



The path to **excellence**

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



An issues paper

How to use this document

We have tried to make the issues in this document as easy to understand as possible. To help do this we have indicated to where further reading or information can be found in highlighted information boxes.

To help aid understanding we have collated many of these referenced documents and links on our dedicated website www.pathtoexcellence.org.uk

Please check the site for new updates as we will add more information as it becomes available.

The Path to Excellence is the name of the transformation programme and the four NHS organisations involved are:

South Tyneside NHS Foundation Trust

www.stft.nhs.uk

City Hospitals Sunderland NHS Foundation Trust

www.chsft.nhs.uk

NHS South Tyneside Clinical Commissioning Group

www.southtynesideccg.nhs.uk

NHS Sunderland Clinical Commissioning Group

www.sunderlandccg.nhs.uk



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Introduction

Thank you for taking the time to read this document.

Its purpose is to set out the big challenges for the NHS in South Tyneside and Sunderland. It describes how we are at the start of a new journey for the local NHS 'Path to Excellence', which is the name we have given this transformation programme.

It explains some of the problems that we must solve very soon if we are to secure safe and sustainable NHS services in the future.

It explains some of the background to these issues, the problems there are in recruiting staff in key clinical specialities and the impact this has on making sure we give patients the best clinical care we can, so that they have the best possible chance of recovery and quality of life. It also recognises the financial challenges which the NHS is facing.

It explains how we are not making the best use of the staff expertise and other resources that we have. It highlights some of the government policy and quality directives that must be met such as seven day working. It highlights how we must protect and support our most precious resource our staff.

It shows how we are involving clinical leaders in a programme of service reviews where they have a key role in developing better ways to organise health and care services to help solve some of these problems. To help improve health outcomes, well-being and as such helping to improve the lives of our residents here in South Tyneside and Sunderland.

We now need the input of wider clinical staff across the hospitals, the GP community, other NHS organisations, the community and voluntary sector and most importantly, the involvement of patients and carers with experiences of the areas under review in generating ideas and helping to shape solutions.

As set out in the NHS Constitution, access to health care is a right of everyone in the UK and we are very clear that local people will continue to access a range of health services in both South Tyneside and Sunderland and local people will continue to have access to a comprehensive, free, national health service.

However we need to recognise that in the very near future the NHS will need to change the way some key clinical services work across the two areas in order to ensure they

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**THE NHS
CONSTITUTION**
the NHS belongs to us all

can continue to exist for both local communities in a safe and sustainable way.

Any future changes to the way services are organised would only be made in order to improve the quality of those services, as well as to future proof them for coming generations, helping to ensure an overall positive impact on the lives of our residents now and in future.

In many cases some of these changes will be small scale, only noticed as an improvement in patient experience, however some changes such as to stroke services and potentially maternity services, for example could result in bigger changes locally to the way these services could be organised, taking into account the challenges we know are being faced by both of these services coupled with the need to deliver to new national quality standards.

There is a proud history of excellent care delivered by extremely dedicated staff working in the hospitals, in the community, in clinics, GP practices, with valued support from the community and voluntary sector.

It is very important to note that any large scale change will only happen after public consultation when local people will have the chance to review proposals in detail and then comment on them. The clinical commissioning groups are the NHS statutory bodies responsible for making final decisions about any changes to services and they will need to demonstrate how they have taken account of this feedback when making decisions.

We will make any future proposals clear and make it easy for people to feedback their views. It's really important to us that as many people as possible take the opportunity to understand the issues and get involved – this way we have the best possible information to help us make informed decisions.

Many of the issues highlighted in this document will not come as a surprise to people who read the local and national media. Indeed, the issues faced by health and care services locally are not unique; they are similar to the issues the NHS in other parts of the North East and across England and need to be tackled if we are to protect our NHS for the future. Staying the same simply isn't an option.

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

In South Tyneside and Sunderland we have more people using hospital services than other parts of the country. We want to see a future where people are only admitted to hospital when this absolutely cannot be avoided. We are working with our local GP practices and community services to look at how we can develop more services in community settings as well as doing more to support people to stay well at home. We want to work with local communities to make sure that we have the very best hospital, general practice and community services and we are positive and optimistic that together we can achieve this.

As local NHS leaders, we are committed to building upon this history to create sustainable and high quality services for the future that work in the very best interests of patients.

Thank you for your interest and your involvement in these important issues, we look forward to hearing from you in the coming months.



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November 2016

1. Why things cannot stay as they are

The way that health and care is provided has dramatically improved over the past fifteen years thanks to the commitment of NHS staff and the advancements in medicines, medical technologies and medical training.

