A public consultation to ask for your views and ideas on different potential 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.
As set out in our issues document our vision of the two hospital trusts working together is:

“To deliver nationally recognised high-quality, cost-effective, sustainable healthcare for the people we serve with staff who are proud to recommend our services.”
This public consultation has been put together by four local NHS organisations.

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

Between us we plan, commission and deliver many of the major healthcare services across the area, including some of the services we talk about in this document.

We’re improving your local NHS services by working together 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.

To make all this happen, we are focussing on five key areas. These are:

- providing a wide range of safe, high-quality and accessible healthcare services
- providing value for money
- recruiting, retaining and motivating skilled and compassionate staff
- being the employers of choice in the North East of England
- listening, learning and innovating

**Who should read this document?**

This information is for anyone who has experience of or an interest in stroke, maternity (obstetrics), women’s healthcare (gynaecology) and children and young people’s healthcare (urgent and emergency paediatrics) services in South Tyneside District Hospital or Sunderland Royal Hospital.

This document is also intended to provide information for people who use services at both South Tyneside District Hospital and Sunderland Royal Hospital, including some residents of County Durham. 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.

**Supporting Documents**

You will find the consultation summary, the full strategic case for change and the pre-consultation business case with supporting documents on our website. There are also other relevant documents such as the issues document and a range of new and previously published information on The Path to Excellence website: [www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)
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Thank you for taking the time to read this document. 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 paediatrics) hospital-based services in South Tyneside and Sunderland.

Further information

This consultation document acts as a summary of our full pre-consultation case for change which is a large technical document. You can read this and other information for the consultation on the consultation website www.pathtoexcellence.org.uk
This document explains 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.

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) could be delivered across South Tyneside and Sunderland

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

This document outlines the range of information we have used to come up with the proposed options, for example the best practice clinical evidence from the independent Royal Colleges and feedback from local patient experiences and engagement.

We have also had an independent travel impact review carried out, used the current quality indicators we have available and information about our resources and finances.

We would like you to consider this information, listen to what our clinical leaders have to say about these issues and ask us questions about them.

We are keen to hear how you think these proposals may affect you or how they could be improved and if the services under consideration could be provided differently in the future.

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 wish to use this consultation period to work together to generate ideas and shape solutions, ensuring we give as many people as possible the opportunity to have their say on any potential changes.

Your feedback will be analysed into themes and will be used to help the two clinical commissioning groups make a decision early next year.

You can read the full independent travel impact report and Equality, Health and Health Inequalities Integrated Impact Assessment on our website.
Over the next few years we will continue to carry out a comprehensive programme of reviewing clinical services, but for now we are seeking your views on a number of specific services delivered at South Tyneside District Hospital and Sunderland Royal Hospital where we are facing challenges in providing high quality services. These are shown on the opposite page. To find out why we are carrying out a review of services over the next few years, please read our Issues Paper on the Path to Excellence website.

Which services are involved in this consultation?

It is important to note that all other aspects of 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 are not included in this consultation, for example, community and outpatient services. To find out more, please take a look at the current patient pathway (the route that a patient will take through NHS services until completion of their treatment) diagrams on pages 38-39 (stroke), pages 58-61 (maternity and gynaecology) and pages 74-75 (urgent and emergency paediatrics). Opposite you will see that specific parts of each service are included in this clinical service review.
Maternity services (obstetrics)

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

Women’s healthcare services (gynaecology)

Covering inpatient care where you would need an overnight stay

These two services are discussed together in this document.

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

Specifically urgent and emergency care

Stroke services

Specifically hospital care (acute) and hospital-based rehabilitation services
In this document you will find details of 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 workforce and ensure services are fit for the future.

It is very important that people know that no final decisions about these potential changes have been made. The final decision will be made by the two clinical commissioning groups (CCGs) with the feedback from this public consultation taken into account together with the clinical case for change contained within the pre-consultation business case and the specialist impact assessments of the potential changes. NHS England’s Northern Regional Specialised Commissioning Team, which plans and buys more specialised services, will consider the CCGs’ recommendations in relation to special care baby services and make a final decision on these facilities.

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 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.

You can read the full pre-consultation business case report on our website: www.pathtoexcellence.org.uk

Why hospital services need to change in South Tyneside and Sunderland

About this document

www.pathtoexcellence.org.uk          nhsexcellence         @NHSExcellence
There are particular challenges facing stroke, maternity (obstetrics), women’s healthcare (gynaecology) and children and young people’s healthcare (urgent and emergency paediatrics) hospital services. These include:

- recruitment challenges due to current service arrangements that are often unattractive to potential new staff
- an inability to improve long-term clinical quality and hit key clinical standards due to smaller patient numbers, not enough staff and the reliance on temporary staff
- difficulties in implementing improvements set out in national stroke, maternity and urgent and emergency care strategies
- not enough medical staff at the right levels which means services rely on expensive locum doctors

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
- in many cases, those extra years are spent in poor health, and requiring more complex care
- the NHS is required to move towards a greater number of services being delivered seven days a week
- the NHS is experiencing increasing workforce pressures, this is particularly true for senior medical staff but also includes nursing, therapy, and junior medical staff and this means that we need to think differently around how we deliver services
- the shortage of consultants to provide ‘out of hours’ cover and the need to ensure 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
Why do stroke, maternity (obstetrics), women’s healthcare (gynaecology) and children and young people’s healthcare (urgent and emergency paediatrics) services need to change?

- 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 stroke, women’s healthcare (gynaecology), and children and young people’s healthcare (urgent and emergency paediatrics) 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 (obstetrics) and women’s healthcare (gynaecology) medical staff and temporary doctors are regularly used to make sure staffing levels are in line with clinical standards.
What does this mean for patients?

There is broad agreement between providers, commissioners and clinical networks that, 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 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 the people of South Tyneside and Sunderland should be able to have better 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
- further investment in services that are of most benefit to patients
- sharing resources and services in areas where patient numbers are low

Issues document

You can find more about why things need to change by visiting our website and reading our issues document. We published this in November 2016 and it sets out the background to many of the issues discussed in this consultation document.
The broad picture of health facts for our local population

