South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Monday 17 July 2017, 2pm South Shields Town Hall, Committee Suite, Westoe Road, South Shields, NE33 2RL

Agenda

1. **Declarations of Interest**

   Members to declare an interest in any agenda item.

2. **Minutes of 7 March 2017**

3. **Background to Path to Excellence Programme**

4. **Why these services need to change**

5. **The process for clinical service reviews**

6. **Stroke – Options for change and questions**

7. **Maternity (obstetrics) and women's health care services (gynaecology) – Options for change and questions**

8. **Children and young people's health services (urgent and emergency paediatrics) – Options for change and questions**

9. **Next steps for the consultation process**

10. **Chairman's Urgent Items**

    To consider any items which the Chairman has agreed to accept as urgent business.

Contact Officer, Paul Baldasera, Strategy and Democracy Officer – Tel: 0191 424 6022

item 2

At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on TUESDAY 7TH MARCH, 2017 at 2.00 p.m.

Present:-

Councillor N. Wright in the Chair

Councillors (Sunderland) Davison, McClennan, Dianne Snowdon and G. Walker

Councillors (South Tyneside) Dix, Brady, Flynn, Hay, Hetherington, Meling and Peacock.

Also in attendance:-

South Tyneside Council:

Mr P Baldasera, Strategy and Democracy Officer

South Tyneside and Sunderland NHS Partnership:

Ms C Briggs, Director of Operations South Tyneside, Clinical Commissioning Group (CCG)
Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust
Mr D Gallagher, Sunderland Clinical Commissioning Group (CCG)
Ms C Latta, Senior Communications and Engagement Locality Manager Commissioning Support
Dr S Wahid, Medical Director, South Tyneside NHS Foundation Trust

Sunderland City Council:

Mr N Cummings, Scrutiny Officer
Mr D Noon, Principal Governance Services Officer

Healthwatch:

Mr K Morris, Chairman

Save South Tyneside Hospital Campaign / Sunderland and South Tyneside Public Service Alliance:

Ms G. Taylor, Campaign Organiser

The Chairman welcomed everyone to the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Heron and Howe (Sunderland City Council).

Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30th January, 2017

1. RESOLVED that the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30th January, 2017 (copy circulated) be confirmed and signed as a correct record.

Minutes of the Extraordinary Meeting of the Scrutiny Coordinating Committee held on 8th November, 2016

2. RESOLVED that the minutes of the Extraordinary meeting of the Scrutiny Coordinating Committee held on 8th November, 2016 (copy circulated) be received and noted.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

The Path to Excellence – Update

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which provided information on the draft transformation programme – 'The Path to Excellence' - for the four NHS organisations involved in the partnership (South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, NHS South Tyneside Clinical Commissioning Group and NHS Sunderland Clinical Commissioning Group)

(For copy report – see original minutes)

Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust, presented the report drawing members attention to the key points contained therein. In particular he highlighted the delay in the launch of the public consultation on the stroke, obstetrics, gynaecology and paediatric services from early March to sometime in May. There had been two main reasons for the delay:-

i) given the range of questions raised at and following the last meeting, the Partnership wanted to ensure the Committee was completely happy with the procedure before the consultation was rolled out.

ii) an issue that was internal to the Partnership namely the need to ensure that all parts of the organisation were aware of the key themes to be addressed by the consultation.

The Chairman appreciated the need for the delay and hoped that the contribution from the Committee had been helpful. She then invited questioned from Members in respect of Mr Bremner's presentation.

Councillor Brady related a concern expressed by a resident at the cancellation of a breast screening session at Cleadon Park which was then rearranged for the Q.E. in Gateshead, raising fears of the permanent closure of the facility at Cleadon Park. Mr

Gallagher replied that the Breast Service in that location was operated by a mobile screening unit. If, for whatever reason a session was cancelled then patients would be offered an appointment at the closest alternative centre rather than having to wait for the return of the unit to Cleadon Park. It was difficult to comment without being in possession of the full facts however Mr Gallagher would check the position with NHS England and report back directly to Councillor Brady.

Councillor Hetherington asked if assurances could be given that savings made by the formation of the South Tyneside and Sunderland Health Care Group would be used to enhance services rather than reduce deficits. Mr Bremner replied that it would be difficult to give such assurances however savings would be used to sustain services going forward. If growth funding became available it would be invested in Sunderland and South Tyneside both inside and outside the hospitals.

In response to an enquiry from Councillor Meling, Mr Bremner confirmed that the creation of the Single Executive Team would provide savings of £500,000 per annum which would be reinvested. Jobs would not be duplicated, there would only be one Director of Finance for example. The only outstanding post to be filled was Head of Communications. There was a possibly that it would be filled from outside the organisation however all other positions on the team had been filled from either South Tyneside or Sunderland.

In response to a further enquiry from Councillor Meling, Mr Bremner advised that all clinical services were being reviewed as part of a planned process. It would have been logistically impossible to do all 16 at once. There were clinically important reasons for starting the process with the Stroke Service as it faced particular problems in terms of its quality and recruitment. Obstetrics and Paediatrics were linked so it made sense to run those reviews together especially given the national mandate to review them.

Councillor Dix stated that the NHS was now starting to find itself in a similar position to that which local authorities had being struggling to cope with for a number of years, namely severe cuts in its grant funding from central government. Many local authorities had been forced to divest themselves of their land and property assets and he suggested that South Tyneside and Sunderland Health Care Group should look to do likewise in order to support clinical services. Mr Bremner advised that physical resources were an issue but he would not take a knee jerk reaction towards property. There would need to be a clear rationale for disposal which would be informed by the outcomes of the clinical reviews and not before. He would be foolish to dispose of a building if the clinical review subsequently identified that it was required going forward. Any disposal would be done openly, in line with best practice and in clear consultation.

In response to enquiries from Councillor McClennan, Ms Latta advised that the consultation questions would be pilot tested with the patient forums. Questions were not being designed by the NHS but by an independent consultant with membership of the Chartered Institute of Marketing. There would be a Coms Engagement Group which would include representation from Healthwatch and coms officers from Sunderland and South Tyneside Councils. Ms Latta suggested that the Committee may wish to nominate elected members to the Group. A pre consultation business case (PCBC) was being prepared and would include options for change. The PCBC was a very technical document and would be supported by a public facing consultation document. The options / scenarios for change would be presented to

the Joint Committee at the earliest stage possible. Councillor McClennan stated that the public would need to be advised in plain English what the options were, what each would mean and the likely savings accruing from each. The Organisation needed to be upfront with the public in respect of the financial pressure it was under. Ms Latta confirmed that people would be asked to consider the options, whatever they were, and weigh them up.

Mr Morris asked whether Ms Latta was confident that the VCS groups had the capacity to undertake their role in the consultation process. Ms Latta replied that she was conscious that the Voluntary Sector had suffered as a result of the cuts to public funding but she valued their insight and their ability to reach further into communities than the NHS ever could. There was a need to constantly check that the consultation process was hearing from the right groups and that quality monitoring was being undertaken by the focus groups.

Mr Morris stated that previous consultations had tended to focus on town/city centres like South Shields and Sunderland. It was important the other population centres such as Washington, Hetton, Houghton and Jarrow were included.

The Chairman referred to the patient experience report which had identified that 13% had concerns over child safety and asked to receive feedback on the actions taken to address this. Dr Wahid confimed that he would bring a report on the matter back to the Committee. Similarly and in response to a further request from the Chair, Dr Wahid advised that he would also bring back the evidence gleaned in respect of the stroke service.

The Chairman referred to concerns raised regarding the pressure on the Ambulance Service and its performance in relation to response times and advised that she would recommend the Committee to invite the Chief Executive of the North East Ambulance Service to meet with the Committee to discuss these concerns.