But some challenges remain. The quality of care that people receive can vary, preventable illness is common and growing demands on the NHS means there is financial pressure on local organisations at a level never seen before.

The needs and expectations of the public are also changing. New treatment options are emerging, and we rightly expect better care closer to home. However, whilst we are living longer, in the north east those extra years are often spent in poor health, requiring different more complex care. Therefore local people, the local environment as well as local health services need to change and work together to improve that poor health status, both through more self-care, a more preventive focus, a better local economy as well as more effective and efficient local health services.

There is broad agreement that, in order to create a better future for the NHS, we all need to adapt and change the way we do things. This

doesn't mean doing less for patients or reducing the quality of care. It means more preventative care, finding new ways to meet people's needs and identifying ways to do things more efficiently and in new ways.

In recognition of this, NHS England published the NHS Five Year Forward View.

The following sections set out in a little more detail why things need to change.

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Info box



Read the **NHS Five Year Forward View** on our website:
www.pathtoexcellence.org.uk



2. The three gaps

The Five Year Forward View brings together this agreement in a vision for the NHS. It highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:

- The health and wellbeing of the population
- The quality of care that is provided
- The finance and efficiency of NHS services

The Five Year Forward View is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles.

And it is a vision where everyone with a stake in health and care comes together to find ways to work together, do things differently and reduce inefficiency.

It is an ambitious vision and there is widespread agreement among those working in the NHS, clinicians and people who use services that no change is not an option.

The growing gaps in the quality of care, our health and wellbeing and NHS finances can shrink over the next five years only by collectively adapting what we do, how we think, and how we act.

In South Tyneside and Sunderland, we believe we can do this by coming together as organisations and interested groups with a stake in health and care and finding new more collaborative ways of working together. We wish to develop new partnerships with the collective goal of protecting and enhancing health and care for local people.

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3. Developing improvement plans for local health and care

A key way of enabling these changes is through a new five year Sustainability and Transformation Plans (STP) which are being developed across a wide regional footprint which recognise patient flows are wider than local areas and some services are better organised on a bigger population basis.

In Northumberland, Tyne, Wear and the northern part of County Durham we have come together as a group of NHS providers, commissioners, and local authorities, to develop this umbrella improvement plan, known as an STP, for health and care in our areas by 2020/21

In these umbrella improvement plans we have significantly changed the way we plan – instead of using an organisational approach to planning we are planning as ‘placed based health and social care systems.

For South Tyneside and Sunderland, the Path to Excellence is our local health economy response to this umbrella STP.

Info box



Find out more about STPs and how local STPs are developing on our website:
www.pathtoexcellence.org.uk

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4. Ensuring quality of care

It's really important to remember that the most important aspect of NHS services must and always shall be firstly keeping patients safe, secondly ensuring the treatment is effective and thirdly that patients have a good experience. These three aspects define quality care.

We've made significant steps in quality over the last 30 years. However we must not forget in very plain terms that in the NHS when things go wrong, harm can happen to people.

In recent years we have had The Mid Staffordshire NHS Foundation Trust Public Enquiry and subsequent Francis Report to remind us why we must continue to have patient safety as our number one priority and we will continue to put safe care as the number one priority in the hospital's plans to the trust regulator NHS Improvement.

The plans set out how we will improve quality leading to better health and improving the financial picture as part of the sustainability and transformation plan.

The STP process requires a focus on nine must do areas. These are:

- Developing a high quality sustainability and transformation plan
- Returning the system to financial balance
- Local plans to address the sustainability and quality of general practice
- Meet access standards for A&E and ambulance handover times
- Achieve the 18-week referral to treatment target
- Achieve the 62 day cancer waiting standard
- Improve one-year survival rates for cancer
- Achieve the mental health access standards
- Deliver actions to transform care for people with learning disabilities
- Develop and implement an affordable plan to make improvements in quality

5. Care Quality Commission

Both hospitals have been inspected by the Care Quality Commission (CQC) and are implementing post-CQC inspection improvement plans with the aim to move from 'good' to 'outstanding' for City Hospitals Sunderland and from 'requires improvement' to 'good' for South Tyneside Hospitals.



Working closely with the two clinical commissioning groups, a number of key quality priority areas have been identified:

- Safe and sustainable clinical staffing
- Increasing the delivery of harm-free care
- Meeting the Duty of Candour requirements which is about being open with patients when things go wrong
- Working together to continually improve patient, staff and public experience
- Combining further on research and development and clinical audit programmes

Info box



Read about the Mid Staffordshire NHS Foundation Trust Public Enquiry at: www.midstaffpublicinquiry.com

Info box



You can find more information about the hospitals CQC inspections on our website or via www.cqc.org.uk

6. Seven day working

Across England, the NHS is required to move towards routine healthcare services being available seven days a week, delivering a more patient-focused service which can help improve lives.