Population by region

South Tyneside 152,000
Sunderland 275,506

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

Population by gender

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

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

Source: ONS Census Data 2011

Population by age range

<table>
<thead>
<tr>
<th>Age</th>
<th>(%) South Tyneside</th>
<th>Sunderland (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>5.5</td>
<td>5.6</td>
</tr>
<tr>
<td>5 - 7</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>8 - 9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10 - 14</td>
<td>5.6</td>
<td>5.6</td>
</tr>
<tr>
<td>15</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>17 - 17</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>18 - 19</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>20 - 24</td>
<td>6.4</td>
<td>7.2</td>
</tr>
<tr>
<td>25 - 29</td>
<td>6</td>
<td>6.2</td>
</tr>
<tr>
<td>30 - 44</td>
<td>18.5</td>
<td>19.2</td>
</tr>
<tr>
<td>45 - 59</td>
<td>21.9</td>
<td>21.2</td>
</tr>
<tr>
<td>60 - 64</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>65 - 74</td>
<td>6.5</td>
<td>9.1</td>
</tr>
<tr>
<td>75 - 84</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>85 - 89</td>
<td>1.7</td>
<td>1.3</td>
</tr>
<tr>
<td>90 +</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>65 +</td>
<td>18</td>
<td>17</td>
</tr>
</tbody>
</table>

Source: ONS Census data
Deprivation

% under-16s in poverty

Sources:
- PHE 2015
- PCBC

Obese adults

Adults diagnosed with diabetes (%)

Life expectancy (years)

Nationally

Source: PCBC
Admissions (2015 to 2016)

- **South Tyneside District Hospital**: 283
- **Sunderland Royal Hospital**: 569

NHS and social care costs (£) (England)

- **1.7bn**

Source: The Stroke Association

Stroke survivors (in the UK)

- **1.2 million**

Stroke is the fourth single leading cause of death in the UK

Numbers of men and women that will have a stroke by the age of 75

- **100,000**
  - 1 in 6 men
  - 1 in 5 women

Source: The Stroke Association

Older populations

The population of South Tyneside is slightly older than Sunderland, 19.4% people in South Tyneside are over 65 compared with 18.4% in Sunderland

South Tyneside: **19.4%**

Sunderland: **18.4%**

Source: PCBC
30% of stroke survivors will have a repeat stroke.

The risk of suffering a stroke doubles after the age of 55. 74% of strokes occur in people over 65.

25% Men have a 25% higher chance of having a stroke, but because women live longer there are more incidences of strokes in women.

High blood pressure is a contributing factor in 54% of strokes.

Diabetes almost doubles your risk of stroke.

Smoking doubles the risk of death from stroke.

Regularly drinking large amounts of alcohol increases your risk of having a stroke.
1/3 of stroke survivors experience post-stroke depression

1/5 dependent stroke survivors are cared for by friends and family

Thrombolysis treatment (a drug that can break down a clot blocking blood getting to the brain) must be given in the first four and a half hours after a stroke where treatment is appropriate.

Stroke units must see at least 600 patients a year to comply with national guidance.

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.

600
Maternity (obstetrics)

Average number of babies born each year

- **3,200** Sunderland Royal Hospital
- **1,300** South Tyneside District Hospital

Babies born to women aged 35 and older

- **171** South Tyneside District Hospital
- **379** Sunderland Royal Hospital

Mums classed as smokers at time of giving birth (high-risk pregnancy)

- **18.7%** South Tyneside
- **15.8%** Sunderland

Babies born with low birth weight (weighing less than 2.5kg)

- **7.2%** South Tyneside
- **8.8%** Sunderland

Both figures are above national average. Low birth weight indicates higher risk of requiring special care.

All sources on this page: PCBC. All data is per hospital site.
## Women’s healthcare (gynaecology)

### Planned gynaecology inpatient procedures (2015 to 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>265</td>
</tr>
<tr>
<td>Sunderland</td>
<td>607</td>
</tr>
</tbody>
</table>

### Number of outpatient consultant clinic patients (2015 to 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>4,877</td>
</tr>
<tr>
<td>Sunderland</td>
<td>15,463</td>
</tr>
</tbody>
</table>

### Emergency gynaecology admissions (2015 to 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>1171</td>
</tr>
<tr>
<td>Sunderland</td>
<td>339</td>
</tr>
</tbody>
</table>

### Gynaecology outpatient procedures (2015 to 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>75</td>
</tr>
<tr>
<td>Sunderland</td>
<td>785</td>
</tr>
</tbody>
</table>

### Time from GP referral to treatment for 90% of patients (2015 to 2016)

<table>
<thead>
<tr>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>up to 17 weeks</td>
</tr>
<tr>
<td>Sunderland</td>
<td>up to 13 weeks</td>
</tr>
</tbody>
</table>

All sources on this page: PCBC. All data is per hospital site.
### Children and young people’s healthcare (urgent and emergency paediatrics)

#### Dedicated paediatric emergency department (Attendances per year)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Attendances per year</th>
<th>South Tyneside District Hospital</th>
<th>Sunderland Royal Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>18,500</td>
<td></td>
<td>18,500</td>
<td>20,500</td>
</tr>
<tr>
<td>20,500</td>
<td></td>
<td>20,500</td>
<td></td>
</tr>
</tbody>
</table>

#### Children aged 10-11 classed as overweight or obese

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
<th>South Tyneside</th>
<th>Sunderland</th>
<th>Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Short stay assessment units (Attendances each year)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Attendances each year</th>
<th>South Tyneside District Hospital</th>
<th>Sunderland Royal Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,400</td>
<td></td>
<td>1,400</td>
<td></td>
</tr>
<tr>
<td>2,400</td>
<td></td>
<td>2,400</td>
<td></td>
</tr>
</tbody>
</table>

#### Children’s emergency admissions (2015-2016)

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Emergency admissions for lower respiratory tract infections (LRTIs)</th>
<th>Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Tyneside</td>
<td>234</td>
<td>92</td>
</tr>
<tr>
<td>Sunderland</td>
<td>239</td>
<td>127</td>
</tr>
</tbody>
</table>
We began a programme of clinical service reviews in 2016 that involved asking clinical staff in both hospitals to tell us how they think these services should be delivered.

Each clinical team reviewed a number of potential options against key criteria, which was developed in line with the aims of the wider Path to Excellence programme and informed by service change best practice and national guidance from NHS England and NHS Improvement.

Service-specific clinical teams covering stroke, maternity, gynaecology and paediatrics have been leading the development of the proposed options supported by managerial staff where needed.

The clinical review process - led by clinical staff (doctors, nurses and therapists)

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**
We need your help in creating the best possible improvements to healthcare in South Tyneside and Sunderland.

The options that passed the key criteria were then developed further to enable a more detailed evaluation and full impact assessment of each option to be carried out. This included examining further the impact of the proposals on clinical quality, health and health outcomes and assessing the impact on patients’ accessibility to services and patient choice.

Both hospital clinicians and Clinical Commissioning Group (CCG) GP leads have been integral to each stage of the process. External, objective clinical advice has also been obtained from regional and national clinical networks and leaders to ensure the best possible options are being put forward for consideration.

Only options that satisfied the key criteria to a reasonable extent were developed further to be subject to formal, public consultation. Clinical and non-clinical staff from both South Tyneside District Hospital and Sunderland Royal Hospital were equal parties in this process.