Councillor Peacock asked if the Committee could have sight of the consultation document prior to its public launch. Ms Latta advised that given the timings involved it was unlikely that there would be an opportunity to share the document in advance. Due regard would have to be paid to the legal principles underpinning the NHS consultation and the staff would need to be consulted in the first instance. Councillor G. Walker appreciated that due process needed to be observed but argued that surely there would be a period before the launch when the committee members could view the document confidentially. The Chairman asked Ms Latta to reconsider her view on the matter.

There being no further questions or comments on the report, it was:-

3. RESOLVED that:-

i) approval be given to the nomination of two members of the Joint Committee (one from each Local Authority) to serve as representatives on the Communications Engagement Group.

ii) a report to provide feedback on the actions taken to address issues highlighted in the patient experience report which had identified that 13% had concerns over child safety, be submitted to the Joint Committee in due course.

iii) a report detailing the evidence gleaned in respect of the review of the stroke service be submitted to the Joint Committee in due course.

iv) The Chief Executive of the North East Ambulance Service be invited to attend a future meeting to discuss concerns raised regarding the pressure on the Ambulance Service and its performance in relation to response times.

The Path to Excellence – Draft Communications Plan.

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which provided an update on the above plan including further detail on a number key of issues in terms of the phase 1a consultation (Stroke, Obstetrics, Gynaecology and Paediatrics) including:-

- The objectives
- Plan Development
- Stakeholders and audiences
- Communications and engagement activity
- Timescales
- Dialogue development
- Standards and the format of information

(for copy report – see original minutes)

The Chair stated that this plan related to the local Partnership which in turn was part of the wider STP. She noted however that many residents of County Durham accessed services in Sunderland and asked what steps were being taken to consult with them. Ms Latta advsised that this point had also been made by Healthwatch and thought was currently being given as to how this could be addressed.

Councillor McClennan sought assurances that the costs of the delivery of the Communications Plan would be spelt out. Ms Latta confirmed that it would. This was one of the reasons people were being asked to register in advance for the consultation events so that there would be an indication of how the event would need to be staffed.

In response to a further enquiry from Councillor McClennan the Committee was advised that the references to ‘Procurement market testing’ and ‘Clinical senate’ on page 13 of the draft document would be removed.

In response to an enquiry from Councillor Davison, Ms Latta advised that internal coms had been undertaken with staff in what was a parallel process to that being undertaken with the public. Staff were of course welcome to attend the public events. Councillor Davison asked that the public events were monitored to ensure that those carrying out the consultation were not putting their own interpretation on the answers given. Ms Latta advised that fully trained facilitators would be used and they would be non-judgemental. Large flip charts would be used during the events so people could see the points being recorded. In addition verbatim notes of the sessions would be published.

In response to an enquiry from Councillor G. Walker as to how confident the Partnership were that the objectives detailed on page 5 of the plan were achievable, the meeting was informed that they wouldn't have been written if it was not believed that they were achievable. There would be both pre and post event briefings, constant monitoring and mid-term reviews that would inform the process.

Councillor G. Walker asked what role NHS Improvement would play in the process. Mr Bremner advised that they had a dual role in that they regulated the two Trusts but would also play an assurance role prior to the consultation to provide satisfaction that the Partnership had undertaken due process.

In response to an enquiry from Councillor G. Walker as to whether the reference to GP practice stakeholders included support staff and patients, the meeting was advised that it did.

Councillor Flynn predicted that he would hear from hospital staff that the whole process would be going ahead regardless of the outcome of the consultations. Mr Bremner replied that that comment hit the nail on the head. He stated that the process required appropriate staff engagement, that it was proportionate and reasonable and that it had both clinical and non-clinical input. It was important to stress that nothing could progress to a conclusion unless the Partnership had taken full consideration of what the consultation had told it.

At this juncture the Chairman welcomed and introduced Gemma Taylor who briefed the Committee on the aims and concerns of the Sunderland and South Tyneside Public Service Alliance in relation to the Path to Excellence proposals. This included:-

i) fears that acute services would be removed from South Tyneside or Sunderland Hospitals or both

ii) disappointment at the break-up of the Stroke Team at South Tyneside

iii) concern that the clinical service reviews being undertaken lacked the appropriate input from the clinicians

iv) a wish to see details of the proposals delivered to every household in Sunderland and South Tyneside

v) a wish to see Stagecoach and NEAS involved in the process

vi) concerns at the cost of the consultation process and in particular the use of consultants in respect of the transport element of the proposals.

In reply to an enquiry from Ms Taylor, Ms Latta advised that there would be a cost involved in employing independent experts to undertake the transport survey. She stated that the organisation was 'stuck between a rock and a hard place' in this regard. If it had undertaken the survey itself there would have been accusations of a lack of objectivity and that questions had been slewed to achieve the desired responses. If it employed consultants to undertake the work it was criticised for unnecessary expense. In reality the Partnership were not experts in transport and travel and it made sense to employ a firm that was. Ms Latta stated that there would be a cost to this but believed it was not something she should apologise for.

Mr Bremner advised that he held regular meetings with Ms Taylor and Mr Nettleship to try and address their concerns. He stated that there were some genuine concerns especially in respect of resources. The Chair asked that the Joint Committee received feedback on these conversations at its future meetings.

4. RESOLVED that:-

i) the draft Communications Plan be received and noted, and

ii) the Joint Committee receive feedback at a future meeting on the talks being held between Mr Bremner and Ms Taylor / Mr Nettleship.

Travel and Transport Impact Assessment – Update

Integrated Transport Planning Limited (ITP) submitted a report (copy circulated) which updated members on the current position in respect of the Travel and Transport Assessment and the work undertaken to date including the feedback received from members in respect of the baseline report presented to the Joint Committee at its meeting held on 30th January 2017.

(For copy report – see original minutes)

Ms Latta, presented the report advising that the representatives from ITP had been unable to attend today's meeting. She informed members that they were looking to field test some of the assumptions from the Baseline Report and would keep Nexus informed.

Councillor G. Walker referred to Paragraph 3.6 which indicated that the draft travel and impact assessment for the first clinical service reviews were due for completion during the week commencing 6th March 2017 and asked when it would be made available to the Committee. Ms Latta advised that she would check when the document would be made public and get back to Councillor Walker.

Councillor Hetherington stated that she believed that transport was an issue that would never be solved satisfactorily. Bus companies were driven by their profit margins and out of hours travel was difficult. She believed that ultimately the decisions regarding the delivery of services under the Path to Excellence would be driven by issues of resources rather than transport and that everyone needed to be open and honest about this. The Chairman stated that she had to disagree to a certain extent and asked if it would ever be viable to achieve a secured bus link between South Tyneside and Sunderland Hospitals. Ms Latta replied that it was a standard operation in other areas and cited the dedicated bus service between the Freeman and RVI hospitals in Newcastle as an example.

The Chairman referred to Ms Latta's comments about field testing the assumptions from the baseline Travel and Transport Impact report and advised that she would be seeking volunteers from the Committee to undertake their own field test in conjunction with Healthwatch. A representative from the public gallery also requested that it should be tested from the point of view of wheelchair users and the partially sighted.

5. RESOLVED that:-

i) the report be received and noted and

ii) volunteers from the Committee be sought to field test the assumptions underpinning the travel and transport impact assessment in conjunction with Healthwatch.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting.

(Signed) N. WRIGHT,
Chairman.

