning Support
Riverside House, Goldcrest Way
Newcastle upon Tyne
NE15 8NY

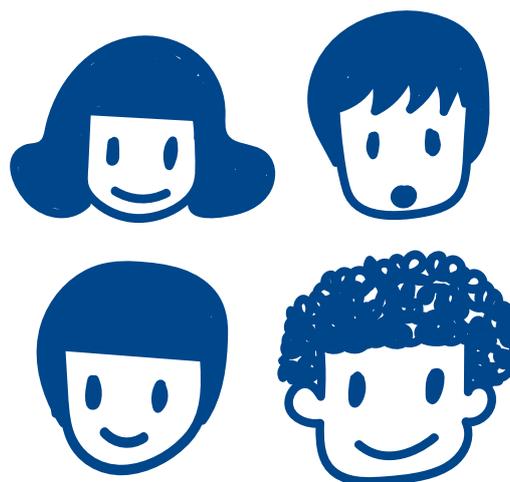
Public meetings
timetable
(next page)





Attend a public meeting

All dates, times and locations are correct at the time of print, and you can register to attend an event via our website. The website will hold the most up to date information.



Date	Time	Event Type
Wednesday 5th July	1-3pm	Launch event
Wednesday 5th July	6-8pm	Launch event
Thursday 6th July	6-8pm	Launch event
Tuesday 11th July	6-8pm	Focused event on maternity, women's and children's services
Wednesday 12th July	6-8pm	Consultation discussion event - all service areas
Saturday 15th July	10am-12pm	Focused event on maternity, women's and children's services
Tuesday 18th July	6-8pm	Focused event on stroke services
Wednesday 19th July	6-8pm	Focused event on stroke services
Wednesday 26th July	1-3pm	Consultation discussion event - all service areas
Wednesday 13th September	1-3pm	Consultation discussion event - all service areas
Saturday 16th September	10am-12pm	Consultation discussion event - all service areas



Please register in advance for events so we can ensure they are appropriately staffed in order to get the very best out of them.

What happens next? - - - ➔

Location	Venue
South Tyneside	Jarrow Community Centre, Cambrian Street, Jarrow, NE32 3QN
Sunderland	Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD
Durham	Glebe Centre, Durham Place, Murton, Seaham, SR7 9BX
Sunderland	Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD
South Tyneside	Customs House, Mill Dam, South Shields, NE33 1ES
South Tyneside	The Clervaux Exchange, Clervaux Place, Jarrow, NE32 5UP
Sunderland	Sunderland Bangladeshi International Centre, 30 Tatham Street, Sunderland, SR1 2QD
South Tyneside	Living Waters Church, St. Jude's Terrace, Laygate, South Shields, NE33 5PB
Sunderland	Sunderland Software Centre, Tavistock Place, Sunderland, SR1 1PB
South Tyneside	Customs House, Mill Dam, South Shields, NE33 1ES
Sunderland	The Hetton Centre, Welfare Rd, Hetton-le-Hole, Houghton-le-Spring, DH5 9NE



What happens next?

Public consultation period ends at midnight on Sunday 15th October.

15th October

October/
November

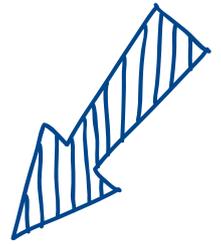
During October and November the analysis of all the feedback will take place by an independent organisation – not the NHS.

A draft feedback report will be published in December and there will be public events organised to share the feedback in detail.

December

Early 2018

The two clinical commissioning groups will make a decision at their governing body meetings to be held in public early in 2018.



For more in-depth information about any of the issues addressed in this summary document please visit our website www.pathtoexcellence.org.uk where you will find a more detailed document and supporting information.

Share your views!

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www.pathtoexcellence.org.uk