We are using the term options to describe some different potential solutions for how services could be provided. All of the options include improvements to the way we deliver care while getting the best out of our staff and resources.

We feel that it is important we give as much information as possible and there are a number of documents we refer to during this consultation document. To make it easier, all are available on our website.
How you can help us to make our decision

We are also keen to seek your views on which elements of services and healthcare should be prioritised when we make our final decision on the proposed changes. We are currently planning to use the following evaluation criteria to assess the proposed options and to help inform the final recommendations to the Clinical Commissioning Groups who will make the final decisions:

- **Clinical quality and sustainability:** to what extent will the proposals enable us to provide better quality, safe healthcare that is in line with best practice and meets national clinical standards both now and in the future?

- **Deliverability and capacity:** will we have the right staff and resources in place to deliver these changes in the coming years?

- **Accessibility and choice:** what are the travel, transport and choice implications of the proposals for the wide variety of service users and how might the proposals address these issues?

- **Affordability and financial sustainability:** can we afford to make the clinical improvements without any significant extra one off or ongoing costs and do the proposals make the best use of the available budget?

The public consultation feedback and final Equality, Health and Health Inequalities Integrated Impact Assessment (EHIA) will be key elements of the overall impact assessment.

**We would like you to tell us:**

- How you rate the importance of each key criterion to ensure the highest quality future service arrangements

- If there is any other criteria that we should consider before agreeing our decision-making process

You can read more about the process and the Equality, Health and Health Inequalities Integrated Impact Assessment (EHIA) on our website at: www.pathtoexcellence.org.uk
If you live in South Tyneside or Sunderland and have experience of, or an interest in, stroke, maternity (obstetrics), women’s healthcare (gynaecology) and children and young people’s healthcare (urgent and emergency paediatrics) services we hope you will already be aware of the ‘Path to Excellence’ work.

From October 2016 to December 2016 we asked local people to share their experience of using these services and how they feel they could be improved. Over 3,000 people responded to a survey, taken part in an interview, or attended a stakeholder event or meeting.

If you’ve already taken the time to get involved in the listening process (pre consultation process) over the past year, thank you very much for sharing your views and experiences.

In summary, in the earlier conversations with patients and the public we have found:
Stroke services

Generally, those who have accessed stroke services in the last two years in South Tyneside and Sunderland have high levels of satisfaction, with comments being made upon the excellent standard of stroke care received as well as the health professionals who deliver care.

However, areas identified where it was felt improvements could be made included increased support for patients from specialist teams to ensure the best recovery possible, as well as improved communication with health professionals.

Little difference was found between those who preferred a service model whereby all stroke services are centralised in one location, and those that preferred localised services to remain in South Tyneside and Sunderland.

---

High levels of satisfaction

“Excellent standard of stroke care”

---

Keeping services localised

Equally important to patients

Having all stroke services centralised in one location

Where improvements could be made

- Communication with health professionals
- Increased support from specialist teams
Maternity services (obstetrics)

Being given a choice about where to give birth, as well as different birthing options, is extremely important for women and their families in South Tyneside and Sunderland.

Although many women, and their partners, are satisfied with the maternity care they have received over the last two years, there are a number of areas which are felt could be improved. One of the main areas relates to the importance of having a choice about where to give birth and also having consultant and midwife care together in the same location.

Other suggestions for improvement include better facilities for partners to stay in hospital, greater consistency of health professionals throughout the maternity pathway such as seeing the same midwife (and other healthcare professionals) throughout the antenatal period and improved staffing in antenatal clinics to reduce waiting times.

Many patients satisfied

Where improvements could be made

- 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 (gynaecology) services

Receiving high-quality, safe care from gynaecology specialists and being able to see the correct specialist who can deal with specific illnesses or conditions were felt to be more important to those women from South Tyneside and Sunderland (who have used these services in the last two years) than having an emergency gynaecology service close to home.

People who either completed an online, postal or face to face survey praised the professionalism and kindness of the health professionals who cared for them. However, areas identified for improvement included waiting times for referrals and on-the-day appointments or procedures, postoperative care and communication between patients and health professionals.

Staff praised for their professionalism & kindness

- Receiving high quality, safe care provided by specialist
- More important to patients
- Less important to patients
- Having an emergency gynaecology service close to home

Where improvements could be made

- waiting times for referrals
- on-the-day appointments or procedures
- postoperative care
- communication
Children and young people’s healthcare (urgent and emergency paediatrics) services

Receiving safe, high-quality care from staff who specialise in treating children and young people’s illness were found to be very important. These factors were considered more important than having an emergency paediatric unit close to home, by parents and carers from South Tyneside and Sunderland who have recent experience of their children using these services.

Despite very high satisfaction with the services provided, potential areas for improvement included waiting times for appointments, greater food options in hospital and improved facilities for parents or carers to stay with their child.
This feedback has helped us to develop a range of proposals for the future. You can find out more about what people told us during our listening exercise by reading the full report called *A review of patient insight South Tyneside and Sunderland* on our website.

**The following pages explain how stroke, maternity (obstetrics), women’s healthcare (gynaecology) and children and young people’s healthcare (urgent and emergency paediatrics) 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 we could solve them.**

You can find these engagement reports on our dedicated Path to Excellence website at www.pathtoexcellence.org.uk

Our consultation focuses on proposals that will provide safe, high-quality healthcare services locally.
Stroke care services
Prior to the recent temporary change to stroke services, we offered a full range of stroke services in both South Tyneside District Hospital and Sunderland Royal Hospital - from emergency treatment and specialist stroke nurse practitioners to rehabilitation support and out-of-hours community care.

The potential changes relate to the hospital \textit{(hyperacute and acute)} service provision. Community based rehabilitation services would continue to be provided in both South Tyneside and Sunderland.

\textbf{Key to abbreviations:}
- CT scan - computed tomography
Stroke care services

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

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

Home/Nursing or Residential care

These parts of stroke services are being reviewed
(All services within the red dashed line)
There are a number of challenges facing local hospital stroke services that have led to the proposed changes set out in this document. These include:

- An inability to make much-needed clinical quality improvements as a result of low staffing levels and inefficient working arrangements
- The need to improve compliance with national stroke clinical guidelines that enable patients to be assessed and treated as quickly as possible
- National expectations to deliver seven-day stroke hospital services with specialist acute stroke centres treating a minimum of 600 patients each year

The challenge in South Tyneside and Sunderland
National performance

Although stroke services across South Tyneside and Sunderland generally provide a safe standard of care, it is becoming clear that provision differs across the region with some areas of the service falling short of national guidelines.

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 graph below shows 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 levels.