The path to excellence

NHS
South Tyneside and Sunderland
NHS partnership

The Path to Excellence

Public Consultation

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

Wednesday 5th July
South Tyneside

Launch event

Why hospital services need to change

- Needs and expectations of the public are changing
- New treatment options are emerging while life expectancy is increasing
- In many cases, those extra years are spent in poor health, and requiring more complex care
- The NHS is required to move towards a greater number of services being delivered seven days a week

NHS is experiencing increasing workforce pressures

- Senior medical staff
- Junior medical staff
- Nursing and midwifery staff
- Therapy staff
- Shortage of consultants for ‘out of hours’ cover
- Ensure nurse staffing levels meet national standards

We need to think about how we can deliver services differently

We need to improve quality and performance

Evidence suggests that better clinical outcomes and quality come with seeing a sufficient number of patients for doctors to maintain specialist skills

We need to modernise and reform services in line with local and national strategies and the needs of individuals and communities

Travel and transport impact

Travel and transport

- The travel and transport impact assessment was carried out by an independent company
- This was done independently to ensure impartiality and objectivity as well as providing expertise in this area
- We have summarised the main findings in the consultation document, between pages 90 and 100

Consultation duties

Which services are involved in this consultation?

Stroke care services

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

Maternity (obstetrics) services

Women's healthcare (gynaecology) services

Why do these services need to change?

- Not able to improve the quality of our services and hit a number of quality standards
- Number of services are not achieving key clinical standards due to smaller patient numbers
- Difficulties to make improvements set out in national stroke, maternity and urgent and emergency care strategies

Why do these services need to change?

- Not able to recruit because current services unattractive to potential new staff
- Larger clinical teams more attractive to new medical staff
  - fewer on-call commitments
  - more appealing work-life balance
- Not enough permanent maternity and women's healthcare medical staff
- Reliance on expensive locum doctors and temporary staff in these areas – nearly £1m spend

Why do these services need to change?

- Access to seven-day services is a national expectation to ensure the best possible care and recovery
- To ensure consistent, high quality care, regardless of the day of the week or the time of day
- Ensuring we make best use of our resources – time, people, equipment, money

What does it mean for patients?

- Making the best use of our senior medical and other clinical staff at all times
- Providing value for money
- Further investment in services that are of most benefit to patients
- Sharing resources and services in areas where patient numbers are low
- Providing a wide range of safe, high-quality and accessible healthcare services

Clinical review process

- Programme of clinical service reviews
- Asked senior clinical staff in both hospitals how they think services should be delivered
- A number of potential options were reviewed

Key tests

- Deliver high quality, safe care (that is better than the current service arrangements and satisfies all relevant standards set out in law and guidance)
- Support long term service provision (including ensuring that the clinical workforce and patient numbers are there to make the service viable)
- Be affordable (without any significant extra costs)
- Be achievable within the next couple of years

Stroke care services

Stroke patient pathway

Stroke symptoms
999 call and ambulance transfer to hospital

Ambulance

Inpatient stroke care

Acute stroke care

Hospital-based care

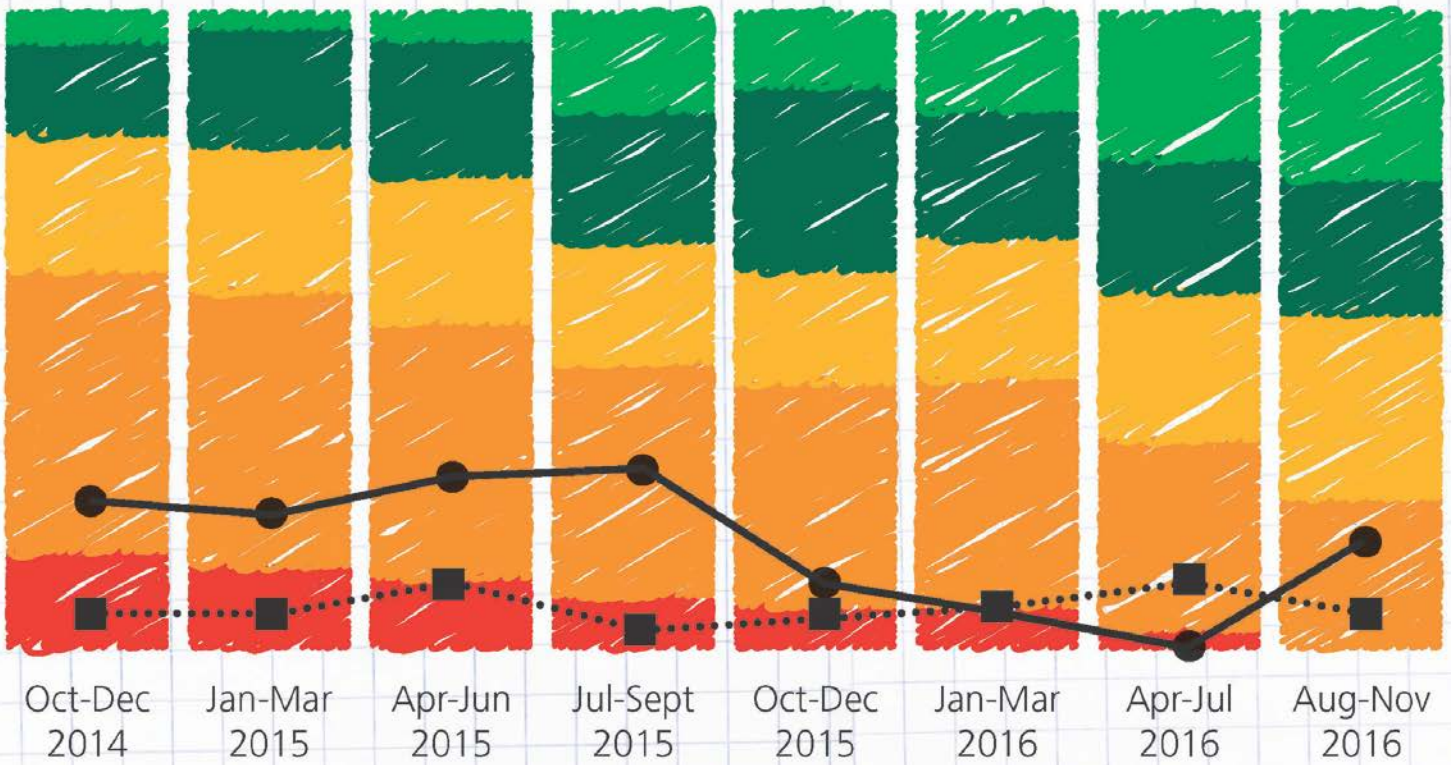
These parts of stroke services are being reviewed
(All services within the red dashed line)

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

Home/Nursing or Residential care

Pages 38 & 39

Hospital Trust Acute Audit Scores from October 2014-November 2016



Stroke Services - Option 1

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

- Local Community Stroke Teams

Stroke Services - Option 2

- Inpatient hyperacute and acute stroke care
- Hospital-based rehabilitation on specialist stroke ward
- After **7 days** South Tyneside residents can be moved to South Tyneside District Hospital
- Local Community Stroke Teams

- Hospital-based rehabilitation on specialist stroke ward
- Local Community Stroke Teams

Stroke Services - Option 3

- Inpatient hyperacute and acute stroke care
- Hospital-based rehabilitation on specialist stroke ward
- After **3 days** South Tyneside residents can be moved to South Tyneside District Hospital
- Local Community Stroke Teams