Sir Bruce Keogh, NHS England's Medical Director, reiterated this in 2014 when he stated that the provision of seven-day services across the NHS was his number one priority.

He has also reiterated on several occasions that mortality rates are higher for people admitted on a weekend and on average patients have a poorer outcome than those admitted during the week.

Whether this truly relates into avoidable deaths is not clear, however we know that improving the speed that emergency admission patients are reviewed by a consultant for example in medicine, surgery and maternity, to within 12 hours, and for high risk conditions such as a heart attack, severe infection (sepsis) and bleeding from the bowel to within one hour, will reduce the number of avoidable deaths and harm.

Sitting alongside this time to consultant review standard, we also need:

- Increased access to timely diagnostics: more advanced imaging such as MRI and imaging of the heart (echocardiography) which is routinely only available during weekdays at the moment
- Improved access to Consultant directed interventions, seven days a week: endoscopy, cardiac pacemakers, interventional radiology to relieve obstruction of the kidneys or to stop bleeding from a blood vessel
- Improved on-going review of patients in hospital following their initial emergency admission
- All of this will require investment in the work force and a move to new ways of working supported by technology and integration of health and social care which can be only achieved if we deliver care differently

7. Access targets

Again, it's been widely reported in the media, that every year sees an increase in emergency attendances to A&E and also emergency admissions to hospital.

There is clear evidence that overcrowding in emergency departments results in increased patient harm and mortality, so it is important to maintain the national set target that a minimum of 95% of patients in the Emergency Department are reviewed and discharged or admitted to hospital within four hours.

Over the last two years this target has been an increasing challenge for more than 75% of trusts across England and for both our local trusts. By working together across clinical teams both hospitals can come together to improve patient pathways, to help deliver seven days working, encourage people with minor conditions to seek other professionals outside A&E so that we can manage the majority of patients within four hours in the Emergency Department.

Cancer is one of the biggest causes of death from illness or disease in every age group. Cancer care is the third largest area of spend in the NHS, and the number of people getting and surviving the disease is increasing year-on-year.

South Tyneside's and Sunderland's history of heavy industry, high rates of smoking, obesity and deprivation means there are higher than average rates of cancer and other severe smoking related illnesses such as Chronic Obstructive Pulmonary Disease (COPD).

To keep pace with this rise in demand and achieve quality standards for cancer investigation and treatment we will have to work collaboratively and develop better clinical networks for our population.

Both areas occupy the top two places for having the highest cancer mortality in the North East. We need to tackle this increasing epidemic of cancer with a drive to swifter access to diagnosis and better treatment and care for all those diagnosed with cancer.

The National Institute for Health and Care Excellence (NICE) has produced guidance and quality standards for quicker diagnosis and treatment and this has resulted in development of advanced imaging such as CT scanning and endoscopy in both hospitals and increased referrals to both cancer teams.

To keep pace with this rise in demand and achieve quality standards for cancer investigation and treatment we will have to work collaboratively and develop better clinical networks for our population.

Info box



Read more about **Everyone Counts: Planning for Patients 2013/14** at: www.england.nhs.uk/everyonecounts

Info box



Find out more about The National Institute for Health and Care Excellence on their website: www.nice.org.uk

8. Local sustainability

In both hospitals there are a number of clinical specialties where each organisation may have only one or two consultants or other specialists providing certain services.

This poses obvious problems in relation to sustainability, for example covering the service when consultants take annual or study leave, or if they were sick for any period of time.

Small departments are sometimes not attractive to potential new consultants because they require continuously running services which only just keep going and require large amounts of energy and resources to sustain. Out of hours on call also places a larger burden on staff where there are smaller numbers.

Also to achieve seven day working there are economies of scale and efficiency for such departments to formally network or perhaps reconfigure.

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9. Critical mass

A medical royal college is a professional body in the form of a 'Royal College' responsible for development of and training in one or more medical specialties.

They are generally charged with setting standards within their field and for supervising the training of doctors within that specialty, although the responsibility for the application of those standards in the UK, since 2010, rests with the General Medical Council. In the United Kingdom and Ireland most medical royal colleges are members of the Academy of Medical Royal Colleges (AoMRC)

There are an ever growing number of publications from the Royal Colleges, the Department of Health and other bodies about the minimum population size that a particular clinical speciality is recommended to provide for in order to ensure clinicians maintain their skills and therefore patient safety, and this is known as critical mass.

