

The Path to Excellence discussion event on healthcare services on Wednesday 26th July and was attended by 38 people and there were 7 tables in the room for facilitated discussions.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used, for a neutral comment a = sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: nhs.excellence@nhs.net and we will investigate this further for you.

Questions from the room

Maternity

- If no saving then why do it?
- In the proposal for South Tyneside Maternity it stated there will be no redundancies, therefore what will happen to the excess staff?
- If a baby is born at free standing midwife unit in South Tyneside how likely is it that the baby will need special care?
- Are there enough staff to deliver services now and in future models?
- With the closure of MLU in Bishop Auckland and under use of the one in Hartlepool what would the life-expectancy of one in South Tyneside be?
- Why is there not an option 2 for maternity – South Tyneside leave the unit as it is.
- South Tyneside has one of the safest options in maternity – why is this not publicised if safety is important?
- How many beds are there in Sunderland?
- How many low risk births have changed to high risk in each hospital?
- How do you expect midwives to encourage and promote a family when the obstetricians do not support this?
- Why is there no maternity consultation led service in either option at South Tyneside? Cost or other?
- By not having a consultant led unit at South Tyneside will this result in no babies being born registered in South Tyneside as in Hartlepool? – All women are sent to Stockton to give birth.
- Why is there a need to change in maternity? Is there a recruitment issue in South Tyneside?
- Option 1 – What happens when a low risk birth at STFT suddenly develops into a high risk situation?
- Do ambulances have facilities on board for premature/unwell babies?
- Option 1 saves 430K less but has better services and less disruption than option 2. Is there financial investment in option 1?

Stroke

- What does/is a local community stroke team do?
- After transfer from City Hospital Sunderland stroke unit at 7 days what type of ward will there be at South Tyneside Foundation Trust – specialist stroke or general medical?
- Is there an option 4? All patients regardless of postcode move to South Tyneside District Hospital for hospital based rehabilitation?

- If a stroke patient is being transferred to Sunderland – will a doctor be in the ambulance with the patient?
- What happens in Sunderland stroke unit is full? Stroke unit at Sunderland can't cope now, things will be worse! Will it still be good quality?
- How many extra therapists might be employed if option 1 is adopted and how likely are they to be recruited in sufficient number and quality?
- How can service for younger stroke victims be improved?
- Is there an average hospital stay for stroke victims?
- Option 3 – will this mean consultants being on the wards in South Tyneside?
- If we have baseline data and a temporary model will the metrics and + - change and patient experience be publicised to ensure the right model is implemented?
- Where is the evidence that stroke service has improved?
- Where do you see Sunderland and South Tyneside's position after two years? What improvement do you need to make for this to happen?
- There is a temporary solution currently in place for stroke services, is that proving to be a success?
- Enough beds?
- Publicity states to act fact – how can adding to journey help?
- How do the proposals marry with the 'National Fast Campaign' travelling from South Tyneside to Sunderland does not seem to tie up with this.
- How many beds were there at South Tyneside stroke unit? How many will be at Sunderland with this option?
- Very limited vision. It needs to include home care as well i.e. stroke patients can spend extra time in hospital awaiting care plans to be invoked and implemented.
- In very acute cases would a doctor be sent out with ambulances?

Paediatrics

- Why South Tyneside and City Hospital Sunderland, not South Tyneside & Gateshead?
- Inpatient care for children – particularly those who will really be in for some time. For those still in education can liaison between schools/colleges be improved so that, where possible, the young person does not drop far behind in education. It is an important link with their care package after discharge.
- Clarity around cost in option 1 and savings in option 2. Need the same for both options. Option 1 cost 370k more, option 2 saving of 220k, option 3 should leave as it is. Has this been meaningfully considered?
- Link between clinical mental health identified at school via various agencies may have to be addressed at hospital. Should be links between family's agencies and hospitals.
- Where are the options for disabled children and young people?
- How will opening times and what people should do out of hour be publicised?
- Capacity in operating theatres? Moving paediatrics to Sunderland not enough equipment – what are the plans?
- Mental health issue with children – addressed by social care and local LA. Link through to hospital, joined up thinking.
- Will staff lose jobs as a result of these options?
- Have options that have been put forward by staff at South Tyneside been fully explored and considered?

