

South Tyneside and Sunderland NHS partnership

The Path to Excellence Consultation

Focus Group Discussion Guide

TIP: Do not run a focus group for longer than 1.5 hours, you are likely to lose their attention. The people taking part will lose focus on the key issues and responses will tend to come from those people who have a point to make.

Preparation

- It is important that Moderators read the consultation documents found at <https://pathtoexcellence.org.uk/information/> and the options under consultation, including the impacts of each
- Please also read this Discussion Guide in conjunction with the Moderators Guidance Pack provided
- Please have the Handouts Pack printed and ready to distribute – one copy of each per attendee is needed, instructions as to when to hand these out is in the below
- Remember **you do not need to cover all service areas** – it may be appropriate for your group to cover only one service area rather than all three.

1. INTRODUCTION (Purpose: to set out the scope and objectives of the focus group)

Session Length	5 minutes	Running Total	5 minutes
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- Thank the group for their attendance, introduce yourself and your role as group moderator (stress the need for you to stay impartial in discussions).
 - Confirm that this group is part of South Tyneside and Sunderland NHS Partnership's 'Path to Excellence' formal consultation on (choose as applicable):
 - Stroke services,
 - Maternity and women's healthcare services, and
 - Children and young people's healthcare (urgent and emergency paediatrics) services

HANDOUT: CONSULTATION LEAFLET. '*Here is a leaflet for you to keep which has details of where you can find out more, ask any questions and also see the results when they are published later in the year.*'

- Stress that you are acting in an independent role (assure respondents of independence of the group). State:
 - This will involve us looking at the proposals for change to these services being put forward by the South Tyneside and Sunderland NHS Partnership as a series of scenarios and commenting on these.
 - **The consultation process will run for 14 and a half weeks from Wednesday 5th July until midnight on Sunday 15th October 2017**
 - Draw the group's attention to the consultation documents (make one copy available for each attendee) – ideally, these should be sent to participants (or to their advocate) in advance to allow them time to digest the proposals.
 - Explain that the full details of the options are contained in these documents as well as all the other ways individuals can be involved in sharing their opinion.
- Confirm that the group will last one and a half hours (90 minutes).
- Confirm that the **objective of this focus group** discussion is to:
 - Listen to and understand the range of views from (insert details of the group structure, i.e. carers, service users, etc.) on the healthcare change options.
 - Record those views and feed them into the formal consultation as your opinion on the proposed scenarios for change;

- Share any concerns you may have over the proposed scenarios for change to ensure these are taken account of in the decision-making process.
- Set out the **scope of this focus group** as concentrating purely on discussions of the specific service change options and let the group know that if they have views they wish to share outside of this they can be involved in other groups or provide individual or group feedback directly to the South Tyneside and Sunderland NHS partnership (see contact details and list of other events in Moderators Briefing Pack).
- Highlight that discussion will be audio (or video) recorded, and explain reasons for this (i.e. so we can listen to and capture what everyone has to say). Gain the permission of all present to record and commence recording.

TIP: When recording the group, the purpose is to provide you with a record of the conversations to allow you to **draw out the key points**. It is not intended to be used to make a transcription of the conversations to report back – your role as moderators and representatives of the group is to report the key discussions, any recordings can be used to address any later queries (observing respondent confidentiality).

- Explain the group will be conducted in a way that:
 - Protects the **anonymity** of the people in the group;
 - Is moderated from an **impartial** viewpoint; and
 - Most importantly that all views provided will remain strictly **confidential** and will not be identified to South Tyneside and Sunderland NHS Partnership or any of its agents.
- Stress the following points as being important to the success of the group:
 - Being open and honest in giving views
 - There are no right or wrong answers
 - All opinions are welcome
 - Don't be afraid to speak up and give your opinion.
- Set the **ground rules** for the event, stating:
"We have asked you to take part in this group to listen to your opinions which are really important to the consultation process to help this:
- *We would like you to be respectful of other people's opinions, give them the chance to participate and encourage those who are less willing to speak to give their opinion.*
- *We would like you to let other people finish speaking before you begin to speak – this will ensure we are able to hear your opinion and that your points are effectively picked up on the record."*

2. WARM UP (**Purpose:** *to break the ice and to get the individuals to begin to talk as a group*)

Session Length	5 minutes	Running Total	10 minutes
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Get each person to introduce themselves in turn, including:

- Name?
- Where they live?
- Ask a simple ‘icebreaker’ question to get each person to begin to warm up to speaking in a group such as “What did you have for breakfast?” or “What Music do you like?” or “What did you do yesterday?” – or something that you feel is acceptable to ask the group from your knowledge of their background, any additional needs and culture.