One example of this type of guidance includes vascular surgery, which states vascular surgery services should be centralised based on population figures and minimum numbers of certain operations.

This is to ensure that when a doctor is treating a patient they have enough experience to treat complex conditions as research shows something is more likely to go wrong when a patient is treated in a unit where the doctors are not seeing sufficient volumes of certain types of conditions.

In short, if clinical skills are maintained because doctors are seeing a wide, varied range of cases in sufficient volumes then patient safety is maintained and risk of harm minimised.

It is different for individual specialties, but across the two hospitals there are some specialties, or individual doctors, who are unable to treat certain conditions frequently enough to maintain skills (according to published guidance) for certain procedures. The recent national maternity review has also recommended a minimum population for a service to cover to maintain skills.

Info box



Find out more about different Royal Colleges via the Academy of Medical Royal Colleges at: www.aomrc.org.uk

10. Workforce

Pressures across the workforce are being experienced by NHS organisations nationwide. The challenges include shortages of qualified nurses, attracting and retaining consultants in certain specialities, gaps in rotas for doctors in training and the introduction of the agency cap which means NHS organisations are restricted in the use of temporary agency workers.

The restriction on overseas recruitment provides further pressure as this has often been used as a way of solving some of these workforce pressures.

Also the funding for training and developing our staff to help them carry out their roles to meet the increasing needs and demands of our patients and their carers is reducing in line with the unprecedented financial pressures the NHS is facing.

Recruitment to small teams can frequently be a problem, for example consultants will often want to work in a large team, which offers them a number of opportunities to experience the wide ranging aspects of their chosen clinical discipline as well as extend their opportunities to participate in research activity and educational roles. These are very important aspects of a consultant's on-going development and a key consideration for candidates looking to apply for consultant roles.

The ability to have a work-life balance is a key consideration of future employees across all areas of the workforce when choosing where they will work. Larger teams will help us to provide this.

Small departments are sometimes less attractive to potential new consultants because of the increased requirements on individuals to provide out of hours on-call services.

The ability to have a work-life balance is a key consideration of future employees across all areas of the workforce when choosing where they will work. Larger teams will help us to provide this.

The two trusts working more closely together will support our ability to respond to these challenges, making sure that quality care is provided to our patients through the best use of our most important resource our staff, that we have enough staff in the right areas of care who are appropriately skilled and trained.

With better joint workforce planning we will have a combined focus, a consistent and supportive approach to recruitment and retention of staff, skill mix and role review resulting in a reduced need for the use of expensive agency staff. We will also be better able to achieve economies of scale when considering how we spend our increasingly limited training funding, meaning we can provide more support for our staff's training needs.

Some progress has already been made through both organisations key roles in the CARE (Collaboration, Achievement, Research and Engagement) Academy where we have worked closely with other partners, in particular the University of Sunderland, to secure approval and implementation (April 2016) of a 'local' 'Pre-Registration' Nurse Programme, funded by the student.

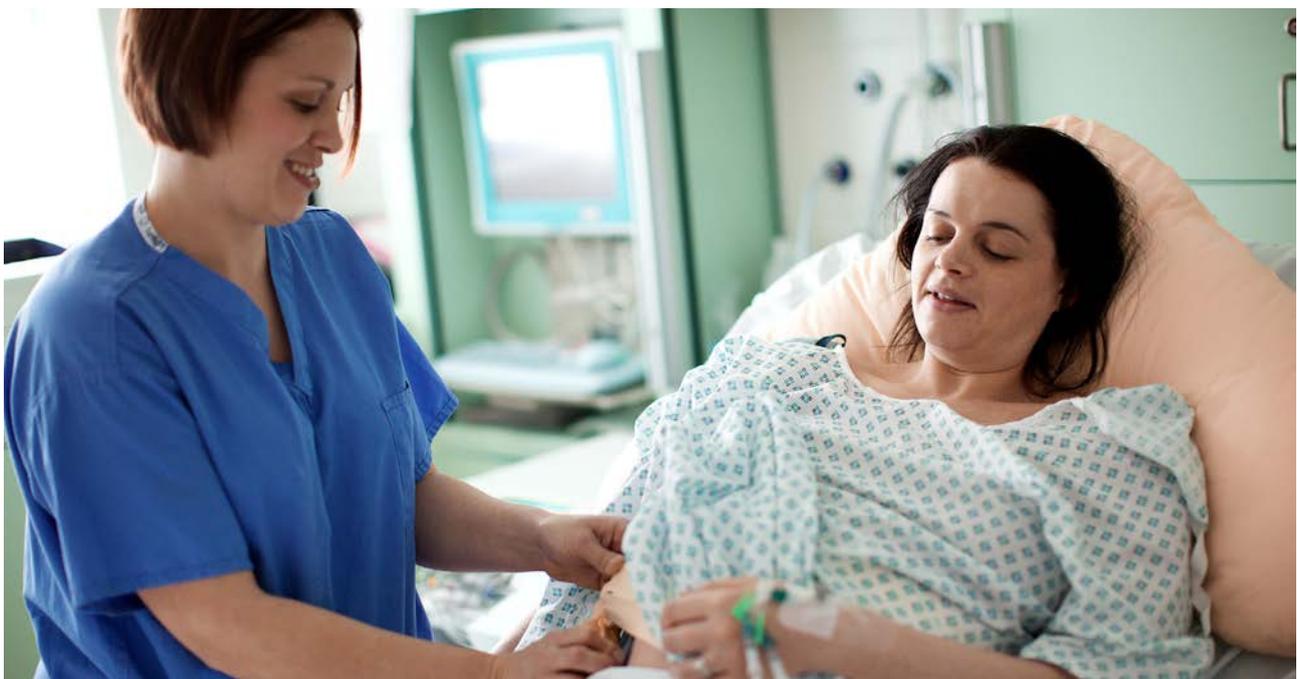
The first student nurses who qualify will not do so until early 2019 but from that point we will have access to locally trained nurses, meaning we can plan our nursing workforce numbers in the future. This is good news but we cannot be complacent that it will solve all the problems around the nursing workforce.