- Would senior nursing staff be available in South Tyneside wards to advise if necessary? If family turn up (on A&E)?
- If the ambulance is called just before 8 will they tell the mam which hospital they would be sent to?
- If reducing the services at South Tyneside from 24 hour to 12 hour, how would it cost £370k?
- Why is the South Tyneside short stay only 1000 fewer than Sunderland? Are these figures accurate?
- Can we see visibility of staff views and options they may have presents and why they were not take forward?

Consultation

- The proportion of members of the public attending the consultation meetings. What plans are in place for ensuring engagement is much improved for the September round of meetings?
- Why isn't the current position show in the documentation alongside new documents?
- Is there a report which highlights why the 3 options are on the knife-edge at being unsafe?
- Why didn't someone properly proof read the document before it was printed? It is obvious the 6 minutes is not a practical time to go from South Tyneside to Sunderland. If this had been checked there would not have been so much hostility and bad feeling especially from South Tyneside.
- Is there a deadline for consultation?
- Will the decision be made by CCG using info heard in the sessions? Is it a done deal already?
- PPG's aren't getting communications from CCG. Since Julie Whitehouse left – Anisah introduced.
- South Tyneside consultation keeps being mentioned. All consultation should be done equally between South Tyneside and Sunderland.
- Can the survey be poste back?
- Durham, will the consultation also go out to parish councils?
- Consultation is also not in North Durham, only the launch, not all of the events.
- Will the CCG decision be based purely on the money?
- Asked thoughts on what you have hear so far – could we have the 'list' of what the presenter said so we can talk particularly on that?
- There hasn't been sufficient engagement with public need to get sharp at it!
- Keep mentioning the consultations. All of the consultations should have been done in Sunderland and South Tyneside at the same time.
- Only event to place in Durham was the launch.
- On the consultation with Durham will the information go to the wider area?

General

- South Tyneside logo is choice, where is the patient's choice?
- Why answer the questions in the middle of everything? It's supposed to be a table discussion. Should I have put everything I'm thinking about every topic on 'post-its' straight away?
- If the two CCG's have opposing views, who arbitrates to get a final model?

- Urgent care, drop in centres, 111 service, ambulance service must have better staff capable of realizing what's better. Diagnostic skills are required at the earliest possible stage, even to avoid misdiagnosis. How can this be achieved?
- To what extent have the local authorities been involved in the plans?
- 111 triage questionnaire to ask at an early staff whether the patient already has a disability/disabilities as this may impact on the pathway the patient needs to optimize their care.
- Does critical mass apply with the emergency services in the same way as stroke services?
- If so many of the difficult patients are delivered in Sunderland what resources will be allocated to stop the commitment reduction in Sunderland's quality indicators?
- Refers to a lot of information on website – why isn't it made available in the documentation? Not everyone has access to computers.
- Ian Martin said it was him who built up the Maxiofacial unit? Sunderland is not an expert hospital it is a foundation.
- Where is easy-read?

Travel/transport

- You wait longer for ambulance now what will it be like if you have to travel from South Tyneside to Sunderland? The waiting times are getting longer.
- Have NEAS got capacity for extra South Tyneside patients?
- Are Nexus involved with transport discussion?
- Access to non-emergency elective care?
- Transportation costs to people in South Tyneside? What is the increased cost for buses, metro etc. These will largely be people with low incomes.
- Will some of the savings be transferred to the ambulance services to help with extra pressures on ambulance service.
- Travel: get members of the public to do the travel from one hospital to the other at different times of the day and night and the cost of travel of public transport.
- How can the public find full report/risk assessment on each option from NEAS.
- How can appointments be synchronised with public transport? i.e. patients taking children to school – attending hospital – using public transport.
- Are the consultants speaking to Nexus and Tyne and Wear Public Transport Group?
- What is the projected increased number of parking spaces needed? What is being done to facilitate this problem?
- Rules for patient transport and 'carers' and multiple journeys?
- What is the impact on patients, friends, family, carers of these changes?