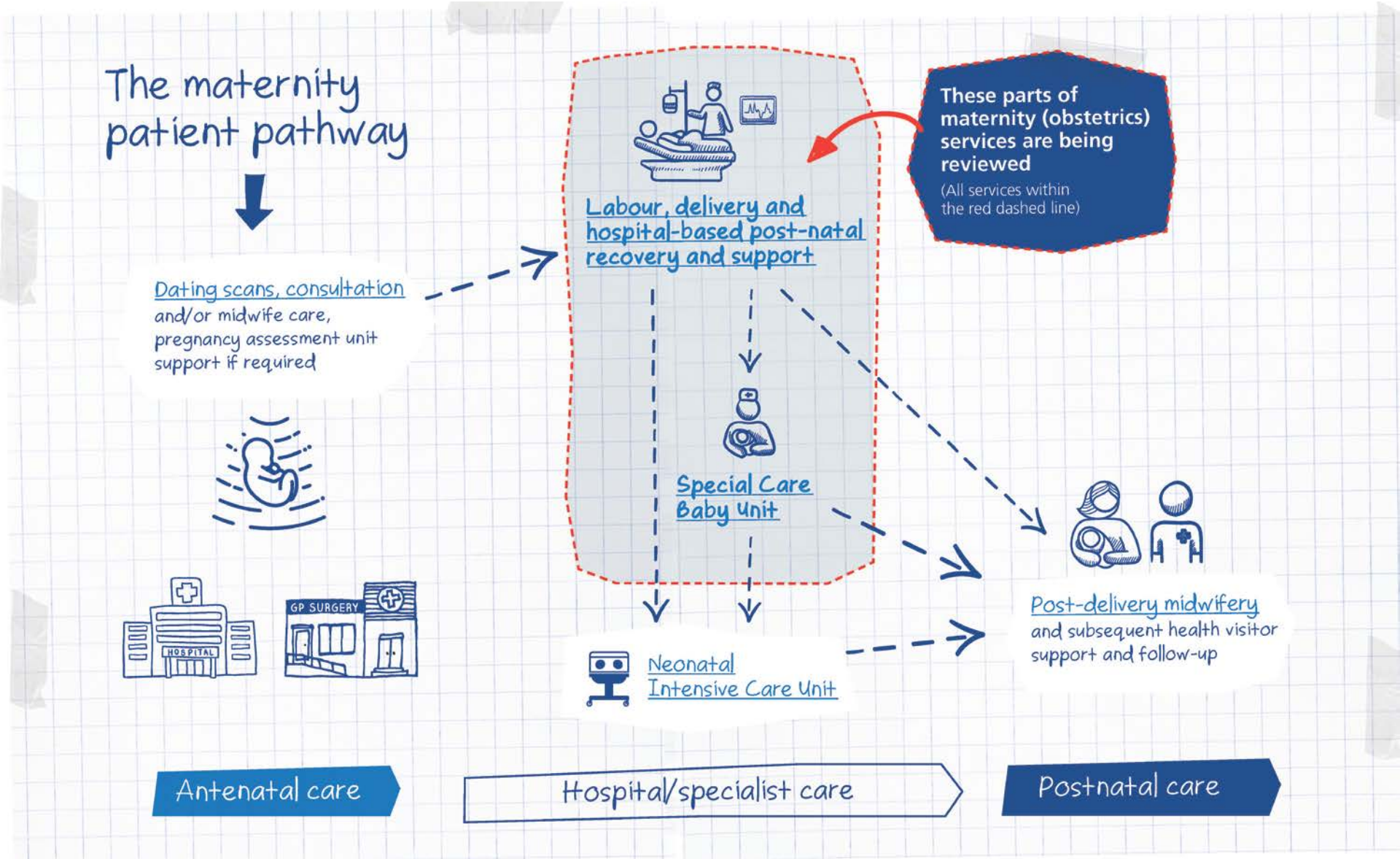
- Inpatient acute stroke care
- Hospital-based rehabilitation on specialist stroke ward
- Local Community Stroke Teams

Benefits

- Increased time on a specialist stroke ward
- Increased access to clot busting drugs
- Increased access to medical, nursing and therapy staff

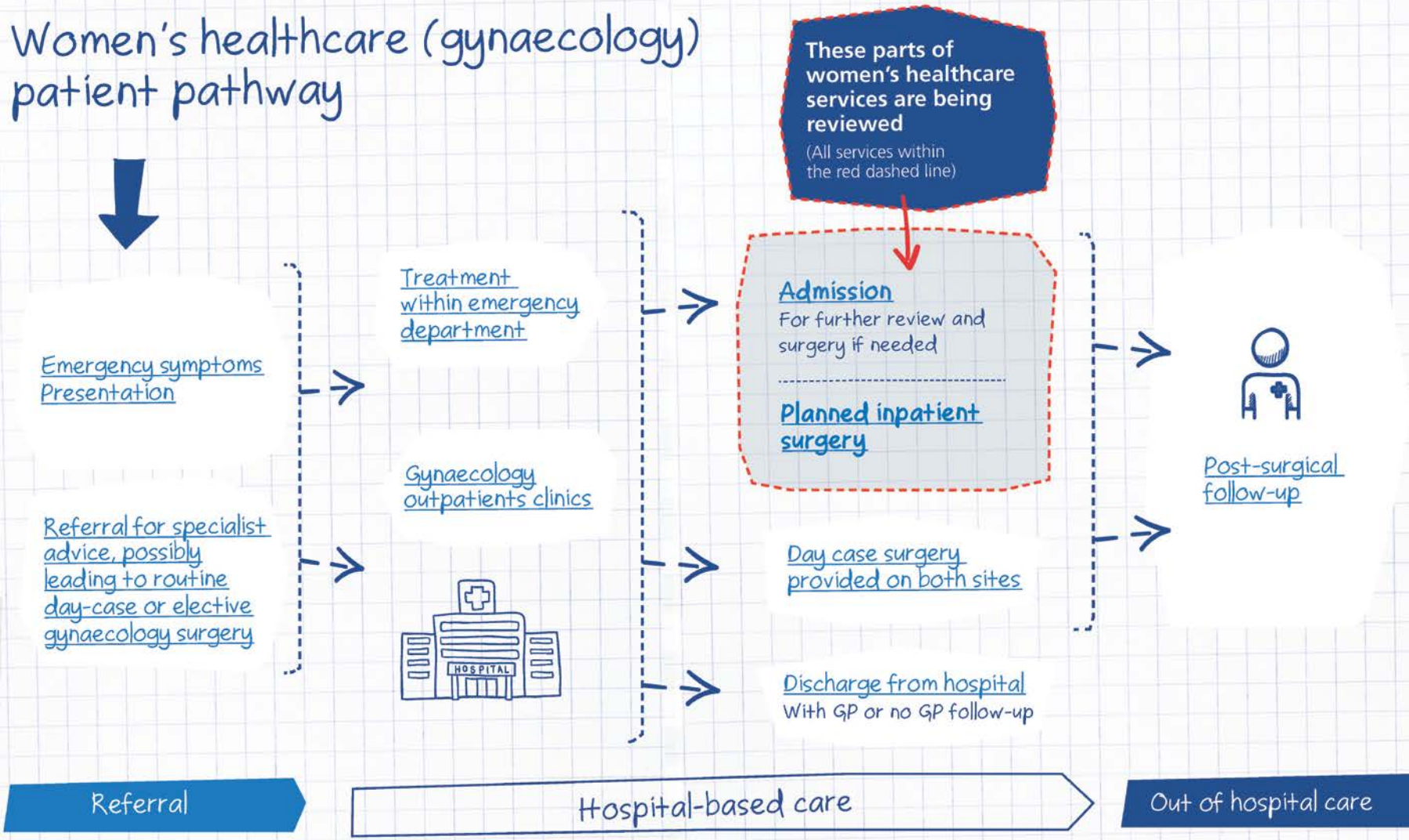
Maternity and women's healthcare services

The maternity patient pathway



Pages 58 & 59

Women's healthcare (gynaecology) patient pathway



Pages 60 & 61

Maternity and women's health - Option 1

- Consultant-led maternity unit (high risk births)
- Alongside midwife-led unit (low risk births)
- Antenatal and postnatal care
- Special Care Baby Unit and Neonatal Intensive Care
- Gynaecology inpatient and daycase surgery
- Maternity and gynaecology outpatient clinics

