

The Path to Excellence travel and transport event on Wednesday 4th October was attended by 52 people.

Approximately 20 people chose not to take part in the facilitated table discussions and sat at the back of the room.

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.

Table 1

Facilitator: Alex Rodger
Scribe: Lisa Anderson
People on table: 7

Ground rules:

- 1 person speaks at a time
- Be respectful

Table discussion 1 – other issues?

- Bus operators will only run buses if practical.
- The CCG could subsidise bus service – secure a service when the Local Authority subsidise a bus company to run the service.
- If you want to run more bus services South Tyneside rate payers need to pay, then cost to use the bus = paying twice.
- When/if NEXUS says no to extra services – what happens next?
- Bus operators should have been invited.
- Question to NEAS: As we are transferring children and new-born babies from South Tyneside District Hospital (STDH) to Sunderland Royal Hospital (SRH) will there be a paediatric trained paramedic on transfer as children are different to adults?
Reply from NEAS: All paramedics have some standard training and are trained for paediatrics. We don't have specific paediatric vehicles.
- Question to NEAS: Ambulance times – they have to queue at A&E when there are no sufficient beds – how will this affect 12 minute transfer time?
- Question to NEAS: Have you built into model a capacity expansion? If so, what is this based on?
- You get picked up in an ambulance and get transferred to the closest hospital (for illness related) Residents could end up in Whickham or Gateshead not just Sunderland

Public transport:

- Need a direct bus service, the direct service needs to be reinstated. The bus service from South Tyneside to Sunderland goes all through the borough and is not currently going to Park Lane. A bus operator needs to provide the service – Go North East reinstate.
- A1 and A2 routes need to go back to park lane, this will help but is not a solution.
- Want to go direct without changing, we need several buses on a borough wide basis – not just one bus service, that will take too long.
- Also need a direct bus service from Sunderland to South Tyneside hospital also. If the eye service moves to South Tyneside it will be outpatients only.
- Overnight we need a 24 hour patient mini bus service to take people back to their home.
- How do you get a child who is disabled from one place to another overnight?

Patient transport:

- We used to have a community transport service which is not available anymore.
- The taxi card facility is not for everyone.
- People who are unemployed won't use them for transfers.
- Bus passes can be used by the elderly and so costs aren't an issue, as they can also use them on transfers.
- No money to fund services they need.
- This should have been done before as people are anxious.
- Staff won't pay therefore park in neighbouring streets.
- Patients will also choose to park in neighbouring streets.
- Going to increase South Tyneside staff car parking costs in line with Sunderland.
- One option is building a multi-storey car park at South Tyneside.
- We have been told that transfer and services will be two way – the only thing in proposals to mitigate transport issues is car parking, therefore are they going to increase the number of parking spaces at South Tyneside and/or reduce parking costs.
- Parking at hospitals is an issue. I represent a ward which is impacted by car parking at South Tyneside hospital.
- Patient transport is more important than visitor transport.
- Stroke – if the acute rehabilitation isn't returned to South Tyneside then relatives be travelling for longer. Want patient to get well and have the best outcome, and for health and mental wellbeing patients need visitors.
- Same thing as the public need transport/bus.

Solutions:

- Multi storey car park at South Tyneside.
- Stop parking charges for all staff and patients.
- Staff to use multi-story car park which is separate to patients – also safer as they will leave through a separate entrance.
- Free up space for patient parking.
- Parking cost should be free.

Table 2

Facilitator: Helen Ruffell
Scribe: Aaron Tucker
People on table: 6

Ground rules:

- Listen to each others opinions
- Respect opinions
- Ask for clarity
- Please don't speak over each other
- No finger pointing
- No facting

Discussion 1

- The field test hasn't taken into account heavy traffic and the impact of accidents and match days.
- Taxi fares are £11 a day and £16 after 10pm
- Booking PTS ambulance - need 5 days notice
- Only 2 prams on a bus at one time
- Wheelchair priority over prams – access to buses
- Hospitals won't pay for taxi fare re-imburement

- Child with chronic condition put in danger, can do journey in 8 mins currently, increase in travel time
- Lack of transport or a bad experience?
- Regularity of buses, used to be every 10 mins, now every 20 mins
- Why is there no hopper service between sites (needs to be well publicised)
- Bad experience with advice given by 111
- Waiting time to transfer a child – urgent transport wait up to 4-8 hours wait longer when it is in a place of safety. When paediatric changes happen the place of safety at STFT will not be there.
- How can we make sure the three options are safe if NEAS haven't responded?