Staffing in hospitals

In South Tyneside we have been trying to recruit more senior medical staff into the acute stroke service since 2014 due to a national shortage of stroke specialists. This recruitment has not proved successful and given how vulnerable this left the service the difficult decision to temporarily centralise all acute stroke care at Sunderland Royal Hospital was made to improve care until we could develop proposed solutions and carry out this public consultation.

You can read the full Sentinel Stroke National Audit (SSNAP) SSNAP report online at www.strokeaudit.org
Quality of care and number of patients

Over the past few years neither South Tyneside nor Sunderland has treated the ‘critical mass’ of 600 stroke patients for a unit that routinely admits patients with a suspected stroke, as recommended by Royal College of Physicians and locally by the Cardiovascular Clinical Network.

Admissions (2015 to 2016)

South Tyneside: 283
Sunderland: 569

Source: SSNAP

Why is the number of patients (critical mass) important?

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. This is known as critical mass.

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 numbers of certain types of conditions.

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

Features of a highly effective stroke model include:

- 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

Centralising this on one site and concentrating the necessary resources on a single site makes it possible to provide this type of service.

A new way of delivering services

This new way of delivering stroke services is similar to models in London, Greater Manchester and the West Midlands. Patients who require assessment for a suspected stroke bypass local district hospitals and are taken directly to the hospital with the hyperacute stroke unit. Centralising stroke services in London saved 96 lives in year one compared to standard care (Morris 2014) according to the independent National Institute for Health Research. You can find out more about the new models of specialist stroke on our website: www.pathtoexcellence.org.uk
Before making the temporary change to hospital stroke services, we considered a number of different ways of keeping hospital-based stroke care as locally as possible. This formed part of a service review process which involved talking to representatives of different clinical groups and patients and carers with experiences of local stroke services to find out their opinions. At that point, we felt that to locate all elements of stroke care onto a single hospital site was the best way of addressing the workforce and quality challenges faced.

While the temporary change has proved effective and has resulted in shorter hospital stays and improved access to a dedicated stroke bed for patients, there are also two other options for consideration as part of this consultation. These two 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.

While these options would enable some clinical quality improvements, the same level of clinical quality improvements can only be achieved with additional therapies staff and stroke consultants. Unfortunately there is a national shortage of stroke consultants and the current shortages at South Tyneside District hospital has already led to a temporary move of service to Sunderland Royal Hospital.

The impact on health outcomes is also expected to be more positive for the proposal to have specialist stroke service provision on a single site. The proposal to permanently maintain all inpatient stroke care at Sunderland Royal Hospital therefore remains the preferred option (option 1) of all healthcare organisations involved.

We are however keen to have a constructive debate with local people about the benefits and drawbacks of each option to understand what is most important to local people and to ensure as open and meaningful a consultation process as possible. Based on this, we are putting forward three possible ways we could permanently arrange stroke services to protect and improve local stroke care for the future.
Temporary changes to hospital stroke services

Since stroke services were temporarily moved from South Tyneside District Hospital to Sunderland Royal Hospital, we are monitoring outcomes closely and we expect patients who have suffered a stroke to experience a shorter hospital stay than patients did under the previous arrangement. Stroke clinicians tell us that they are able to provide better patient care under this model.

This is the result of being assessed by a senior stroke doctor sooner and receiving thrombolytic (clot-busting) drugs faster, which all enables a quicker recovery.

This is the reason why keeping these service arrangements in place (option 1) is the preferred option of all of the healthcare organisations involved. This option will also allow us to invest money in recruiting more therapy staff which will help patients to recover as well and as quickly as possible in the future.

Why doing nothing is not an option

The ‘do nothing’ option was discounted as this would not lead to improvements in the service, particularly in relation to staffing shortages and the limited number of specialist medical trainees as this problem exists on a national level. Nor did we consider discontinuing these valuable services as the team were focused on finding a local sustainable solution that would best serve the population of South Tyneside and Sunderland.
Proposed options

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

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 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

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 38-39 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.

**Option 1**

- **Inpatient hyperacute and acute stroke care**
- **Hospital-based rehabilitation on specialist stroke ward**
- **Local Community Stroke Teams**

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**Impact of proposals**

**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**

**Impact of Option 2**

- Working arrangements would be less appealing to staff
- Would still present difficulties to ensure 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 to ensure 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
The feedback from the clinical review process – led by hospital staff

In our early work, option 1 emerged as the preferred model of care by clinical teams as this was clearly demonstrated as the most sustainable model and offered the best opportunity to improve the quality of services across South Tyneside and Sunderland through:

- 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

Health and reducing inequality

One of the reasons that option 1 is the preferred option is that it stands to have the most positive impact on health outcomes for people suffering a stroke.

An independent Integrated Equality, Health and Health Inequalities Impact Assessment has highlighted how options 2 and 3 are unable to deliver the levels of specialist stroke allied health professionals (such as physiotherapists, speech and language therapists) and medical staff, without additional investment required. Care from these experts is essential to achieving improved changes in patient health after a stroke.
Combined Health and Inequalities Impact Assessment scores for the stroke options

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
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<td>185</td>
<td>-13</td>
<td>-11</td>
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**Option 1** scores highly positively because of the increased clinical quality benefits (as outlined by the predicted SSNAP scores) due to more specialist staff being available.

**Options 2 and 3** scored negatively because they could not deliver the levels of specialist staff required for effective, high quality stroke services without significant extra investment.

**Option 1** was assessed as having some minor drawbacks relating to the impact of more traffic commuting between South Tyneside and Sunderland.

You can read the full Combined Health and Inequalities Impact Assessment on our website at: [www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)
We think it is important we are open and honest about the views our clinical leaders have. However, it is important to note that although the clinical teams feel option 1 is preferred for the reasons stated on page 50, no decision has been made that this will be the end result. We wish to discuss all three proposed service options with patients and the public to gain their feedback to inform a final decision.

In our pre-consultation business case for change there is more detailed information about how we looked at getting the best value for the taxpayer in the different options – and the process we went through to shortlist them as being clinically safe, affordable and achievable. You can find this at www.pathtoexcellence.org.uk
Centralising acute stroke care in Sunderland means we could address some of our staffing concerns by investing in extra specialist nurses to deliver 24 hour, seven days a week care as well as reorganising a number of therapists. The clinical team believe this will significantly improve quality and improve inpatient stroke service from a ‘D’ to an ‘A’ or ‘B’ rating. It also means that the hospitals are more likely to be able to recruit stroke consultants to the area by being able to offer more attractive working patterns with fewer on-call commitments outside of usual working hours.

Consolidating the service onto one site could also improve the amount of time patients receive care from consultant staff, especially from South Tyneside as there is only one substantive consultant working on stroke on a part time basis.