- Free-standing midwife-led maternity unit (low risk births)
- Antenatal and postnatal care
- Gynaecology daycase surgery
- Maternity and gynaecology outpatient clinics

Maternity and women's health - Option 2

- Consultant-led maternity unit (high risk births)
- Alongside midwife-led unit (low risk births)
- Antenatal and postnatal care
- Special Care Baby Unit and Neonatal Intensive Care
- Gynaecology inpatient and daycase surgery
- Maternity and gynaecology outpatient clinics

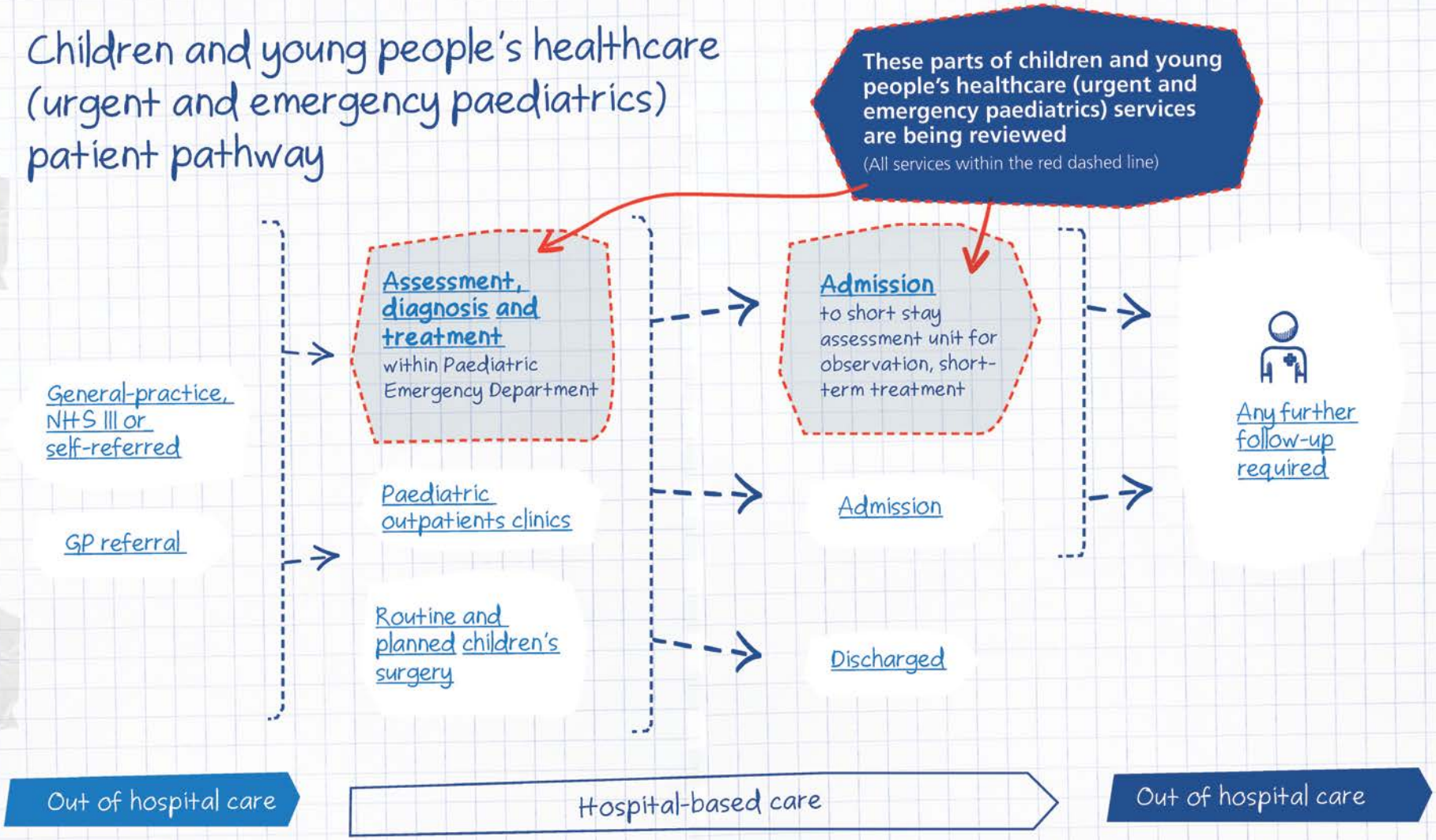
- Antenatal and postnatal care
- Gynaecology daycase surgery
- Maternity and gynaecology outpatient clinics

Benefits

- More consultant time 7 days per week
- Reduced birth complications
- Planned service change to avoid a future service crisis

Children and young people's healthcare services

Children and young people's healthcare (urgent and emergency paediatrics) patient pathway



Pages 74 & 75

Children's Urgent and Emergency Services - Option 1

- 24/7 Children and Young People's (Paediatrics) Emergency Department, including children's short-stay assessment beds

- 12-hour Children and Young People's (Paediatrics) Emergency Department (8am to 8pm), including children's short-stay assessment beds

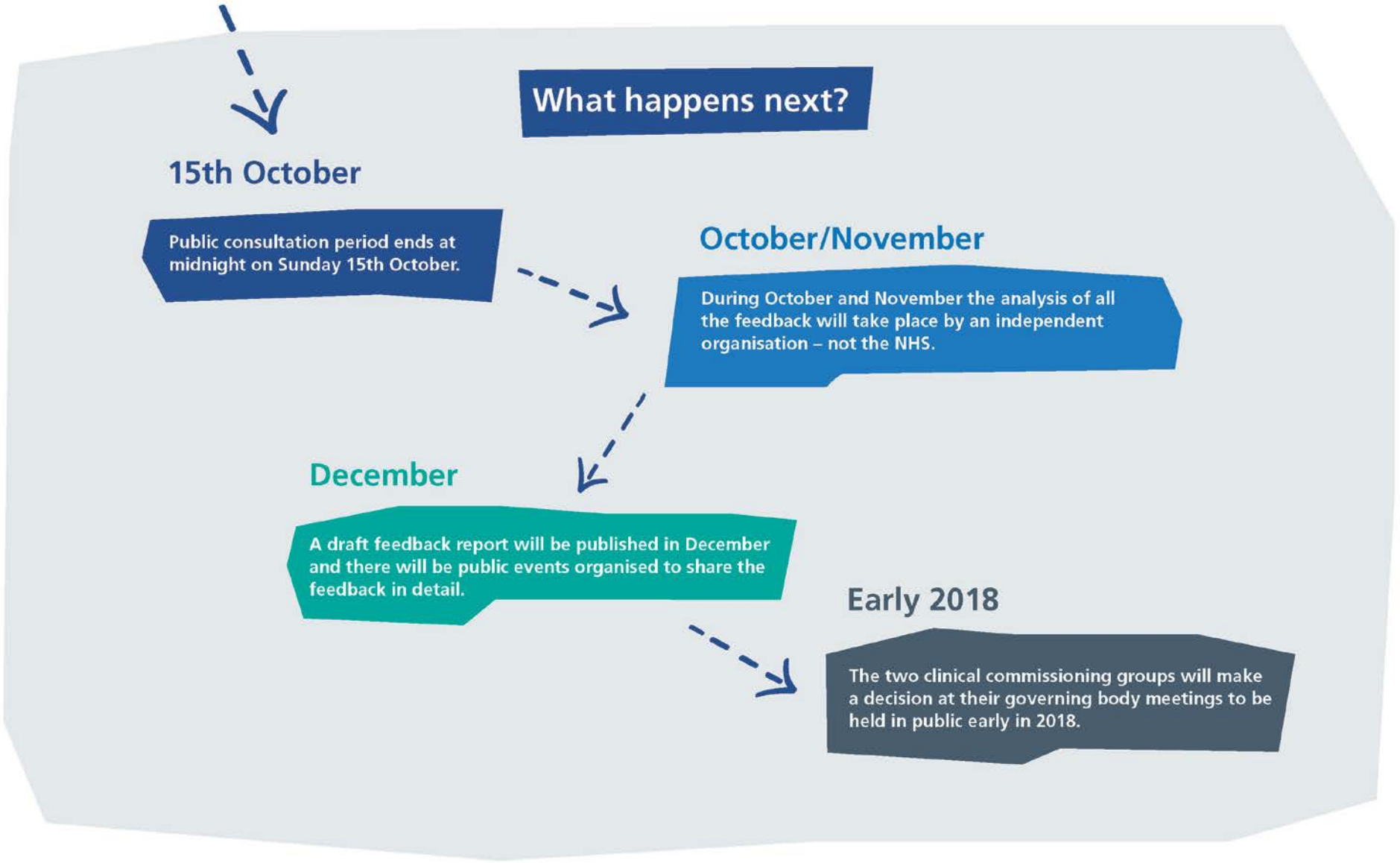
Children's Urgent & Emergency Services - Option 2