Discussion 2

Clinical transport

- It's going to cost to put a solution in. Does it cost more to make the change than it saves £750k v £300k saving?
- About keeping as much as you can in South Tyneside, ante-natal, scans etc

Patient Transport

- The cancer care, 'Daft as a brush' idea – could this be made a wider service or involve other charities?
- Patient transport should not be means tested, but be available to those who genuinely need it.

Visitor and relative transport

- Viable transport, more direct routes, adaptable
- Hopper shuttle bus, but would need subsidy
- Alter grounds to allow bus into grounds
- Through ticketing S Tyneside – Sunderland and vice versa
- More education make it easy to understand for the public

Table 3

Facilitator: Gavin McPake
 Scribe: Kate Hudson
 People on table: 7

Discussion 1

- Healthcare travel customer scheme to those on low income – there is a narrow group of people who fall into this category.
- You have to pay up front and be reimbursed. You can be reimbursed immediately at Kayll Road entrance.
- There is a metro reliability issue – very unreliable. Need to feed this in to Nexus.
- Concern about metro safety at stations.
- Need greater clarity on travel times – offers to do field-testing.
- Query re urgent transfer taking 12 minutes - check with Graham (NEAS).
- Stroke service preferable to have rehab local in South Tyneside.
- Patient experience will benefit from having visitors.

Discussion 2

- A free 'Hopper bus' is the only solution between sites/around localities. You can get on at various points but only disembark at hospital sites. This is considered appropriate use of NHS funding. Needs to be free to use and wheelchair accessible.
- There was concern that by proposing solutions this is considered endorsement.
- Solution in report re information is not a help – query education re transport options.

- Charitable patient transport.
- Any scope in technology – not for older generation.
- The same acknowledgement that in some cases travelling further for better service is appropriate – would be a very different conversation in different parts of the service.
- Public transport operators will be richer but residents poorer.
- We want to know what the bus companies have to say.
- Scrutiny committee have been told services are going to be moved to Sunderland – what long term plans are there to improve car parking at South Tyneside?

Table 4

Facilitator: Jo Farey
 Scribe: Liz Davies
 People on table: 4

Discussion 1

- NEAS targets – goalposts moved by the government - £750k for an extra crew – where does that come from? Need more than one ambulance.
- How do you currently categorise maternity cases? Rapid response can take up to 50 minutes.
- The calls are downgraded by NEAS from an 8 minute response.
- Overnight transport between two areas is a big issue – you are asking the public to come up with solutions/mitigate risk – how can you say these three services are safe?
- There is not clear evidence re NEAS in order to consult properly.
- Lack of facts options that are not options.
- High unemployment/poverty in South Tyneside – people can't afford to get taxis.
- Women can't afford to go home currently from maternity at South Tyneside.
- Parents don't apply for free school meals so how will they apply for transport help.
- Hartlepool/Stockton have a minibus service – but who pays?
- Sunderland Royal Hospital (SRH) is getting all the resource.
- Rumour mill is preventing people coming to South Tyneside District Hospital (STDH).
- We need more honesty about the alliance – is it a merger? This might give people more confidence to come/recruit.
- Welcoming environment at SRH – it is massive, daunting for relatives.
- A relative has spent 2 months in SRH suffering from a stroke – would his outcome be different if he was in South Shields?
- If none of this can be resolved what will the CCG do?
- When does a service not become 'local' as we know it?
- There is unique geography in South Tyneside – coast and cliffs. Affects the timing getting to hospital.
- There is concern that we are losing local skills that we've got. We need courage to protect services locally.
- Dispute 20 minute time to SRH from South Shields. There are lots of bus changes and this is particularly difficult for mums with kids. Whiteleas takes 3 buses, Hebburn 2/3 buses – therefore, not 20 minutes with lots of bus connections.
- To get to SRH by metro you would have to go to Pelaw first and then 10 minute walk from metro station.
- Is the field testing late at night/overnight?
- Cleadon Park to Sunderland bus station £3 and takes 78 minutes – had to wait 20 minutes for bus to SRH plus 10 minutes if you go from South Shields town centre rather than Cleadon Park.
- Car parking charges are high.
- Consultation doc says 800 m walk from Metro to both hospitals.
- How will anyone without a car get back to South Shields from Sunderland (patients and families/visitors).
- This area has low car ownership and taxis will cost a lot – how are you going to support