Our Clinical Commissioning Groups and the local Clinical Network support the change to services. They believe it will improve the overall quality for the stroke service and take the annual number of admissions above 600 across South Tyneside and Sunderland – the recommended minimum to ensure medical teams maintain their skills at the highest level.

Across South Tyneside and Sunderland considerably more money is spent providing stroke services than is allocated in the annual hospital trust budget. In 2015 to 2016 £7.7 million was spent providing stroke services across the two areas when only £7.4 million was allocated. It is projected that Option 1 would save £510,000 against the money that was spent in 2015 to 2016. Options 2 and 3 would require significant investment (£431,000) to achieve the same standard of care as Option 1, and this means the projected savings would be less for these options.
Maternity (obstetrics) and women’s healthcare (gynaecology) services
How maternity (obstetrics) services are currently delivered across South Tyneside and Sunderland

Patients have access to both maternity (obstetrics) and women’s healthcare (gynaecology) services at both hospital sites and around 4,500 babies are born every year (1,300 South Tyneside and 3,200 at Sunderland).

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

Better Births is seeking improvements in safety, experience and outcomes and recommending more joint working across bigger populations. Therefore the NHS must change the way services are delivered locally to improve quality of care.

Babies born every year

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<tr>
<th></th>
<th>South Tyneside</th>
<th>Sunderland</th>
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<tr>
<td>4500</td>
<td>1300</td>
<td>3200</td>
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National strategy recommends 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.
The maternity (obstetrics) services currently on offer in South Tyneside and Sunderland

**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

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**The maternity patient pathway**

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

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**Antenatal care**
Labour, delivery and hospital-based post-natal recovery and support

Special Care Baby Unit

Special Care Baby Unit

Neonatal Intensive Care Unit

Post-delivery midwifery and subsequent health visitor support and follow-up

Hospital/specialist care

Postnatal care

These parts of maternity (obstetrics) services are being reviewed
(All services within the red dashed line)
Women’s healthcare (gynaecology) patient pathway

**Out of hospital care**

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

**Hospital-based care**

Treatment within emergency department

Gynaecology outpatients clinics
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

Post-surgical follow-up
As required via outpatient clinics and/or community nursing teams

Discharge from hospital
With GP or no GP follow-up

Hospital-based care

Out of hospital care
In either potential option, emergency and major planned gynaecology surgery would need to be transferred to Sunderland Royal Hospital as the specialist medical team look after both maternity (obstetrics) and women’s healthcare (gynaecology services) and cannot be split across two sites because of the challenges we highlight in the next section.
The challenge in South Tyneside and Sunderland

The review of maternity and 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 achieve required staffing levels
- An over-reliance on temporary staff to fill the gaps which 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 due to staff being spread across two sites
- Making further clinical quality improvements to meet national standards for quality of care as expected by National Maternity Strategy ‘Better Births’

When we add up all of these factors, it means that 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 we need to make changes now, to ensure a better, safer service for every single patient in the longer term.
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. All possible options were considered, and through the process described on pages 26-27, and from these discussions, two possible options were further developed. These two options were fully assessed and agreed by medical teams to be suitable to support the staffing and quality improvements needed.

Maternity (obstetrics), women’s services (gynaecology), children and young people’s healthcare (urgent and emergency paediatric) services and special care baby services are all dependent on each other as maternity, gynaecology and paediatric doctors and nurses work across all 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.

Why doing nothing is not an option

The ‘do nothing’ option was discounted as this would not lead to improvements in the service, particularly in relation to staffing shortages and the limited number of specialist medical trainees as this problem exists on a national level. Nor did we consider discontinuing these valuable services as the teams were focused on finding a local sustainable solution that would best serve the population of South Tyneside and Sunderland. This left us with two options:
### Proposed options

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

#### 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.

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 care**
- **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 care**
- **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
- £1.16 million savings would be achieved
Health and reducing inequality

Both options stand to make positive changes to patient health and contribute towards reducing health inequalities, according to the independent Integrated Equalities, Health and Health Inequalities Impact Assessment (IIA). The report highlighted how the proposals 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**

Option 1 scored higher than option 2 as option 2 is likely to have a greater impact for more women. This means that more women may choose to travel outside of South Tyneside to give birth as less local birthing choices would be available.

The independent IIA highlighted how the proposals could have major benefits for South Tyneside and Sunderland populations, including vulnerable groups, with the significant benefits of the proposed changes outweighing the drawbacks.
Overall, both options scored positively as they will bring about continuing improvements in service quality able to ensure all children achieve a better start in life.

Despite their advantages, the IIA highlighted some potential challenges for women such as understanding and adapting to the changes.

Travelling further for care or to visit partners, relatives or newborn children could generate additional expense, time, inconvenience and emotional stress.

Read more about our Integrated Equalities, Health and Health Inequalities Impact Assessment (IIA) on our website.
Improving quality and addressing staffing in hospitals

Both options will improve clinical quality by bringing together two medical teams, increasing the amount of consultant-led care in the maternity (obstetric) unit, while offering local women choices around where to give birth and in what type of birthing facility. The proposed changes will increase staffing levels for both maternity and gynaecological care as well as ensuring that gynaecology patients who have to stay in hospital overnight have more regular consultant reviews to speed up their recovery. This reduces the need for senior medical staff and therefore makes the services more sustainable.

Getting the best value for the taxpayer

While high quality services are always our first priority we must also make sure any service changes are affordable. In 2015 to 2016 around £37.5 million was spent across South Tyneside and Sunderland in delivering maternity (obstetrics) and women’s healthcare (gynaecology) services. It is projected that Option 1 would save £1.13 million compared to this amount and Option 2 would save £1.16 million.

Helping us to implement national strategy

Better Births guidelines recommend that maternity providers and commissioners’ work together to form maternity systems that cover populations of at least 500,000 people. Combining resources across the two areas will help us achieve this.

Unlike stroke, the clinical teams do not have a preferred option for maternity (obstetrics) and women’s reproductive healthcare (gynaecology) services as all options could deliver better patient care.
Both options will improve clinical quality by bringing together two medical teams.
Children and young people’s healthcare (urgent and emergency paediatrics) services
How current children and young people’s healthcare (urgent and emergency paediatrics) services are delivered across 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. The services currently on offer in South Tyneside and Sunderland includes:

- General-practice, NHS 111 or self-referred to Paediatric Emergency Department
- GP referral For planned care
- Assessment, diagnosis and treatment within Paediatric Emergency Department
- Paediatric outpatients clinics
- Routine and planned children’s surgery
- Dental surgery and children’s day unit

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)

Hospital-based care

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

Out of hospital care
Young people’s healthcare (urgent and emergency paediatrics) current services

Dedicated paediatric emergency department
(Attendances each year)

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<th>Attendances each year</th>
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<tr>
<td>South Tyneside District Hospital</td>
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<td>Sunderland Royal Hospital</td>
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Short stay assessment units
(Number of beds)

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Short stay assessment units
(Attendances each year)

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Outpatient services
(Attendances each year)

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</table>
Special care baby units

**South Tyneside District Hospital**

- **x6** special care cots
- From 32 weeks from pregnancy

**Sunderland Royal Hospital**

- **x16** special care cots
- Special care baby unit with intensive care facilities. From 26 weeks pregnancy

All sources on pages 76 and 77: PCBC
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.