- 24/7 Children and Young People's (Paediatrics) Emergency Department, including children's short-stay assessment beds

- Nurse-led children and young people's (Paediatrics) minor injury or illness service (8am to 8pm)

Benefits

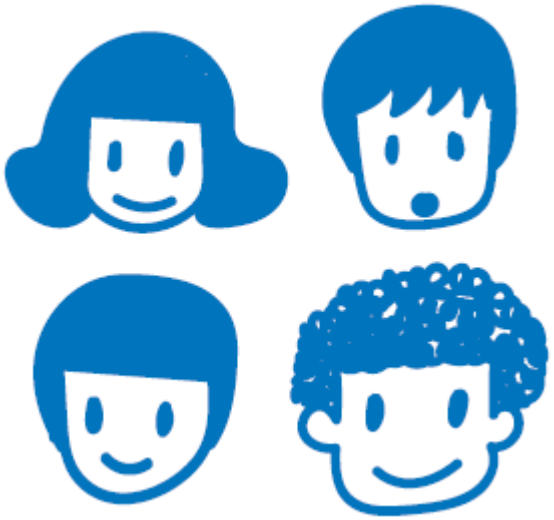
- Quicker access for emergency life-threatening conditions
- Attractive new workforce model that will be appealing for staff
- Planned service change to avoid a future service crisis


What happens next?
15th October
Public consultation period ends at midnight on Sunday 15th October.
October/November
During October and November the analysis of all the feedback will take place by an independent organisation – not the NHS.
December
A draft feedback report will be published in December and there will be public events organised to share the feedback in detail.
Early 2018
The two clinical commissioning groups will make a decision at their governing body meetings to be held in public early in 2018.

Get involved

Individual or organisational responses and submissions

Complete a survey



Attend a public meeting

nhs.excellence@nhs.net

nhsexcellence

@NHSexcellence

0191 217 2670

Write to us (no stamp required) at:

The Path to Excellence South Tyneside and Sunderland Consultation
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House, Goldcrest Way
Newcastle upon Tyne
NE15 8NY

Thank you

The path to excellence

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The Path to Excellence

Public consultation

Travel and transport impact review

A summary of an independent review of transport and travel issues relating to options being proposed in the Path to Excellence public consultation starting in July 2017.

Summary document

5th July – 15th October 2017

www.pathtoexcellence.org.uk

From July to October 2017 a public consultation is taking place around four areas of hospital care. These are:

- **Stroke services specifically hospital care (acute) and hospital-based rehabilitation services**
- **Maternity services covering hospital-based birthing facilities i.e. where you would give birth to your baby**
- **Gynaecology (women's services) covering inpatient surgery where you would need an overnight hospital stay**
- **children and young people's (paediatrics, urgent and emergency) services**

This public consultation has been put together by four local NHS organisations.

NHS South Tyneside Clinical Commissioning Group

NHS Sunderland Clinical Commissioning Group

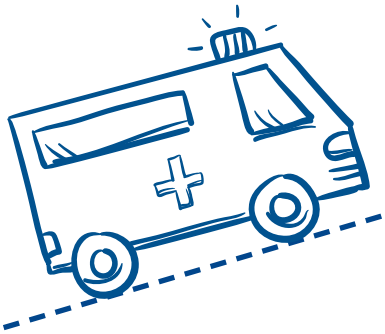
South Tyneside NHS Foundation Trust

City Hospitals Sunderland NHS Foundation Trust

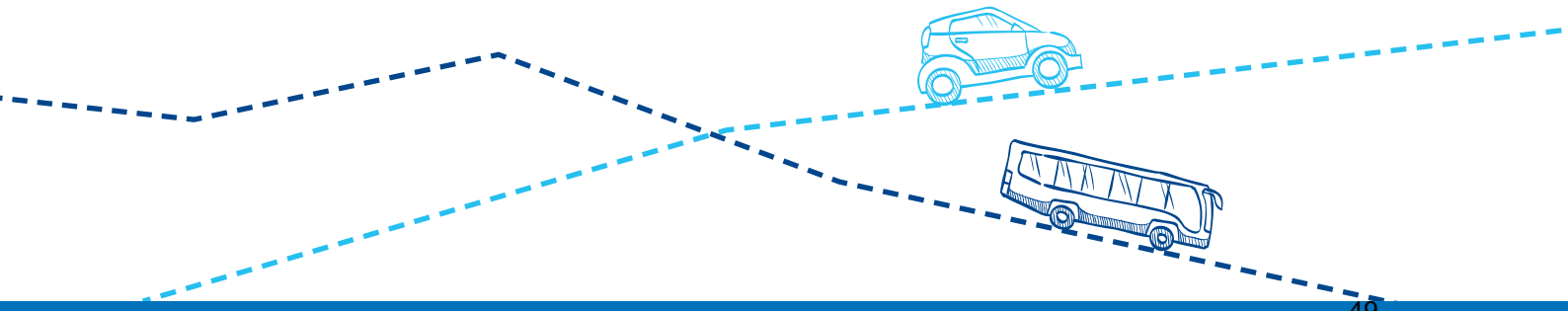
Between us we plan, commission and deliver many of the major healthcare services across the area.

We're improving your local NHS services by working together to deliver safe, high-quality care that will make the best use of resources and meet the needs of our population both now and in the future.

You can find out more about this public consultation and how you can get involved in giving your views by visiting our website.



Contents



Introduction to this document

We know from conversations with the public that people are concerned about how they may travel to alternative places as a result of any proposed changes to the way NHS services might be arranged in the future.

Because of this we have commissioned an independent review of travel and transport issues so that we have good quality robust information to help inform people's views of the NHS proposals.

The review has looked at the following aspects of travel and transport:

- **The current level of availability of public transport, including frequency, hours of operation, variety of routes between the two hospital sites (South Tyneside District Hospital and Sunderland Royal Hospital)**
- **Levels of access to public and private transport including car ownership and the barriers to access**
- **How patients, staff and others currently travel to access services including the mix of private/public transport, walking and cycling**
- **How much travel already happens from one area to another**
- **The costs of public transport**
- **The parking arrangements, capacity, use and costs at the hospital sites, including any special concessions already in existence**
- **Patient transport access criteria and take up**
- **Review of community interest transport or volunteer transport arrangements there are locally, for example dial a ride etc.**
- **National and local NHS policies for providing assistance for travel**
- **Review of existing travel and transport policy for both trusts – for patients, carers and staff**
- **Information about what other organisations have done to improve access in terms of transport following reconfiguration of services**
- **The practical challenges of travelling between the two sites, obtained through field-testing**

The travel and transport impact assessment was carried by an independent company as to ensure impartiality and objectivity as well as providing expertise in this area.