Health

- How can social services improve their involvement in the development of care packages. There is some concern that there is a lack of disability awareness. It is important that people are treated as a whole not just a condition. The care plan should encompass any other disabilities the patient may have.
- Given the reduction in homeless services and supported housing how will the health consultation include marginalised groups?

Workforce/staffing

- Will process reduce locum costs?
- It costs £1m for specialist locum doctors. How much does it cost for agency nurses? We charge £9k per annum for the privilege of becoming a nurse yet recruit from other countries. Surely we need to look at training and recruitment of specialist nurses too?
- Are savings identified resulting from staff cuts?
- How confident are you that you can meet the staffing requirements of the 'Path to Excellence'?
- What is the training programme locally for doctors and nurses and is it sufficient?
- South Tyneside Hospital will become a less attractive place to work – what impact on local economy and housing will this have?
- South Tyneside will potentially lose a huge amount of acute care. What will happen to all of the staff from these areas?
- What high-tech resources will be put in to support enhanced teams across the two sites?
- If you went to speak to staff in March – May... when did you seek information from staff as options were put together in December?
- At start of launch you wanted to attract more senior staff. How confident are you that you will attract the staff?

Capacity

- With specialities merging are there extra beds?
- What is the projected number of increased patients at Sunderland Hospital? Do we currently have capacity for this increase?
- Will there be enough beds in Sunderland for these plans?
- What happens if the numbers do not present at Sunderland Royal, will it eventually close services like South Tyneside?

Out of hospital

- Vanguard system referred to Leechmere Control Centre doesn't seem to be working.
- CHPI questions integration with social care – staff and skills etc.
- Saying it's the responsibility of Sunderland Council is inadequate as both the Health Services and Council should be working together.
- Is there any additional funding from CCG to fund services in the community?

Questions in room

- If staff came forward with option 3, who put forward option 1 and 2?
- Sunderland is not a hospital of excellence. We are the regional lead for urology.
- Can send survey in?

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	5
People	3 x Unison 1x NHS staff 1 x patients and public
Facilitator	Jackie Burlison
Scribe	Alex Rodger
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Open and honest conversation
- Ask the questions you want to ask

Thoughts on what we have heard so far?

- Reason for doing this vacancies in posts. How will this alliance help to fill the posts?
- + Economy of scale – we can't let it continue the way it is.
- Concern as this has been going on for some years. I asked before can you guarantee staff vacancies? They said no.
- Will staff be rotated between two sites? 60% of population do not have a car so it will be difficult.
- If you are in hospital for any length of time you need family to visit.
- = In Durham and Darlington a bus between sites did not work.
- Patient transport does not always work. 8am pick up for noon appointments.
- If you are working you do not always get paid for time off.
- Will CCG's make the decision on what is presented or on what they want?
- You know the answer to that one.

Table discussion

Stroke services
What are your initial thoughts on stroke services?
<ul style="list-style-type: none"> - How did they make the decision that Sunderland was going to be the centre of excellence? - Beds – how many beds are they at South Tyneside and Sunderland? Loss of bes impact overall? Total bes combined impact? - Specialist care/continuity of care – how does that transfer? = I think there is another option – for Gateshead/ Newcastle and Durham and Darlington. Acute in Sunderland and all rehabilitation in South Tyneside. <ul style="list-style-type: none"> - Are savings from staff cuts? Economy of scale!
What are the positive aspects of this option?
What are the negative aspects of the option?
<ul style="list-style-type: none"> - Stroke = brain - FAST adverts – how does relocating to one place improve quality of care?

- Thrombolysis and scan within 90 minutes. Take in to account time before patient is found and even in hospital they tend to leave patients on the same ward to reduce time in hospital.
- A lot of rehabilitation is local government. Is there additional funding for community care from CCG's?

What could be improved?

Maternity and women's healthcare.

What are your initial thoughts on maternity and women's healthcare?