**Staffing in hospitals**

- 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.

- In addition, both areas are having to spend a lot of money on expensive short term locum doctors to fill staffing gaps at very short notice.

**Making the best use of our medical staff**

The Paediatric Emergency Departments in both areas 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.

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.
National guidance

NHS England’s national Urgent and Emergency Care strategy is also driving local change. It sets out clear expectations for how local services should be arranged to ensure the best possible care for patients, including ill and injured children. This includes services that enable people with urgent care needs to be treated quickly and as close to home as possible, with care for people with more serious or life threatening, emergency problems delivered from centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

The National Strategy, ‘Transforming Urgent and Emergency Care Services’ was published in 2013, following an extensive national service review led by Dr Bruce Keogh. The new models of urgent and emergency care are set out in the NHS Five Year Forward View. It expects a range of locally planned actions including improved self-care, greater access to GPs, enhanced NHS 111 services, supported by seven day hospital service access and specialist services in emergency hospitals.
How we developed the proposed clinical service options

When considering the children and young people’s (urgent and emergency paediatrics) options the aims are:

- Delivering safe, high-quality care
- Supporting service sustainability and resilience
- Affordability
- Be achievable within the next couple of years

A number of different clinical options were put forward by the clinical teams and there was a difference of opinion amongst the teams. Of these models, two satisfied the criteria and were further developed and assessed and are included in this consultation.

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.
Proposed options

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

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
Impact of proposals

• 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 with more senior doctors available
• Would improve the quality and experience of care, with less cancelled operations and clinics
• Would involve some additional travel for families of South Tyneside patients requiring more specialist care or urgent treatment during the night
• Sunderland and some County Durham patients would access urgent and emergency children’s care at Sunderland Royal Hospital

South Tyneside
District Hospital

Sunderland
Royal Hospital

Impact of proposals
(Both options)
**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).

**Impact of Option 1**

- 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.
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. It would be possible to provide more specialised children and young people’s outpatients clinics in South Tyneside.

We see a relatively high number of urgent and emergency care paediatric patients with minor injuries or illness at South Tyneside Hospital receiving hospital care that could or should be treated within primary care.

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

As with the proposed options for both stroke, and maternity (obstetrics) and women’s healthcare (gynaecology) services, both children and young people’s healthcare (urgent and emergency paediatrics) options have been independently assessed to measure how they could make positive changes to patient health and contribute towards reducing health inequalities.

According to the independent Integrated Equalities, Health and Health Inequalities Impact Assessment (IIA), the report highlighted how both of the proposed options are expected to achieve significant gains for population health and inequalities in South Tyneside and Sunderland.

### Total Health and Inequalities Integrated Impact Scores

<table>
<thead>
<tr>
<th></th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>79</td>
<td>45</td>
</tr>
</tbody>
</table>
The IIA scores indicate that both options can achieve significant gains for population health and inequalities in 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 IIA highlighted how these service improvements could have 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 readmissions
- Improved capacity to identify and safeguard children in need

While drawbacks such as increased travel were identified, the IIA reported that these were rarely significant enough to offset the strongly positive benefits of the proposed changes.
How the service changes could improve hospital care

Addressing staffing in hospitals
Our current staffing levels will be improved with either option. The proposed workforce models have been designed to deal with any expected change in number of patients attending each site.

Improving patient care
Both options offer greater scope for improving quality of services and removes concerns about varied service delivery based on the day, time and staff availability.

This means bringing both teams together and sharing resources increases the number of senior medical staff and nursing staff available per patient.

Local access for less serious illness
Locally accessible care for patients with minor injuries or illness remains available in South Tyneside and Sunderland in both options.

Sharing resources increases the number of senior medical staff and nursing staff available per patient.

All of the options provide a better balance of safety and sustainability whilst keeping services as local as possible.
Getting the best value for the taxpayer

As with the other services within this consultation ensuring children and young people’s healthcare (urgent and emergency paediatric) services are safe and of high quality is the first priority, however other considerations such as having the right number and type of staff and making sure services are affordable are also important. Comparing the options against the £25 million that was spent in 2015 to 2016 in providing children and young people’s healthcare (urgent and emergency paediatric) services across South Tyneside and Sunderland it is projected that Option 1 would cost an extra £370,000 and Option 2 would save £220,000.
Travel and transport impact
Independent travel and transport review

We know from conversations with the public that people are concerned about how they may travel to alternative places as a result of any service changes.

Because of this we have commissioned an independent review of travel and transport issues.

We wanted to ensure there was robust, independent information to help inform opinions and to help make more informed decisions.

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 the two hospital sites (South Tyneside District Hospital and Sunderland Royal Hospital)
- Levels of access to public and private transport including car ownership and the barriers to access
- How patients, staff and others currently travel to access services including the mix of private/public transport, walking and cycling
- How much travel already happens from one area to another
- The costs of public transport
- The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence
- Patient transport access criteria and take up
- Review of community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc
- 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 in terms of transport following reconfiguration of services
- The practical challenges of travelling between the two areas, obtained through field-testing

The travel and transport impact assessment was carried out by an independent company to ensure impartiality and objectivity as well as providing expertise in this area. We have summarised the main findings here and there is a comprehensive report and summary document available on our website: www.pathtoexcellence.org.uk
A summary of the key findings

This summary shows the average times for journeys to each main hospital base. It’s important to note that the time taken may increase or decrease, depending on where patients, relatives and friends travel from and the figures quoted are averages for the full population.

The impacts on different local areas of South Tyneside and Sunderland are considered in detail in the full report. It also considered that some residents living in the northern and western parts of South Tyneside may choose to receive future services at the Queen Elizabeth Hospital, Gateshead or the Royal Victoria Infirmary, Newcastle.

Different times of the day are considered and were chosen because they are consistent with visiting times for relatives both during the day and evening and for people leaving hospital sites after 7pm.

The journey times were also real time tested and this is also included in the main report. The focus has been on understanding the increased journey times people would experience.

All of the options would impact on people’s travel arrangements in different ways, with those potential changes, where hospital services could be located outside of South Tyneside, likely to involve longer travel times on average.

There would be no travel impact for Sunderland and County Durham patients who continue to attend Sunderland Royal Hospital for care.