With the two trusts working together the workforce risks can be better managed and significantly reduced.

Info box



Find out more about the Sunderland CARE academy via our website:
www.pathtoexcellence.org.uk



11. The financial picture

As has been widely reported in the media, the financial position that the NHS faces today is arguably the most challenging it has ever encountered.

Across England NHS Trusts posted a combined financial deficit of £822 million for 2014/15, for the 2015/16 this was even greater with collectively the NHS in England circa £2.8 billion in deficit at the end of the financial year in March 2017.

The estimated deficit by 2020/21 for the combined health and social care economy in South Tyneside and Sunderland could be as high as £270 million if we do nothing and we continue to provide and use services in the same way.

It is very clear that simple year-on-year cost cutting will not achieve the cost savings needed and may lead to patient safety issues if both hospital trusts continue to try and provide all the services we currently offer individually.

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12. More care closer to home

In 2013, partners across health and care in Sunderland (commissioners and NHS providers) agreed a vision for improving the lives of people that focused on integrated care which means person centred co-ordinated care.

This was in recognition of the duplication and lack of joined up services in the community and a sense of fracture between general practices and wider community services. At the same time Sunderland had many more people using the specialist and expensive resources in hospital who could have been managed in the community if the services were designed in a way to better meet their needs.

When we looked at the use of health and care services – we found that 3% of our population were accounting for 50% of all health and care services yet were not getting a good outcome.

The out of hospital partnership went on to plan and design a new model of care that would enable much more person centred co-ordinated care, especially for the most complex patients and in time all those with long term conditions.

NHS England then advertised for local areas that wanted to test new care models that helped address the challenges all areas were facing in relation to the future of the NHS.

Sunderland applied to test a model (Multi Specialty Community Provider – MCP) that enabled groups and general practices to work in a different way with other community providers, focussed on achieving better health outcomes via person centred co-ordinated care, which could reduce the need for more specialist health and care services.

We were successful and became one of 50 national Vanguards, 1 of 14 testing the MCP model. This has brought extra national support; access to shared learning across the 50 sites, access to international best practice and so far over £10m into Sunderland to help us move to our new way of organising care.

Our Sunderland partnership is now known as All Together Better – better health and care in Sunderland.

The All Together Better partnership continues to develop out of hospital care and is committed to engaging in the Path to Excellence transformation work in hospital as all the clinicians involved in and out of hospital appreciate the need to ensure there are effective care pathways between them.

GPs are the clinical leaders out of hospital and Consultants are the clinical leaders in hospital. Both partnerships are striving to ensure as the in hospital pathway is reviewed, consideration is given to the out of hospital pathway as it is usually the GP practice that accesses the hospital for a patient and after the specialist hospital activity, patients return back to their home and the care of their General Practice.

In South Tyneside, General Practices, community nursing services and adult social care have implemented new and innovative working arrangements to provide more joined up care to vulnerable patient groups, including the housebound, elderly, those with life limiting diseases and those at end of their life.