- Happened in Hartlepool. No child was then born in Hartlepool and the same in Bishop Auckland.
- + I've got a choice of MLU or CLU and chose CLU as no guarantee of risk.
- My daughter had baby in Newcastle and was low risk in MLU and ended up in CLU.
- Are the vacancies in South Tyneisde or Sunderland for maternity?
- Is NEAs risk assessment available?
- If you take away specialists what is life expectancy of MLU or South Tyneside?
- Recruitment problem.
- Removal of SCBU in South Tyneside? Not just about births.
- = The 2 options are the same aside from MLU in South Tyneside.
- You get option 2 by default.
- Each hospital should have SCBU.
- To improve option 1 there should be a no change option.

What are the positive aspects?

What are the negative aspects?

What could be improved?

Paediatrics

What are your initial thoughts on paediatrics?

What are the positive aspects?

What are the negative aspect?

- What happens after 8pm?
- No admission to South Tyneside at the moment, but 24 hours, why is it costing more when it is reducing a service?
- reducing quality of service?
- They keep using national figures and not local figures.
- A third option was put forward which did not pass hurdle criteria.

What options put forward by other staff have been fully explored and costed?

- Documentation needs to be clearer in terms of costings.
- Consultation document photos imply staff support options that they have not been in involved in it looks like they are involved.

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	6
People	
Facilitator	Gavin McPake
Scribe	Hannah Jeffrey
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Listen – don't talk over each other.
- No foul language.
- Showing respect for others around the table.

Thoughts on what we have heard so far?

= Top priority needs to be travel. Cost for patient and family. Can't get direct bus from South Shields to Sunderland Hospital.
 - Travel report flawed – information incorrect (e.g. 6 minutes longer to get from South Shields to Sunderland).
 = Councillors asked to be involved in travel work
 - Patients in Sunderland don't know where South Shields Hospital is – people might be anxious.
 = Need to test routes – not just desktop exercise.
 - Taxis £25 one way from one hospital to the other.
 = Public transport has to be key means of transport/travel.
 = Bringing specialist nurses – encouraging people to train locally.
 - CCG affordability as well as best quality services.
 - Sunderland cannot cope now. Things will be worse.

Table discussion

Option 1 – stroke services

What are your initial thoughts on stroke services?

- Don't believe excellent care is provided in Sunderland now.
 + Nurses/doctors doing a good job. Good technology.
 = How do we make it work?
 = Public want excellent service on their doorstep.

What are the positive aspects?

+ If you're getting excellent care in Sunderland then might be better than South Shields.
 + Would rather survive.
 + All options are good for Sunderland patients.

What are the negative aspects?

- Lack of joined up communication across all of the systems/teams.

- Bed blockers – patients moved inappropriately to rehabilitation units to get the mout of hospital (not specific to stroke patients). - Only option 1 is affordable – 2 and 3 are not sustainable.
What could be improved?
= Will scanners be put in ambulances? Quicker medications? = Work in community needs to run alongside and likn to this process.

Maternity and women’s healthcare.
What are your initial thoughts on maternity and women’s healthcare?
= Option 1 is better – it needs to be affordable. = Outpatient follow ups in local care.
What are the positive aspects?
+ Both options acceptable.
What are the negative aspects?
- Concerns when South Tyneside low-risk birth becomes a high risk birth. - Concerns about lack of staff. - Concerns about capacity to deliver with increased numbers at Sunderland.
What could be improved?

Paediatrics
What are your initial thoughts on paediatrics?
= Public’s perception of nurse-led units – they don’t realise how highly competent and skilled they are. = Things should stay as they are.
What are the positive aspects?
What are the negative aspect?
- Patients may still present outside of these hours – delay to transfer patients. - Public don’t know where to go – what are the options, too many options. - You want to go to the nearest hospital whe a child isill – you want to be treated on your doorstep. - Concerns with both options. - keeping it as it currently is won’t work. - Hard for staff to contril this when they’re worried patients will turn up and will get worse.
What could be improved?

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	5
People	1 x Government, 1 x NHS staff, 3 x public
Facilitator	Emma Marshall
Scribe	Jenna Thompson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Make sure everyone has there say.
- Be polite

Thoughts on what we have heard so far?