These issues are covered in much more detail, including consideration of the travel impact for each of the proposed options, in the full report available on our website.
Public Transport

Bus and metro services to hospital sites

South Tyneside District Hospital is served by a total of 12 bus services, 10 of which have frequencies of between 10 minutes and one hour. Sunderland Royal Hospital is served by a total of 18 bus services, 12 of which operate at frequencies between 10 mins and 30 mins. Both hospital sites are also within 800 metres of a metro station.

This level of transport access is broadly in line with similar hospitals in the north east, or, in the case of Sunderland Royal Hospital, slightly higher.

The report found that approximately 80% of South Tyneside residents are within a one hour public transport journey of Sunderland Royal Hospital.

Both hospital sites are within 800 metres of a Metro station.
South Tyneside residents travelling by public transport

Table 1: Projected journey time increases for South Tyneside residents travelling to Sunderland Royal Hospital

<table>
<thead>
<tr>
<th>Average current travel time to South Tyneside District Hospital</th>
<th>Projected average journey time increase</th>
<th>Projected total average travel time to Sunderland Royal Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-25 minutes</td>
<td>+ 20-25 minutes</td>
<td>42-50 minutes</td>
</tr>
</tbody>
</table>

Table 2: Journey times - chart showing the time it will take proportions of the South Tyneside population to access South Tyneside District Hospital and Sunderland Royal Hospital by public transport between 2pm and 4pm

*figures do not add up to 100% due to modelling assumptions*
The levels of car ownership vary across both South Tyneside and Sunderland, with 38% of households in South Tyneside, and 35% of households in Sunderland not having access to a car (overall figure for England of 26%).

The average car journey for South Tyneside residents to or from South Tyneside District Hospital is currently six minutes which may vary, depending on where they live.

For South Tyneside residents travelling by car to Sunderland Royal Hospital, the average travel time increase will be around six minutes longer, however this will vary, depending on which part of South Tyneside the person lives in and what time of the day they travel. Table 3, below, shows that around 30% of South Tyneside residents can reach Sunderland Royal Hospital by car within a maximum journey time of around 10 minutes, with the remaining 70% being able to reach it within a maximum journey time of around 20 minutes.

Table 3: Journey times - chart showing the time it will take proportions of the South Tyneside population to access South Tyneside District Hospital and Sunderland Royal Hospital by car

<table>
<thead>
<tr>
<th>Journey time bracket (minutes)</th>
<th>% of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>91%</td>
</tr>
<tr>
<td>11-20</td>
<td>70%</td>
</tr>
<tr>
<td>8%*</td>
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</table>
Travel and transport impact

It’s important to note that the figures quoted are averages for the full population and time taken may increase or decrease, depending on where patients, relatives or friends travel from. This is considered in more detail in the main report.

Parking on hospital sites

South Tyneside District Hospital and Sunderland Royal Hospitals allocate their parking spaces in different ways.

There are more staff parking facilities at South Tyneside District Hospital, and more flexible parking space options at Sunderland Royal Hospital meaning that more spaces are available to both staff, patients and visitors.

Short term public parking fees are similar at the two hospitals, however longer term parking ticket options (longer than 24 hours) are different with South Tyneside District Hospital offering a weekly pass at £10 and Sunderland Royal Hospital offering a monthly parking pass at £20.

Data analysis shows that parking at both hospitals is approaching capacity but only at certain points during the day. Parking demand is highest during afternoon visiting hours, between 2pm and 4pm.

More information

It’s important to note that the figures quoted are averages for the full population and time taken may increase or decrease, depending on where patients, relatives or friends travel from. This is considered in more detail in the main report.

% of households without access to a car

- South Tyneside: 38%
- Sunderland: 35%
- England: 26%
Potential measures to reduce the impact on people travelling

The independent report also makes some suggestions about 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 discuss and schedule appointment times that ease their travel arrangements
- Introducing improved bus services serving the two hospitals sites
- Increasing the number of out-patient clinics at South Tyneside District Hospital to minimise travel to Sunderland

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

We are keen to hear feedback about travel and transport issues. You can find more information about the work that has been done so far on our website.
Travel and transport impact
Impact on ambulance services

North East Ambulance Service (NEAS) is a key NHS partner in sharing their views on how these proposals may affect the care they provide.

NEAS has looked at the individual effect of the different options on their patient care and is considering the impact of any changes combined together.

NHS organisations will continue to work together in the coming months to ensure ambulance service impact is more fully understood. This will be important information that the clinical commissioning groups will need when making their final decision.

Stroke services

Some patients who have suffered a confirmed stroke can be eligible for treatment with a clot-busting drug. This is called stroke thrombolysis. NEAS routinely publish the number of patients who arrive at a thrombolysis centre within 60 minutes of their 999 call.

We know from the temporary change that the transport of stroke patients in South Tyneside taken to Sunderland is longer and we are reviewing this with NEAS and will ensure this does not impact on patient care. The additional time travel for some patients with stroke symptoms to reach hospital should have no direct impact on their recovery as thrombolysis (clot-busting treatment) should be given within 4.5 hours of the onset of stroke symptoms.

The total additional time associated with the patients being transported to Sunderland Royal Hospital amounts to approximately 110 hours a year.
Maternity (obstetrics) and women’s healthcare (gynaecology) services

Women in labour arriving by ambulance to South Tyneside District Hospital, number under 10 patients per month on average.

Should either of the maternity options be chosen, due to those low numbers it would not be expected to have an adverse impact on the ambulance service.

Some patients under option 1 may need to be transferred during labour from South Tyneside to Sunderland. Only a very small number of women with gynaecology problems arrive by ambulance at South Tyneside District Hospital, and therefore at an individual service level the changes are not expected to have an adverse impact on the ambulance service.

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

Under option 1 with out of hours (after 8pm) emergency paediatric department services being relocated to Sunderland Royal Hospital, it is not expected that the onward transfer to Sunderland Royal Hospital of those cases requiring transfer will significantly impact on services provided by NEAS.

Under option 2, it is expected that 60% of the paediatric activity currently experienced during 8am-8pm would be suitable for the proposed nurse practitioner led service. It is not expected that the onward transfer to Sunderland Royal Hospital for those patients who need to, would cause a problem.
Considering travel and response times as a whole

The ambulance service will continue to work with the Path to Excellence team and NHS partners to understand how its services might need to change to deliver the proposed options and what impact this will have on its service overall. It will consider how staff may need to work differently, what implications there may be for vehicle movements across communities as well as understanding what work may be required to continue to ensure timely ambulance responses.
Travel and transport impact
Summary of options for change
It’s important that people have the opportunity to consider the information shared in this document and share their views to help identify how the proposals can be improved and how things might be done differently in the future.

In this section we summarise the different options under consideration.