these families?

- Why are we talking about alternative hospitals – RVI/QE etc.
- Metro system is very unreliable – how will sick people cope?
- The transport analysis is not accurate.
- Travel time takes 40 minutes from South Shields to SRH and that is without finding car parking space etc.
- Need to have more information for visitors as SHR is very big.
- Why can't we share the consultants across both sites?
- This is about time/cost for the people of South Tyneside.
- Feel as though the hospital is being taken away.
- Stroke unit in SRH is first class – under no illusions about that – why can't we have the same investment at South Tyneside.
- The alliance between two successful FTs but everything is going to SRH.
- People can't afford to get taxis.
- As a walking patient leaving home it took me 64 minutes to get to SRH – 1.40 minutes was the overall journey time – would be worse for any vulnerable patients/elderly people. It is not an easy route – a lot of time waiting for connections.
- In 2012 there was a review of bus services because of paediatric changes , but there is still no decent bus service to SRH.
- The timings do not add up at all.
- Staff meeting on paediatrics – a GP said there is only 5% of population with access to a car.
- Car parking charges at the trust are very high and there is a mountain to climb.
- You mentioned 20-25 minutes increase in travel time is average and field testing is ongoing so why are we here tonight – you should have got the evidence first. Evidence will appear later and public won't get a chance to have a say – will the consultation be extended?
- Nothing has been addressed from the scrutiny meeting held in Sunderland and that was over a month ago.
- Stroke: Does the 12 minute transfer time include the time you wait for a blue light ambulance?
- Nexus are waiting for an offer from the CCG to fund better transport links.
- Is the paediatric model best practice?
- Why are we looking again at paediatrics in South Tyneside?
- £40K profit was made by South Tyneside Foundation Trust (STFT) – are you happy to make money out of sick patients – we were told it was 9-5 and now it is 24 hrs. Car parking should be free.
- Will the public see the work plan before it goes to the stakeholder event on the 11th October?
- Discussions with NEAS have been taking place for over a year and we are still no further forward.
- This is just the first phase – what will happen when more trusts come together – what will the overall impact on NEAS be across the region?
- The threat of South Tyneside has been rumoured for so long it's no wonder no consultants want to come.
- Stroke consultants do video links in SRH so why can't we do that in STDH?
- The plan all along has been to close South Tyneside.
- Meeting at council talked about a 'merger' not an alliance between the two FTs.
- This consultation must have cost a fortune and the transport lady still couldn't answer questions.
- Think there will be an increase in demand on 999.
- North Tees situation – people attend A&E late at night and have no means of getting home – can't afford taxi and wait in waiting room until 8am.
- The trust and CCG cannot control Nexus and there are no guarantees.
- NEAS response times cannot be guaranteed – need detail on average response times for actually getting a 999 emergency ambulance – example from maternity: 50 minute