= Nursing staff – doubling up staff hours. Where are they going to get the nurses? Abroad, will they be up to our standards? How long will it take to train them?
 - Patient forum – Ashburn doctors advise that there is a huge shortage in this area. Most male doctors prefer locum for the high fees.
 + Daughter applied for midwifery training, couldn't think this has changed.
 - There is a change in skills sets – is the solution, not to train existing staff?
 + Happy that the options haven't been decided upon.
 = Capture stroke evident as went along since December, important to capture service users for all options/services.

Table discussion

Option 1 – stroke services

What are your initial thoughts on stroke services?

= Pg 41 – Far between D – E?
 = Pg 51 – Move to A - B – How are we going to make the move?
 = If A – B exist in hospitals already why is that being used as best practice?
 = How are we different to the top scorers?
 = If I was living anywhere in these areas option 1 is the best.
 = Why haven't all hospitals got the same facilities?
 = Option 1 – when you get discharged when is social work involved with care plan that has been discussed?

What are the positive aspects?

+ If you have specialists in the same area there will be a better quality of care.
 + Option 2- Family and locality properly understand value of option 2, capacity issue at the moment.

What are the negative aspects?

<ul style="list-style-type: none"> - If you put all options at Sunderland is there enough bed in the hospital? - Option 1 – In stroke unit they need to see 600 people to keep their skills up – hospitals that aren't seeing that need to be in figures. - Option 3 – three days is too short. - Option 3 – not worth considering
What could be improved?

Maternity and women's healthcare.
What are your initial thoughts on maternity and women's healthcare?
<ul style="list-style-type: none"> = Option 1 – savings, is there any financial figures not listed. = Whatever the quality of care needs to remain the same. = Personal experience is important in decision not just professional.
What are the positive aspects?
<ul style="list-style-type: none"> + Under option 2, going in to the community you see more in people's homes than out. + Option 2 – more savings. + As long as there is enough midwives to cover option 1 – I'm happy.
What are the negative aspects?
<ul style="list-style-type: none"> - Option 2 doesn't make economical sense. - From a safeguarding perspective you're putting women at risk not having them in the community. - Option 2 – If I was a South Tyneside patient I would say you're taking away comfort.
What could be improved?

Paediatrics
What are your initial thoughts on paediatrics?
<ul style="list-style-type: none"> = At the moment is it 24 hours at both of the hospitals? = Option 1 - New A&E facilities are great and busy. How are you going to manage children who are well enough and don't need to be seen in A&E? = Haven't got a preference. = Don't understand the difference in options.
What are the positive aspects?
<ul style="list-style-type: none"> + All A&E, community staff are spot on, Beds are issued. + Option 1 - New assessment unit works in SRH. Witnessed first hand the surgery in SRH.
What are the negative aspect?
<ul style="list-style-type: none"> - When talking about services for children and young persons, they never talk about disabled children. We try to avoid staying at hospital because beds aren't appropriate. - Option 1 – not clear if it is suitable for disabled children. - Option 1 - What doesn't work is the changes at Bunnyhill and Grindon. - Option 1 - Patients of South Tyneside go to QE depending on locality. - Option 2 – Could be viable in Sunderland, what does South Tyneside have?
What could be improved?
<ul style="list-style-type: none"> = Option 1 – tweak options for disabled children. It needs to be investigated more in depth the effects of the option.

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	Unknown
People	Patients and public
Facilitator	Alison McNally
Scribe	Susan Clark
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Let everyone have a say
- Respect what everyone wants to say

Thoughts on what we have heard so far?

+ Pleased to hear you're looking at transport issue as it is most patients biggest issue with relatives to visit at least once a day. Older people can't drive any longer. In the area I'm in there is a high number.

- In South Tyneside there is a lot of unemployment and poverty - to get into hospital.

- People use ambulances as a taxi to get in to hospital and if they're not in labour, they can be sent home and have no money for a taxi.

= Only take patients after 32 weeks gestation, if sooner we have to find a cot, can be from anywhere in the North East. Blue light ask if patients are breathing/conscious which they are so we need to prepare for delivery and inform paediatrician and special care baby unit. If in the proposals, how does this work?

- Alcohol foetal symptoms – more awareness of alcohol use and substance misuse can equal premature baby – this will have an impact on transport/transfer to another hospital.

+ Not adverse to midwife free-standing unit but if need transfer rely on NEAS.