This is a summary and a full comprehensive report is available on our website: www.pathtoexcellence.org.uk

We will continue to update the travel and transport impact as we learn more during the public consultation period.

We have included information in this summary about how we are seeking to understand the potential impact on ambulance services run by North East

Ambulance Service NHS Foundation Trust. The Path to Excellence NHS organisations will continue work together to fully understand ambulance impact, however it is important to note that it is not included in the scope of the independent travel analysis company.

We very much welcome comments and feedback on the travel and transport impact work we have done to date. Please let us know your comments or questions by attending a public event or get in touch via email, social media or by telephone.

This is a summary and a full comprehensive report is available on our website: **www.pathtoexcellence.org.uk**

Travel and transport review

In November 2016 a review of the bus services serving South Tyneside District Hospital and Sunderland Royal Hospital was undertaken.

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

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

The review also found there were many ticketing options available, covering various timescales, companies and types of public transport, for example the metro and bus services. There are also a number of transport options for carers including various travel cards providing free travel/concessions and discounted travel.

Compass Community Transport, based in Sunderland, operate a number of Group Travel contracts on behalf of NEXUS, some of which serve Sunderland Royal Hospital. In addition, NEXUS operate the TaxiCard scheme, which is available to eligible individuals enabling them to use approved taxi companies at a discounted price.

Accessibility analysis has been undertaken to model transport journey times across South Tyneside and Sunderland using the computer based accessibility modelling tool Visography TRACC, which has a number of inherent assumptions and limitations including the use of published timetables for public transport journeys and generic road speeds for car journeys.

57% of Sunderland residents are within a 30 minute public transport journey of Sunderland Royal Hospital, as are 39% of all South Tyneside and Sunderland residents. Around 80% of South Tyneside residents live within a one hour public transport journey of Sunderland Royal Hospital. Around 70% of South Tyneside residents are estimated to be able to get to and from Sunderland Royal Hospital by car within 11-20 minutes.

38% of households in South Tyneside and 35% of households in Sunderland do not have access to a car (overall figure for England of 26%).

The travel impact consultants found that the proportion of households across the South Tyneside and Sunderland areas without access to a car or van varies for example, Jarrow and Hebburn in South Tyneside have a relatively high percentage of households with no access to a car, as is also the case in some areas of South Shields.

The same applies across Sunderland where certain areas of the city have a relatively high proportion of households with no access to a car, particularly in some areas north of the River Wear and eastern parts of Sunderland. The consultants held a workshop with stakeholder groups where they learned about the barriers to accessing both public and private transport at different healthcare facilities, including:

- **People who experience mobility issues**
- **Out of hours transport needs**
- **The cost of travel**
- **Longer journey times**
- **Parking capacities and parking space allocations**
- **Reduced frequency of public transport**
- **Unfamiliarity with new areas, new hospitals, interchange locations etc.**
- **Parking**

Further afield, parts of Washington also have a high proportion of households with no access to a car or van.

South Tyneside and Sunderland Royal Hospitals allocate their parking spaces in different ways with more allocated staff parking facilities at South Tyneside District Hospital, and more flexible parking space allocations at Sunderland Royal Hospital meaning that more spaces are available to staff, patients and visitors.

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

Data analysis shows that parking at both hospitals is approaching capacity but only at certain points during the day. Parking demand is highest during afternoon visiting hours, between 2pm and 4pm.
As part of the review, consideration was given to possible new journey patterns, particularly amongst South Tyneside residents who may, in future, need to travel to Sunderland Royal Hospital for their health care needs instead of South Tyneside District Hospital, and journey time and cost comparisons were examined. There is expected to be no travel impact for Sunderland patients.

The review included a postcode analysis of those South Tyneside patients who had previously accessed the clinical services that are currently under review. This information allowed the travel consultants to relate findings more specifically to services rather than referring to the total populations of South Tyneside and Sunderland. By comparing the travel times to South Tyneside District Hospital and Sunderland Royal Hospital, it was possible to assess the impact on travel time of the various service review options.

Brief, snapshot, travel surveys with visitors and patients were undertaken to understand how these different user groups travel to the hospital sites, the frequency of visits and the length of visitor stay. Some caution is required around the travel survey results in some of the clinical areas where there are lower response rates and further work is being undertaken to fully understand current and future likely modes of travel.

Stroke services

The proposals to centralise acute stroke services at Sunderland Royal Hospital will have the greatest impact on residents of South Tyneside who experience an acute stroke, and their families.

As the majority of acute stroke cases arrive at hospital by emergency ambulance, it will be visitors to stroke patients who are most affected by this change of location, needing to travel to Sunderland Royal Hospital, rather than South Tyneside District Hospital. The research has shown that 83% of South Tyneside people aged over 60 will be able to reach Sunderland Royal Hospital by public transport within 60 minutes (the same number that can currently get to South Tyneside District Hospital) however, the number of over 60s able to get to hospital by public transport within 30 minutes falls from 61% to 5%. The average public transport journey time to and from Sunderland Royal Hospital (instead of South Tyneside District Hospital) would increase by 20-25 minutes. The average public transport journey to or from South Tyneside District Hospital is currently 23 minutes.

For journeys by car to Sunderland Royal Hospital, instead of South Tyneside District Hospital, the average travel time will be six minutes longer. The average car journey to or from South Tyneside District Hospital is currently six minutes.

As stroke services have already been temporarily relocated to Sunderland it has been possible to survey visitors and the results suggest approximately 40% of visitors travel by car on their own and a further 54% travel in the car with others. The rest travel to Sunderland Hospital by bus. A small proportion of these visitors reported that they would have travelled differently, including walking, had the service been provided at South Tyneside District Hospital.

The relocation of acute stroke services to Sunderland Royal Hospital is unlikely to have much impact on parking demands at the hospital (and by extension on the local road network), with just 1-2 additional vehicles during afternoon visiting hours and 2- 6 vehicles during evening visiting hours expected. Enough car parking spaces are available to cope with extra cars at this time.

Maternity (obstetrics) services

South Tyneside mothers, and their visitors, will be affected by this review. Depending on the option that is taken forward, it could be that all South Tyneside mothers will be affected (in the case of option 2). Alternatively, only those who are deemed to have a high risk birth (option 1) will be required to travel to Sunderland Royal Hospital for the birth.

The accessibility analysis, using postcode locations of previous maternity patients living in South Tyneside and having their children at South Tyneside District Hospital, showed that the average public transport journey to or from Sunderland Royal Hospital (instead of South Tyneside District Hospital) increases by 21-25 minutes depending on the time of day. The current average public transport journey time to or from South Tyneside District Hospital is 22 or 23 minutes, again depending on the time of day. 85% of previous maternity patients from South Tyneside could get to Sunderland Royal Hospital by public transport between within 60 mins, compared to 87% of patients who could get to South Tyneside District Hospital, however the number of maternity patients who could get to Sunderland Royal Hospital within 30 minutes reduces from 70% to 2%.

Car journeys to South Tyneside District Hospital currently take on average six minutes and will increase by six minutes if travelling to Sunderland Royal Hospital by car. 70% of South Tyneside maternity patients would be able to reach SRH by car in between 11-20 mins.

The travel survey results indicate that South Tyneside visitors or patients would use broadly similar modes of transport to get to South Tyneside District Hospital and Sunderland Royal Hospital, although slightly more people would use the metro and slightly less people would walk to Sunderland Royal Hospital.