- response – need to look at algorithm ‘is the patient breathing’.
- How is the overall picture/impact for NEAS.
 - 4-8 hours wait for an emergency ambulance when they call for a sick child from paediatrics.
 - Consultation with NEAS for 1 year so what’s the plan – how many more ambulances will there be? Planning on the need for additional capacity in South Tyneside (This came from the NEAS rep).
 - We need 24/7 buses /access to transport.
 - There’s a private ambulance service at the new Northumbria –where does the cost of this come from?
 - We need to make sure that any transport providers have a community interest.
 - People living with a physical or mental disability will really struggle to use public transport.
 - This has been the worst consultation event – you should have had an action plan first – people are not given chance to have a say. At all the other consultation events there were options to be discussed but there is nothing on transport to discuss.
 - Transport solutions are impossible – this is a deprived area and people will ring 999.
 - Discharge transport home for stroke patients.
 - 8 minute request for ambulance took 1.30 to arrive. We called NEAS numerous times and the lady gave birth 5 minutes after arriving at Sunderland.
 - Concerned about stand alone midwifery led unit (MLU).
 - Councilor stated: the Jarrow walk-in-centre went to IRP – you are going to end up in the same position. Get a shuttle bus etc in place now.
 - If reimbursement are an option what about those who can’t pay up front?
 - None of the bus companies are here – we were told this public meeting would include the relevant bus companies – this has not happened.
 - Parent of a 27 week old baby – am I guaranteed an ambulance within 8 minutes? I can currently get to STDH myself within 8 minutes – genuinely scared for my child.
 - Councilor stated: Told by Ken Bremner services will be moving from SRH to STDH.
 - Car parking at South Tyneside – what commitment are you making for SRH extra capacity?
 - We want a commitment to reduce or scrap charges – if not, invest the car parking profit to fund transport.
 - Why does the logo on the travel and transport baseline full assessment report say ‘partnership’.
 - Can the CCG clearly fund transport?

Table 5

Facilitator:	Mick Butler
Scribe:	Bev Frankland
People on table:	4

Discussion 1

- Local services – keeping local skills.
- Dispute statistics – travel times, average times wrong.
- Extortionate car parking charges.
- No consideration of transport back to South Tyneside for those ‘blue lighted’ there – financial impact on families of low income.
- Alternative hospitals – transport is ineffective, doesn’t work.
- SRH is so big – lack of familiarity leads to fear for relatives.
- Time and cost to South Tyneside residents of the proposed changes.
- First class unit at Sunderland – top quality.
- Deprived area - it’s common for the public to ring 999 to get to STDH – cost to NHS.
- Walking patient – 64 mins to City Hospital Sunderland (CHS) – what will it be like in bad

weather. Figures are not correct.

- Unison bus service review in 2012 – broken promises. What lessons have been learned?
- Extortionate parking charges at both trusts.
- Trusts can't control Nexus and other transport sessions – concerns. South Tyneside residents will bear the brunt. 'Mountain to climb'.
- Why have a meeting if you don't have evidence – consulting process?
- It is in the gift of CCG to put cost of transport into transport services – CCG need to budget for this. Failed to do this following Palmers.
- Recruitment – no one will want to come and work in a unit constantly threatened with closure.
- Parking charges – private firms – money making scheme. Raise why taxes could not pay for this?
- Performance of NEAS currently on hitting response times – need to know.
- High proportion of patients currently using ambulances in South Tyneside due to financial issues – can only see this increasing.
- Access: Adds time and takes extra resources – will stretch Sunderland but not really affecting them. Lots of impact on South Tyneside District Hospital (STDH).
- What impact did the review and move in Cramlington have? Need to know what lessons there were.
- Barriers to seeking care & experience: Cost – extra inconvenience for patients – time and finance . Not all emergency service patients go by ambulance
- Culture, tradition - local feelings very emotive.
- Suggestions: System of 'Hopper' buses to help with non-urgent transport.
- Ensure provision available then communicate it to the public.
- Ambulance response times – hospital classed as a place of safety currently – without Paediatrics, A&E at STDH it won't be a safe place.
- Brilliant that you have been in consultation with NEAS for 1 year – now we would like to know what NEAS plans are?
- What % of impact on decision by CCG will transport issues have?
- Maternity care is unpredictable – how does NEAS downgrade cases? What happens to the 8 minutes response downgraded – didn't respond for 50 minutes. We get assurance but in real world it doesn't happen.
- Why is there no discussion about staff transport?
- Clinical transport: Not consulted so won't comment – should have been asked at the start.
- Visitor transport: Impact of lack of visitors.