= Putting pressure on already stressed services.

= Knock on effect on other services?

- It's about merging South Tyneside and Sunderland services no representation from South Tyneside Hospital on panel.

- Transport issues are huge – added time to travel.

- All men on panel especially when two services are women focussed! Nurse representative?

= What is a local community stroke team and what does it do?

Table discussion

Option 1 – stroke services

What are your initial thoughts on stroke services?

= Quite surprised Sunderland is lower percentile in treatment – Alexander rehabilitation unit, increase state of the art intensive care unit – how are we doing so badly? (Mr Ian Martin addressed this explained measures and standards consolidating medical expertise wider patch –

evidence number in hyperacute model. = Mr Ian Martin (discussing option 2/3 – step down) – Imagine cross fertilisation of staff across Sunderland and South Tyneside, so no difference in standard of care. Don't have senior stroke consultant currently – not an option to have a stroke unit – don't have one now as no senior consultant.
What are the positive aspects?
+ Option 3 – think if resident of South Tyneside - can understand having three days – longer periods travelling can be really hard. If husband and wife not just going to go once a day – twice a day. + What is see is that they are trying to reconfigure and move things around a bit. E.g. Uncle lives in Grimsby, taken to Scunthorpe. All patients are moved to there - 27 miles.
What are the negative aspects?
- Saving a life is different from quality of life afterwards – support that follows immediate emergency – then what happens? - How seamless is this going to be for people of South Tyneside – option 2 after 7 days moving to a different team in South Tyneside they have never met before. - Option 3 – unless mild stroke think after 3 days too soon to travel to different location and resettle. - Feel all options – South Tyneside is disadvantaged. - Concern if all these moved to Sunderland what happens to South Tyneside?
What could be improved?

Maternity and women's healthcare.
What are your initial thoughts on maternity and women's healthcare?
= Option 1 – Definitely better system than option 2 – because you would have no births in South Tyneside. = Amount of population in South Tyneside should be an option 3 to stay as it is – 1300 births no reason why consultant can't rotations. If they are/can recruit in Sunderland for obstetricians why not in South Tyneside? Sunderland have 12/14 obstetricians and there's about 5 in South Tyneside why can't we share them? = Sunderland take premature less than 32 weeks, South Tyneside 32 weeks onwards. SCNU is well equipped – staffing issue – could be rotated between Sunderland and South Tyneside? Be able to cover shifts – give staff wider opportunities, different deliveries – better water birth facilities in South Tyneside.
What are the positive aspects?
+ Option 1 for us and population better still a choice to have a baby in South Tyneside if you wanted.
What are the negative aspects?
- Apart from one obstetrician and midwife staff are not consulted. I'm a senior staff member and had not been included – I know who was but it was all kept in the dark. - In South Tyneside we have more women choose RVI and QE (250) – than Sunderland (50). If choose option 2 more likely to have less people choosing Sunderland – so what happens to South Tyneside staff if they don't need extra staff in Sunderland? - Already business case – where will staff be deployed? - Wouldn't be a postnatal ward after deliver in delivery suite – then transferred home. No

postnatal ward?

- Free standing midwife led unit – emergency doesn't happen like that, experiences midwife will see signs. Not against a free-standing unit – outcomes can be better. Mums do their own thing – obstetrics unit more interventions happen.

- Categorisation of low risk – would you get enough numbers through the doors (320 in street). Would you get this – to keep unit open. In option 1 – How long are they going to give us to get numbers up to expected?

What could be improved?

= Join services working across Sunderland and South Tyneside would make it more attractive for recruitment.

Paediatrics

What are your initial thoughts on paediatrics?

= Figures – only 2000 more attendees in Sunderland in a much bigger place – whereas combined 39,000 in one place – merging two A&E's.

= Sunderland set up walk-in triage at Pallion WIC to be triage which may be the reason number that enter Sunderland is lower.

= Option 1 is better but poorly child after 8pm and transport is another issue, cost, probably got to Newcastle rather than Sunderland.

What are the positive aspects?

+ Option 1 would seem to be best for South Tyneside resident.

What are the negative aspect?

- Option 2 at South Tyneside is no better than a walk in centre.