Smaller teams of community nurses and social workers now work together in neighbourhood teams providing care aligned exclusively to the patients registered with particular GP practices.

Info box



Find out more about Sunderland's All Together Better at:
www.atbsunderland.org.uk

All Together Better

Better Health and Care for Sunderland



This means that patients get to be treated by the same professionals more consistently and those who are more vulnerable have a named care co-ordinator from the team, who is responsible for organising and co-ordinating care for the person, liaising with the patient, carer, the GP and other services where it is appropriate to do so, including mental health services.

The professionals involved in this joined up care are co-located and that they can share information around patient care, where it is clinically appropriate to do so and where the patient has consented to this. This information sharing prevents patients having to “tell their story” several times over to numerous professionals.

This is only the start of our journey and we are now looking to develop these services further to better integrate out of hours services and services which provide an unplanned response in the community. We are looking to work with our partners Sunderland to learn from their Vanguard experience and to see what services we might jointly develop as we transform care.

As a result of the alliance between the two hospitals, the out of hospital partnerships in both areas are also working together to share best practice and learning and explore the benefits for both areas of a single or blended approach to out of hospital care.

The NHS gives patients the rights to make choices about different aspects of the care they receive, from which GP or hospital best meets your needs, to the different treatment options available to you.

Across South Tyneside and Sunderland there are patients who choose to, or are signposted or advised, to have their treatment away from their local hospital, even when the service is available locally.

This is completely in line with government policy and the local NHS supports the rights of patients to choose where they received their hospital treatment.

However, we do want to understand the reasons why patients choose alternative hospitals when local services are available. Reasons could be in relation to patient experience concerns, practical issues such as ease of access and car parking, or any reputational issues in relation to that service. If these issues relate to quality or safety, then the local NHS will work with patients to address these concerns, to ensure patients and GPs have the confidence to use local hospital services, when their needs cannot be met in the community.

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13. Outpatients

There are also other specialties where there is great potential for increased outpatient clinics and even day case work to be provided in South Tyneside and Sunderland meaning patients will have to travel less.

Both hospitals working together will allow the delivery of services at local hospitals or in local health buildings for our populations where they currently have to travel elsewhere.

For example in the current arrangements some ophthalmology (disorders and diseases of the eye) outpatient clinics take place at South Tyneside District Hospital but a larger volume of patients from South Tyneside attend the Sunderland Eye Infirmary. By working closer together the two trusts will look at ways so more of these patients could be seen and treated within South Tyneside, and not have to travel to Sunderland.

Both hospitals working together will allow the delivery of services at local hospitals or in local health buildings for our populations where they currently have to travel elsewhere.

By working together as hospitals and with community health and care partnerships in each area, we will also help deliver and embed innovative local services that will in turn reduce the heavy reliance on hospitals in both areas.

14. Why South Tyneside NHS Foundation Trust and Sunderland NHS Foundation Trust are working more closely together

Across South Tyneside and Sunderland there has been a strong and proud history of partnership working between providers, commissioners and clinical networks to deliver the best possible care to populations they serve.

The collaboration between the two trusts via the formation of the South Tyneside and Sunderland Healthcare Group builds on this history of partnership working and is supported by the commissioners.

The aim is for both trusts to work with each other as well as with their partner organisations to develop plans to deliver better quality care across their local populations so that key quality standards can be achieved, whilst at the same time, recognising the need to be as efficient as possible as a result of the financial pressures facing the local health economy.

South Tyneside and Sunderland Healthcare Group: vision, aims and values

Vision: The path to excellence



“To deliver nationally recognised high quality, cost effective, sustainable healthcare for the people we serve with staff who are proud to recommend our services.”



The path to
excellence

Joint aims:



To provide a wide range of safe high quality and accessible healthcare services

To ensure financial performance provides value for money

To recruit, retain and motivate skilled and compassionate staff who are proud to act as ambassadors of the services they provide

To be the employers of choice in the North East of England

To listen, learn and innovate

Joint values:

Safe patient care always the first priority

Compassionate and dignified, high quality

Working together for the benefit of our patients and their families or carers

Openness and honesty in everything we do

Respect and encouragement for our staff

Continuous improvement through research and innovation

Both organisations recognise the importance and value of having a local hospital providing a range of services, but they equally recognise the urgent need to rebalance services across South Tyneside and Sunderland as it is not sustainable for either organisation to duplicate some services in each location.

Info box



Find out which clinical service reviews are currently underway on our website:
www.pathtoexcellence.org.uk

To achieve this, a clinically led service review programme is being undertaken to look at the best service configuration improve quality, ensure the services continue to be accessed across the local health economy of Sunderland and South Tyneside within existing resources.