Patient & visitors

- Designated identified pick up points would be needed – how do you identify them?
- How do you measure demand – more modelling needed.
- Travel plan coordinator employed at Newcastle? Need one at STDH – CHS or one coordinating it all.
- Travel plan coordinator would liaise with all services rather than individuals – broader access increases option. Demonstrate commitment from trusts to patient experience.
- Ring-fence car parking money to fund additional transport options.
- Secure guarantees from NEAS response to support midwifery led service.

Q&A

- At the end of the process what is the long term solution? Why not implement it now, get it trialed and see if it works.
- Public transport operators will be richer but residents poorer.
- We want to know what the bus companies have to say.
- Scrutiny committee have been told services are going to be moved to Sunderland – what long term plans are there to improve car parking at South Tyneside?

Facilitator: Gillian Johnson
Scribe: Sheena McGeorge
People on table: 4

Discussion 1

- Cost – how does someone get to hospital to visit their loved ones when they are dying in the middle of the night? There is no public transport and taxis are expensive.
- One lady mentioned her neighbour's husband had suffered a stroke and had been taken to Sunderland hospital – where he later died. She spent all day travelling back and forward to Sunderland from South Shields to visit her husband and then come back to see to her dog. This took her all day and cost her a fortune. She would have had a much better quality of life if her husband had been in South Tyneside and someone could have looked after her dog, taking the pressure off her.
- Another person fell in South Shields and had to travel to Sunderland for an endoscopy which cost a fortune and they did not want to travel on their own.
- A lady in a wheelchair told us that it took her 4 hours to travel by bus from Whitburn to Sunderland. Not all the busses were wheelchair accessible and those who did had no space as this was either being used by another person or by someone with a pram.
- She also asked how is a wheelchair user expected to get to hospital in the middle of the night – there are no wheelchair friendly taxis and the metro is not wheelchair friendly. She has a family and is concerned that if her daughter is rushed to hospital in an ambulance she is unable to travel with her as the wheelchair won't fit.
- One lady mentioned that someone she knew needed 2 people to take him to hospital for an appointment. He rang NEAS and was told there would be two people to take him but not to bring him back and because of this he missed his appointment.
- How will NEAS cope?

Discussion 2

- How can we come up with a solution with no input from NEAS or NEXUS – (the lady removed herself from the table).
- There should be free transport to get to the hospital such as a shuttle bus.
- If someone has a long term illness, would it be feasible to give them a type of medical card if they are making regular trips to hospital. Currently you need to produce a certificate and are allowed £120 a year credit. Could you change the criteria on the taxi card for long term illnesses and issue a card on a weekly basis.
- There needs to be a protocol to get people to hospital and back when relatives have been admitted – how is the package of care organised for people in South Tyneside when they are hospitalised in Sunderland?
- There should be a direct express bus.
- There should be a subsidised shuttle bus.
- What about compass community transport?
- People accept they might have to pay something – it's about speed/time it takes to get to Sunderland.
- Car parking fees should be abolished or there should be a system to get a free slot if you are a regular visitor.
- *The following statements were taken from people at the meeting who were not sitting at a desk:*
- What about families who have more than one child – one in Sunderland hospital and one at school?
- What about children being referred to paediatrics by school. Currently if their parents are at work the child is accompanied by a school teacher two minutes down the road.
- What happens if a child is unwell in the middle of the night? If there is no overnight service and parents can't afford a taxi they might wait until morning which could be too late. What happens if they have other children – young families these days haven't got extended families.
- People who work for St. Johns' ambulance are being categorically told NOT to bring people to South Tyneside hospital.
-