- Will end up going to A&E, don't want to go there especially on a Friday and Saturday night – not with a child. People with children will panic and go to A&E. Could filter out in to WIC/drop in centres.

What could be improved?

= Think should be 24 hour – if nurse led, even if it was from 8pm at night – so 12 hour paediatrician than after nurse led.

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	
People	
Facilitator	Austin O'Malley
Scribe	Richard Glover
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Thoughts on what we have heard so far?

- Go North East using buses without ramps.
- Transport difficult from South Tyneside – issues with specific buses.
- People sent to industrial estates to visit private clinics without adequate parking and/or transport links.
- Patients stuck in hospital as aftercare is not ready (or in place).
- Change: happens too fast – not enough time to assimilate new info. Reasoning behind change must be clearly explained.
- Patient choice – feedback = great in theory, very difficult to do in practice.

Table discussion

Option 1 – stroke services

What are your initial thoughts on stroke services?

What are the positive aspects?

What are the negative aspects?

- concerns over misdiagnosis. Pre-admission (off topic)
- concerns over loneliness – if hospital is far from home – harder for visitors to get there.
- General concerns over transport.

What could be improved?

Maternity and women's healthcare.

What are your initial thoughts on maternity and women's healthcare?

- Participants felt there was an inference that everything will be moved to Sunderland.

What are the positive aspects?

What are the negative aspects?

- Questions around closure of A&E at South Tyneside – is this going to happen?
- Can ambulances cope with additional travel incurred?

- Are there enough beds?
What could be improved?

Paediatrics
What are your initial thoughts on paediatrics?
What are the positive aspects?
What are the negative aspect?
- Concerns around availability of mental health services. How will these proposal options affect links between different services.
What could be improved?
= "Can't work in Sudden Infant Death Syndrome." Focus on health where as we need to take a step back and think about all aspect i.e. social services, education etc.

Date	26 th July 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Consultation Discussion Event
Time	1 – 3 pm
No. of people on table	Unknown
People	4 x patients/public
Facilitator	Helen Ruffell
Scribe	Gillian Johnson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- When someone is speaking don't interrupt – listen.
- Accept what is said.
- One person speaking at a time.

Thoughts on what we have heard so far?

- = Deadline for consultation?
- = Details in document for locum doctor costs – where are they and where are the costs incurred?
- = Is the process going to reduce locum costs?
- = What is the training programme locally for doctors and nurses – is it sufficient?
- = Will there be enough staff with the right skills?
- = Will there be enough beds. Before and after?
- = Will there be good access to non-emergency or elective care?
- = Will care still be good quality?
- = Will care be supplemented/supported by social/outreach care?
- = Equipment – operating theatre capacity.
- = Will there be enough in Sunderland if paediatrics moves? Also incubators?
- = CHPI – transformation/ NHS networks – lots of information.

Table discussion

Option 1 – stroke services

What are your initial thoughts on stroke services?

- = Option 2 – more needs to be clinically appropriate.
- = TO what extent in LA interested and involved in the change of plans including outreach/transport?

What are the positive aspects?

- + Option 1 - beneficial, one unit with all skills/specialities in one place 'centre of excellence.'
- + Option 1 - is above because geographically fits model.
- + Option 1 – Beds may be freed up due to people being discharged sooner.
- + Option 2 – might like to be nearer family after 7 days.
- + Option 2 – good option, like this one best.

What are the negative aspects?
<ul style="list-style-type: none"> - Option 1 – not sure, are there enough beds in Sunderland to deal with more numbers? Has there been more beds and more staff in Sunderland? - Option 2,3 – Will patients lose out on medical expertise by being in South Tyneside? - Option 3 – feels too soon - Option 3 – may not have appropriate skills in South Tyneside – specialist care. - Option 3 – doesn't feel like such a good option.
What could be improved?