15. Clinical services reviews

All clinical services will be over the next two years through a number of defined phases shown in diagram 1.

Carried out by the clinical teams themselves, a clinical service review is the foundations of the process of transformation and reform and it is likely that the ways in which services might best be reconfigured will vary greatly between each clinical service.

Each service reviews their current configuration together and makes suggestions as to how the service might be better organised, in order to give the highest quality of care to patients and to maximise the best use of staff, skills and other resources.

There are a number of service models, which might range from existing clinical teams across the two trusts and localities simply working to agreed and standardised clinical policies, to the development of a service delivered to patients from a single site.



Diagram 1

16. The journey from clinical service review to services being changed

It's right that our local doctors, nurses and therapists with management support look at each area of care or service in the first instance and give recommendations as to how they think services could be better organised in the future. It is equally right that local people get a chance to say what is important to them about these services.

Both the clinical reviews and the outcomes from listening exercises with the public form the basis of business cases for change which must also take into account a much wider view.

This wider view includes national NHS policy, clinical evidence from the Royal Colleges, the public health impact, a consideration of equality impact as well as any other insights from patients and carers using the services.

These business cases are then reviewed and concluded by the clinical commissioning groups as it's their statutory duty to ensure the right NHS services are in place for local people. Further scrutiny is also carried out by NHS England, and if required an independent NHS Clinical Senate can be called upon, made up of expert clinicians from other parts of the country, who critique and assess the business case for robustness and then give a formal view.

A joint health overview and scrutiny committee has to be established by Sunderland City Council and South Tyneside Council. Elected members will review and scrutinise the processes for engagement and consultation, as well as form a view on any future options or scenarios for change.

It's really important to understand that some changes might not even be noticed by patients, except that they receive an improved patient experience. Service improvements happen all the time as part of the on-going development of care.

However other changes because they are considered to be 'significant', such as relocating a service, would be subject to a formal consultation process required under the Health and Social Care Act (2012), case law and government policy.

Info box



Sign up to My NHS to be informed about future engagement and consultation opportunities find out more on our website:
www.pathtoexcellence.org.uk

This means that a full case for change with different options or scenarios will be published and a summary consultation document made available. Consultation would take place over 12 weeks and would have different ways for people to feed back their views such as public events, surveys and focus groups.

The feedback from any consultation would then be used in the final business case to be reviewed and concluded by the clinical commissioning groups.

17. Independent travel and transport review

We know that when there is a potential for changes to where services are delivered, one of the biggest concerns people have is about how they will get to their appointments or how people might visit them.

In order to ensure we have good information on these issues, we have commissioned an independent travel and transport review.

The scope of the review includes some of the aspects below

Info box 

Read the full scope for travel impact on our website:
www.pathtoexcellence.org.uk

- The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites
- Levels of access to public and private transport (including car ownership) – and barriers to access – in the South Tyneside and Sunderland areas
- How patients, staff and others currently travel to access services – what is the mix of private/public transport, walking and cycling
- The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence
- Patient transport access criteria and how much it is used
- What other community interest transport or volunteer transport arrangements there are locally, for example 'dial a ride' etc

The aspects above will be considered against a variety of times throughout the day, particularly early morning, visiting hours and early evening

This report will be made publicly available and will provide important information to inform any final decisions on service change.

How to get involved

Over the coming months we will have lots of ways that you can get involved and opportunities to give your views.

The easiest way to ensure you don't miss out on future opportunities is to sign up to My NHS, details on page 25 on how to do this.

We have also developed a dedicated website which contains all the most recent information and the documents and links we have highlighted through-out this document.

The website will also host links to surveys and registration for events once these become available.

Community and voluntary sector organisations will be running events for service providers and also holding focus groups for service users and carers.

If you would like to get involved in these activities then please contact us.



What is MY NHS?

If you're interested in learning more and would like to get involved in the work we do to develop and improve local health services, then join MY NHS.