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

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

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 you can get involved
Different types of events are planned across South Tyneside and Sunderland over the consultation period at different times, days of the week and locations.

These include consultation launch events, consultation discussion style events as well as focussed events designed to consider in more detail areas of care under consideration. There will also be an event in County Durham, to take into account those patients and residents living in the Easington and Seaham areas who use Sunderland Royal Hospital.

People are asked to register for the events in advance simply to ensure the events are well staffed and managed in order to get the very best out of them.

Further information about these events is included at the back of this document and there will be publicity to promote the events locally.

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

nhs.excellence@nhs.net

nhsexcellence

@NHSexcellence

0191 217 2670

Write to us (no stamp required) at:

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

www.pathtoexcellence.org.uk  nhsexcellence  @NHSexcellence
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:

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.

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

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.

We would also ask people to indicate in their submission if they are happy for it to be published in full as part of the final feedback report.

About this publication

This publication summarises the key points of the full pre-consultation business case that can be found on our website at www.pathtoexcellence.org.uk or to request a paper copy you can contact us.
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Type</th>
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<td>1-3pm</td>
<td>Launch event</td>
</tr>
<tr>
<td>Wednesday 5th July</td>
<td>6-8pm</td>
<td>Launch event</td>
</tr>
<tr>
<td>Thursday 6th July</td>
<td>6-8pm</td>
<td>Launch event</td>
</tr>
<tr>
<td>Tuesday 11th July</td>
<td>6-8pm</td>
<td>Focused event on maternity, women’s and children’s services</td>
</tr>
<tr>
<td>Wednesday 12th July</td>
<td>6-8pm</td>
<td>Consultation discussion event - all service areas</td>
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<tr>
<td>Saturday 15th July</td>
<td>10am-12pm</td>
<td>Focused event on maternity, women’s and children’s services</td>
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<tr>
<td>Tuesday 18th July</td>
<td>6-8pm</td>
<td>Focused event on stroke services</td>
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<tr>
<td>Wednesday 19th July</td>
<td>6-8pm</td>
<td>Focused event on stroke services</td>
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<tr>
<td>Wednesday 26th July</td>
<td>1-3pm</td>
<td>Consultation discussion event - all service areas</td>
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<tr>
<td>Wednesday 13th September</td>
<td>1-3pm</td>
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<tr>
<td>Saturday 16th September</td>
<td>10am-12pm</td>
<td>Consultation discussion event - all service areas</td>
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</table>
How you can get involved

What happens next?

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Venue</th>
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<tbody>
<tr>
<td>South Tyneside</td>
<td>Jarrow Community Centre, Cambrian Street, Jarrow, NE32 3QN</td>
</tr>
<tr>
<td>Sunderland</td>
<td>Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD</td>
</tr>
<tr>
<td>Durham</td>
<td>Glebe Centre, Durham Place, Murton, Seaham, SR7 9BX</td>
</tr>
<tr>
<td>Sunderland</td>
<td>Hope Street Xchange, 1-3 Hind Street, Sunderland, SR1 3QD</td>
</tr>
<tr>
<td>South Tyneside</td>
<td>Customs House, Mill Dam, South Shields, NE33 1ES</td>
</tr>
<tr>
<td>South Tyneside</td>
<td>The Clervaux Exchange, Clervaux Place, Jarrow, NE32 5UP</td>
</tr>
<tr>
<td>Sunderland</td>
<td>Sunderland Bangladeshi International Centre, 30 Tatham Street,</td>
</tr>
<tr>
<td></td>
<td>Sunderland, SR1 2QD</td>
</tr>
<tr>
<td>South Tyneside</td>
<td>Living Waters Church, St. Jude’s Terrace, Laygate, South Shields,</td>
</tr>
<tr>
<td></td>
<td>NE33 5PB</td>
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<tr>
<td>Sunderland</td>
<td>Sunderland Software Centre, Tavistock Place, Sunderland, SR1 1PB</td>
</tr>
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<td>South Tyneside</td>
<td>Customs House, Mill Dam, South Shields, NE33 1ES</td>
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<tr>
<td>Sunderland</td>
<td>The Hetton Centre, Welfare Rd, Hetton-le-Hole, Houghton-le-Spring, DH5</td>
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<tr>
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<td>9NE</td>
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</tbody>
</table>
The two clinical commissioning groups will make a decision at their governing body meetings to be held in public early in 2018.

What happens next?

Public consultation period ends at midnight on Sunday 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.
Glossary

**Acute care**
Immediate or urgent care in a hospital setting

**Assessment unit**
A unit where clinicians are able to make immediate assessments and decisions about a person’s care when they arrive in hospital

**Clinical service reviews**
Carried out by clinical teams to understand how services should be configured to meet the needs of local communities in the future

**Clinician**
A qualified health professions, for example a doctor, nurse or physiotherapist

**Consultant**
A very senior doctor or surgeon with specialist training and expertise in a particular area of medicine

**Consultant-led**
A consultant-led service is one where a consultant retains overall clinical responsibility for the service, care team or treatment

**Consultation document**
A report that is the result of a consultation process

**Critical care**
Medical care for patients whose illness requires close, constant watch by a team of specially trained caregivers

**Emergency Care**
The provision of an immediate clinical service for the treatment of acute and chronic illness and injury

**Gynaecology**
Care of diseases in women, especially those of the genitor-urinary tract

**Health outcomes**
Changes in health that result from measures or specific health care investments or interventions.

**Issues document**
This was published in November 2016 and sets out the background to many of the issues discussed in the consultation document

**Obstetrics**
The branch of medicine concerned with childbirth and midwifery

**Occupational Therapy (OT)**
Therapeutic use of self-care, work, and recreational activities to increase independent function, enhance development, and prevent disability; may include adaptation of tasks or environment to achieve maximum independence and optimal quality of life

**Paediatrics**
Children’s health services
Physiotherapy
The treatment of disease, injury or deformity by physical methods such as massage, heat treatment and exercise rather than by drugs or surgery

Primary care
Care provided in community settings, including the home, by a range of qualified health professionals, including GPs and district nurses

Secondary care
Care provided in a hospital setting

Special care baby unit (SCBU)
A specialist ward that a baby will be admitted onto if it requires medical help after birth.

Speech and language therapy (SALT)
Providing treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing

Stakeholders
A group of people who are involved in or have an interest in healthcare

Stroke
A serious and life threatening medical condition that occurs when the blood supply to part of the brain is cut off

Thrombolysis
A clot busting drug that can break down and disperse a clot that is preventing blood from reaching the brain

Transient Ischemic Attack (TIA)
A “mini stroke” is caused by a temporary disruption in the blood supply to part of the brain.

Voluntary and community sector (VCS)
The duty of social activity undertaken by organisations that are not-for-profit and non-governmental
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