Under option 1, in which all high risk births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, it is estimated that there would be an increase in the demand for parking at Sunderland Royal Hospital of up to around 4 vehicles per day.

Under option 2, in which all births would transfer from South Tyneside District Hospital to Sunderland Royal Hospital, the potential increase in parking demand at Sunderland Royal Hospital is likely to be around 7 vehicles per day. Capacity exists to accommodate the additional expected cars under both proposed options.

The impact upon the local road network would be small and would be spread across the day.

Women's healthcare (gynaecology) services

Inpatients
South Tyneside gynaecology inpatients would be affected by the service change proposals as they would be required to travel to Sunderland Royal Hospital instead of South Tyneside District Hospital for their treatment.

The postcode locations of previous gynaecology patients living in South Tyneside and treated at South Tyneside District Hospital were used to measure accessibility and showed that the average public transport journey time to Sunderland Royal Hospital would be approximately 20 minutes longer than the current 23 minute journey to South Tyneside District Hospital. 86% of South Tyneside gynaecology patients could get to Sunderland Royal Hospital by public transport within 60 minutes, compared to 87% who could get to South Tyneside District Hospital by public transport within one hour. Accessibility to Sunderland Royal Hospital within 30 minutes by public transport was 2% of South Tyneside patients, compared to 69% who could reach South Tyneside District Hospital within the same timeframe.

The average car journey to South Tyneside District Hospital takes six minutes. 70% of previous South Tyneside gynaecology patients are estimated to be able to access SRH within 11-20mins by car. The additional time to travel to Sunderland Royal Hospital would mean the existing journey tine increasing by six minutes.

The travel survey results suggest that 77% of gynaecological inpatients at South Tyneside District Hospital travel by car (33% as a passenger and accompanied inside the hospital, 44% as a passenger and dropped off) and the remaining 23% use a taxi. If the services were relocated to Sunderland Royal Hospital, the survey indicates that a greater proportion, 89%, would travel by car (67% as a passenger and 22% would drive themselves) and 11% would use the bus. Because of the relatively small number of patients involved little or no additional parking demand would be seen at Sunderland Royal Hospital.

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

South Tyneside parents who currently take their child to South Tyneside District Hospital Paediatric Emergency Department (ED) would be affected, particularly overnight from 8pm to 8am the following day if there wasn't a paediatric ED or nurse-led walk-in facility available at South Tyneside District Hospital.

Postcode locations of previous Paediatric patients living in South Tyneside and treated at South Tyneside District Hospital were used to measure accessibility, which showed that the average public transport journey to or from Sunderland Royal Hospital instead of to or from South Tyneside District Hospital increases by 18-23 minutes depending on the time of day. The average public transport journey to or from South Tyneside District Hospital is 24 or 25 minutes depending upon the time of day.

84% of South Tyneside patients could get to Sunderland Royal Hospital by public transport within 60 minutes during the day time, compared to 86% who can access South Tyneside District Hospital by public transport within 60 minutes. Accessibility by public transport within 30 minutes falls from 65% to 4% of South Tyneside paediatric patents.

Car journeys to Sunderland Royal Hospital will take around six minutes longer on average, with the current car journey time to or from South Tyneside District Hospital taking six minutes. 67% of previous South Tyneside paediatric patients could continue to access urgent care services at Sunderland Royal Hospital by car in between 11-20 minutes.

Option 1 for Paediatric services involves the proposed overnight closure of the South Tyneside Paediatric ED. The travel survey results suggest that parents or guardians would use slightly different ways of getting to Sunderland Royal Hospital, compared to how they currently access South Tyneside District Hospital, with slightly more using bus and metro and slightly less driving themselves to the hospital. There would be a small increase in parking demand at Sunderland Royal Hospital, but this would be overnight, when there is plenty of spare capacity and would not add a significant level of traffic onto the road network.

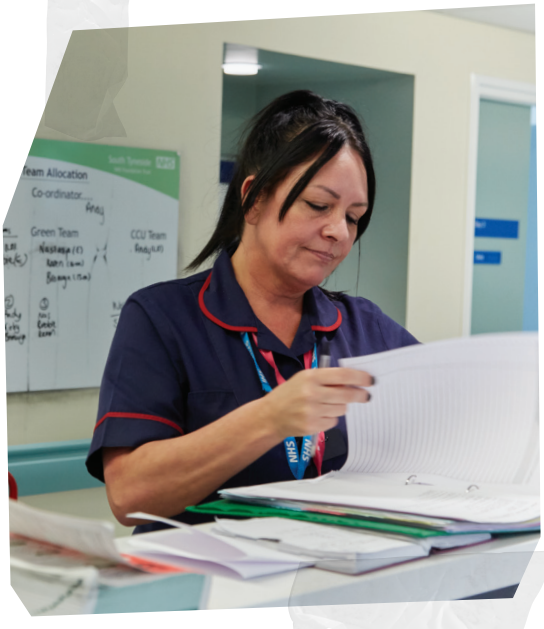
Option 2 for Paediatric services involves the replacement of the Paediatric ED with a nurse-led walk-in facility open from 8am till 10pm (with doors closing at 8pm to allow for the treatment and discharge of children). The impacts of this option are broadly similar to those of option 1, with a small increase in parking demand at Sunderland Royal Hospital.

Potential measures to reduce the impact of the proposed service changes

The report also suggested a number of measures that could help reduce the travel impacts of the proposed service changes, these include:

- **Ensuring patients and visitors have accurate, up to date information about their travel choices, including public transport information, and are aware of journey planning tools and facilities**
- **Ensuring patients and visitors have accurate information about parking choices and costs**
- **Providing patients with information about schemes that offer assistance with travel costs**
- **Providing travel information with appointment letters**
- **Promoting the existing policy of allowing patients to discuss and schedule appointment times that ease their travel arrangements**
- **Introducing improved bus services serving the two hospitals sites**
- **Increase the number of out-patient clinics at South Tyneside District Hospital to minimise travel to Sunderland.**

Some of these suggested improvements would involve organisations external to the NHS. The Path to Excellence programme would welcome the opportunity to discuss these ideas with other partners with the view to developing actions together in order to make improvements.



Impact on ambulance services

North East Ambulance Service (NEAS) is a key NHS partner in sharing their views on how these proposals may affect the care they provide. NEAS has looked at the individual effect of the different options on their patient care and is considering the impact of any changes combined together. NHS organisations will continue to work together in the coming months to ensure ambulance service impact is more fully understood. This will be important information that the clinical commissioning groups will need when making their final decision.

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

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

The total additional time associated with the patients being transported to Sunderland Royal Hospital amounts to approximately 110 hours a year.

Maternity (obstetrics) services
Women in labour arriving by ambulance to South Tyneside District Hospital number under 10 patients per month on average.

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

Some patients under option 1 may need to be transferred during labour from South Tyneside to Sunderland.

Women's healthcare (gynaecology) services
Only a very small number of women with gynaecology problems arrive by ambulance at South Tyneside District Hospital, and therefore at an individual service level the changes are not expected to have an adverse impact on the ambulance service.

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

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

Considering travel and response times as a whole

The ambulance service will continue to work with the Path to Excellence team and NHS partners to understand how its services might need to change to deliver the proposed options and what impact this will have on its service overall. It will consider how staff may need to work differently, what implications there may be for vehicle movements across communities as well as understanding what work may be required to continue to ensure timely ambulance responses.

What happens next?

All the feedback from the public consultation, including comments on travel and transport impact, will be analysed into themes.

We will publish this report and hold feedback events later in the year. The feedback will influence the final decisions which will be made by the two clinical commissioning groups later in early 2018.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