By joining MY NHS you will:

- Receive regular updates about the work of the local NHS
- Receive invitations to events
- Have opportunities to give your views about areas of healthcare that interest you
- Be able to participate as much or as little as you like
- You can register for My NHS via our website below or telephone us

Visit us on www.pathtoexcellence.org.uk

Email us: pathtoexcellence@stft.nhs.uk or pathtoexcellence@chsft.nhs.uk

Call us: 0191 217 2670

Follow us:

 [facebook.com/nhsexcellence](https://www.facebook.com/nhsexcellence)

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Write to us:

**Path to Excellence South Tyneside and Sunderland
Care of: North of England Commissioning Support
Riverside House, Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY**

The timeline

October 2014

NHS England publish NHS Five Year Forward View

February 2016

City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust announce a new South Tyneside and Sunderland Healthcare Group alliance

March 2016

NHS England announce requirement new umbrella sustainability and transformation plans to support place based planning across all health and care organisations

August 2016

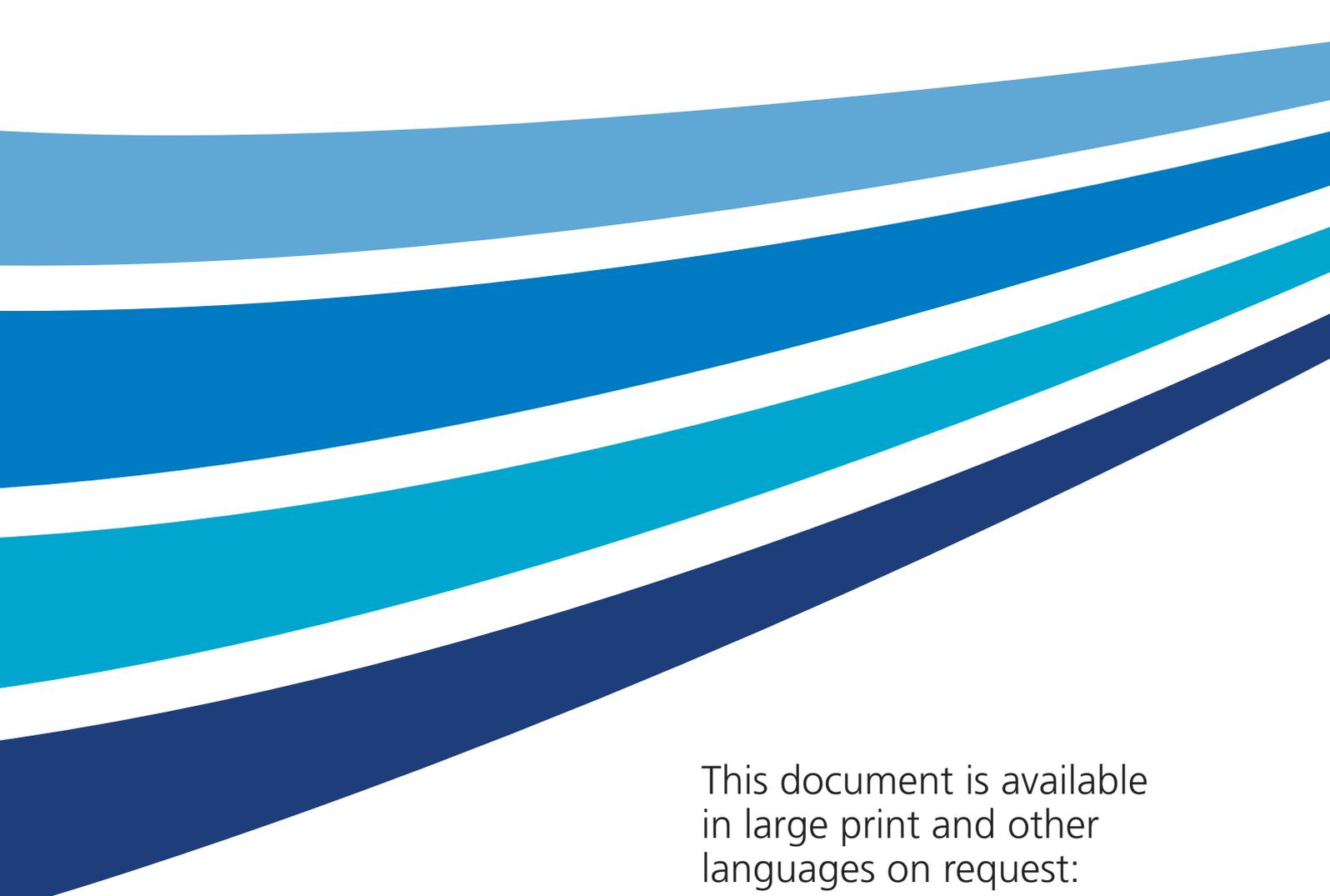
City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust with South Tyneside and Sunderland Clinical Commissioning Groups work together as South Tyneside and Sunderland NHS partnership to support new programme of clinical service reviews

August 2016

Programme of service reviews by clinical staff starts

August 2016

Patient engagement starts with stroke services, maternity, gynaecology, orthopaedics, trauma and paediatrics



This document is available
in large print and other
languages on request:
telephone: 0191 217 2670



The path to
excellence