Maternity and women's healthcare.
What are your initial thoughts on maternity and women's healthcare?
<ul style="list-style-type: none"> = Option 1 - Will there be enough facilities in Sunderland to cope eg Theatres/incubators. = Option 2 – some feel risk is not increased.
What are the positive aspects?
What are the negative aspects?
<ul style="list-style-type: none"> - Option 1 - What happened when low risk birth changes to high risk unexpectedly? - Option 1 - Feel like a big change for people in South Tyneside. - Option 1 - What happens in South Tyneside if babies are poorly – will there be trained staff/enough incubators? - Option 1 - Loses a facility that should be maintained? - Option 2 – feels like, to some, too high risk to have no birth though in South Tyneside. - Option 2 – loses a facility that should be maintained. - Option 2 - not enough savings to make a difference – go for option 1 or keep current model
What could be improved?

Paediatrics
What are your initial thoughts on paediatrics?
What are the positive aspects?
<ul style="list-style-type: none"> + Think option 1 will work better than option 2. + Prefer option 1 as need access to specialist consultant but would prefer access to consultant at all times.
What are the negative aspect?
<ul style="list-style-type: none"> - Option 1 – for people in South Tyneside how can you take a sick/injured child to Sunderland (8pm – 8am)? - Neither option is great. - Would prefer service to stay as it is, Both facilities/staff that are fit for purpose. - Can Sunderland cope with an influx of patients? - Option 2 – Don't like this option as confusion about where people should go. - Option 2 – should not even consider this option. - Children of South Shields are not being offered a good option. - Option 1 and 2 are not clear re funding. Is option 1 an increase? Why does it cost more? Lots f

concern re cost and money.
What could be improved?

Date	26 th July 2017
Venue	Sunderland Software Centre
Event	Focused event on stroke, maternity, and paediatrics services
Time	1pm – 3:30pm
No. of people on table	6
People	4
Facilitator	Wendy Hadlington
Scribe	Anisah Sharmeen
+	Positive sentiment
-	Neutral sentiment
=	Neutral sentiment

Table rules set:

- Respect each other
- Allow everyone to speak
- Equal voice and equal opinions

Thoughts on what we have heard so far?

= In regards to travel have they included nexus and Tyne and wear travel
 + Easily understood what was said
 - There is not enough feedback from patient groups
 = How do we know that the DR's information is up to date
 =Can you change GP's as often as you'd like?
 =There are a lot of GP practices merging because of the lacking of staff

Table discussion

Option 1 – stroke services

What are your initial thoughts on option 1?

=What does the local community stroke team actually do?

What are the positive aspects of this option?

+ It is the most cost effective option
 +it is a more specialist approach
 + It's a good hospital
 + this option is more positive for Sunderland people
 =most of these options are positive for Sunderland patients, it would be a different view for South Tyneside people

What are the negative aspects of the option?

- This adds more load and pressure on patients families
 - Transport will be a major issue
 - If you have no experience of dealing with a stroke patient then it is difficult to understand the benefits of the extra time for transport.
- = Are there extra beds in hospital, with the services merging?
 = In acute cases would they send out a DR with the ambulance? (They do this in

Manchester?)
What could be improved?

Option 2 – stroke services
What are your initial thoughts on option 2?
What are the positive aspects of this option?
+ Spreads the load of acute and recuperation + Option 2 is better, as its getting people nearer to home in South Tyneside
What are the negative aspects of the option?
-Has the ambulances got capacity to move around patients between South Tyneside and Sunderland.
What could be improved?

Maternity and Women's health services
Thoughts on option 1?
+ midwife led low birth unit takes pressure off Sunderland +concentrates on urgent cases =Both options are very similar
Thoughts on option 2?
-There is too much pressure on Sunderland -This option has one less choice =Vast majority of births are normal =How many consultants are there? What are the numbers? =Gives reassurance that there is a consultant there. = My personal experience was that everything went fine but it is not black and white. = If a baby is born at South Tyneside free standing unit, how likely is it that babies will need special care? =Do ambulances have facilities on board?

Children and young people's services
Thoughts on option 1
+Option 1 is better because you have doctors. +This option is better for patients =Would senior nursing staff be on wards to offer advice during nights? + First option is better for emergencies, but this depends on what happens on a night.
Thoughts on option 2
=Having part time opening hours can be confusing around the times -You need to publicise and address the confusion between both hospitals. -What happens outside of these times?

-Option 1 confuses option 2 around times.