3. GROUP BACKGROUND

(**Purpose:** *to explore the motivations for individual participation and to get the participants used to speaking in a group*)

Session Length	5 minutes	Running Total	15 minutes
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Ask the group (now we know each other a bit better) to each state:

- Why they are attending; and
- What they hope to achieve from today’s discussions.

Note: Throughout, keep the focus of discussion on the consultation process and the discussion of the scenarios, if individuals go ‘off topic’ and introduce their personal agenda unrelated to the objectives of the group, politely remind them that this can be dealt with through other mechanisms in the consultation process.

Remind that “*If you or your friends/family want to get involved in this consultation in other ways - more details can be found on our website at pathtoexcellence.org.uk“*

4. INTRODUCTION TO THE OPTIONS

(Purpose: to introduce the group to the service area proposals and the rationale for proposing them)

Session Length	5 minutes	Running Total	20 minutes
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Note: Moderators will have read information on the options under consultation and the implications of each.

- Recap that there are a number of service areas under consultation:
 - Stroke services;
 - Maternity (obstetrics) and women's healthcare (gynaecology) services; and
 - Children and young people's healthcare (urgent and emergency paediatrics) services
- Identify the service areas for discussion in this group session
- Explain that you will now look at options for the chosen service area, or the first of two/three service areas (as applicable).
- Explain that you will look at each of the options separately and encourage comment amongst the group.

Note: Depending on whether you will be discussing one, two or all three service area options, please apportion the time for discussion accordingly, within the maximum 1.5 Hrs. In the timings from hereon in, it is assumed the Focus Group will consider ALL 3 service areas.

Please now go to:

Section 5: Stroke services

Section 6: Maternity (obstetrics) and women's healthcare (gynaecology) services, and/or

Section 7: Children and young people's (urgent and emergency paediatrics) services

5. VIEWS ON STROKE SERVICE OPTIONS

(**Purpose:** to set out each scenario to get the groups views on the pros and cons of each suggestion)

Session Length	30 minutes	Running Total	50 minutes
Indicative Timing:	▪ 10 minutes per option		

HANDOUT: STROKE SERVICES OPTION 1

Option 1 (stroke services)

- 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

Impact (Option 1: stroke services)

- 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

This option is preferred by the clinical teams

- All please look at the Handout, which gives more detail of the scenario where stroke services are provided at Sunderland Royal Hospital;
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there any other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there any other challenges we may have missed?

- Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
- Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

HANDOUT: STROKE SERVICES OPTION 2

Option 2 (stroke services)

- 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

Impact (Option 2: stroke services)

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

This option is not preferred by the clinical teams

- All please look at the Handout, which gives more detail of the scenario where stroke services are provided from both South Tyneside and Sunderland Royal Hospital with transfer to South Tyneside hospital within seven days for patients who live in South Tyneside for rehab and community care.
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?

- Probe: Why do you think this? Are there any other benefits we may have missed?
- Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there any other challenges we may have missed?
 - Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
- Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

HANDOUT: STROKE SERVICES OPTION 3

Option 3 (stroke services)

- 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

Impact (Option 3: stroke services)

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

This option is not preferred by the clinical teams.

- All please look at the Handout, which gives more detail of the option, with stroke services being provided in both South Tyneside and Sunderland, with transfer to

South Tyneside hospital within 72 hours (three days) for patients who live in South Tyneside for rehab and community care.

- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there any other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there any other challenges we may have missed?
 - Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
 - Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

6. VIEWS ON MATERNITY AND WOMEN'S HEALTHCARE SERVICES

(Purpose: to set out each scenario to get the groups views on the pros and cons of each suggestion)

Session Length	20 minutes	Running Total	70 minutes
Indicative Timing:	▪ 10 minutes per option		

HANDOUTS: MATERNITY (OBSTETRICS) AND WOMENS HEALTHCARE (GYNAECOLOGY) OPTION 1 (AND IMPACTS OF BOTH SHEET)

Option 1 (maternity and women's healthcare services)

- 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

Impact (Option 1: maternity and women's healthcare services)

- 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 freestanding 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

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 200 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

There is no clinically preferred option

- All please look at the Handout, which gives more detail of the scenario (read details);
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the ‘homework’ was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there and other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there and other challenges we may have missed?
 - Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
 - Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

**HANDOUT: MATERNITY (OBSTETRICS) AND WOMENS HEALTHCARE
(GYNAECOLOGY) SERVICES OPTION 2**

Option 2 (maternity and women’s healthcare services)

- 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

Impact (Option 2: maternity and women's healthcare services)

- Women with a low risk pregnancy would have three birthing choices (home birth, alongside midwifery-led care and consultant-led unit.)
- There would be no provision to give birth in South Tyneside District Hospital, 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
- There would be no provision to give birth in South Tyneside District Hospital, home births would still be possible
- An investment of around £300,000 would be needed to increase space
- £1.16million savings would be achieved

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 200 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

There is no clinically preferred option

- All please look at the handout, which gives more detail of the scenario (read details)
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there and other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there and other challenges we may have missed?

- Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
- Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

7. VIEWS ON CHILDREN AND YOUNG PEOPLE'S HEALTHCARE (URGENT AND EMERGENCY PAEDIATRICS) SERVICES

(Purpose: to set out each scenario to get the groups views on the pros and cons of each suggestion)

Session Length	20 minutes	Running Total	90 minutes
Indicative Timing:	▪ 10 minutes per option		

HANDOUTS: CHILDREN AND YOUNG PEOPLES SERVICES (URGENT AND EMERGENCY PAEDIATRICS) OPTION 1 (AND IMPACTS OF BOTH SHEET)

Option 1 (children and young people's healthcare (urgent and emergency paediatrics) services)

- 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

Impact (Option 1 (children and young people's healthcare (urgent and emergency paediatrics) services)

- 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

Impact of proposals (Both options)

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

There is no clinically preferred option.

- All please look at Handout G, which gives more detail of the scenario (read details);
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there any other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?
 - Probe: Why do you think this? Are there any other challenges we may have missed?
 - Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
 - Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

HANDOUT: CHILDREN AND YOUNG PEOPLES SERVICES (URGENT AND EMERGENCY PAEDIATRICS) OPTION 2

Option 2 (children and young people's healthcare (urgent and emergency paediatrics) services)

- 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 (Option 2 (children and young people's healthcare (urgent and emergency paediatrics) services)

- 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 £220,000 would be made

Impact of proposals (Both options)

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

There is no clinically preferred option.

- All please look at Handout H, which gives more detail of the scenario (read details)
- Allow the group time to familiarise themselves with the content of the handout (depends on the group and if the 'homework' was sent out in advance)
- Ask the group:
 - What do you think the main benefits will be?
 - Probe: Why do you think this? Are there any other benefits we may have missed?
 - Do you think there will be any challenges with the service proposal?

- Probe: Why do you think this? Are there any other challenges we may have missed?
- Probe (if not covered): How do you feel the scenario will impact on you in terms of travelling to service? (service user/family/carer perspective)
- Do you think this will have an impact on you/the person you care for/the service you provide?
 - If negative response probe: Why do you say that? What could be done to minimise this?
 - If positive response probe: Why do you say that? How can this be clearly communicated as a benefit?

8. ANY OTHER COMMENTS?

Session Length	5 minutes	Running Total	90 minutes
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- Ask for any further feedback to help South Tyneside and Sunderland NHS Partnership in developing a new future for the service areas discussed.

Thank the group for their time and valuable contributions, explain:

- Your comments will be reported back to the Path to Excellence consultation where they will be looked at and included in the final report produced by the independent agency who are analysing the feedback.
- You can also contribute to this by completing an online survey or by writing to, calling, emailing, tweeting the consultation team or commenting on Facebook. Details are at www.pathtoexcellence.org.uk also in the consultation document shared with you
- This is a consultation everyone can take part in, please encourage your friends, family, and other people you meet to take part.

9. EVALUATION MONITORING

- At the end of the session, ask the group members to fill in the evaluation monitoring forms provided, one per attendee.
- Retain these securely in line with your Data Protection policy, until they can be handed back to NECS.

Post-session

- Please use the Report Template provided to record the discussions electronically and provide to NECS along with the Evaluation and Monitoring forms no later than OCTOBER 2nd 2017