

# Path to Excellence – listening panel – 11 December 2018

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## Background

As part of that process the NHS asked interested individuals or organisations if they have key evidence or ideas that the NHS should consider as part of finding future solutions, and the opportunity to present them directly to NHS leaders at a specially arranged public listening panel that took place in December.

The panel received evidence from partner organisations, including; Sunderland Carers Centre, HealthWatch South Tyneside and action groups Keep our NHS Public, Save South Tyneside Hospital Campaign, as well as Cllr Angela Hamilton, South Tyneside Council.

The panel was chaired by Nicholas Duffin, director of The Consultation Institute, an independent, not-for-profit best practice Institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors.

Evidence presented needed to be relevant to the issues highlighted in the draft case for change and individuals and organisations were asked to consider following questions as part of their submissions:

Information the NHS needs to consider in response to the draft case for change

Arguments against the information set out in the draft case for change

Proposals for ideas to solve the issues in the draft case for change

Proposals for additions to the draft case for change

### How did the panel work?

Interested parties booked a 30-minute slot

Each group was offered a maximum of four places to attend the meeting, with one person nominated to act as spokesperson who presented the group's evidence to the panel

Submit written materials three working days in advance, 5pm Thursday 6th December, which allowed members of the panel to prepare and to ensure information was formally received

Attend the panel event and present evidence and ideas – approx. 15 mins to present and 15 minutes for questions

Panel chair facilitated questions from panel members relating to evidence

The session was broadcast via social media platforms

Evidence and further information gained from the session will be used as part of solutions generation

### Use of social media

The hearing was broadcast live on social media and is available on the link below.

Facebook live video:

<https://www.facebook.com/nhsexcellence/videos/550426058753401/>

It had 1,700 views and 35 shares

## Evidence hearing 1 - Cllr Angela Hamilton – South Tyneside Ward Councillor

No written submission provided in advance of the session.

Cllr Hamilton explained she was a councillor where there is highest deprivation and had asked to come along by residents – thoughts and experiences and raise concerns

Raised the following issues and points:

Progressing the consultation for phase two before outcome of judicial review – feels this is inappropriate.

Mentioned unison and staff – they are opposed to the merger. Neither hospital can deliver services. Have been told that there has been 31 ideas but no-one were told what they are yet.

Feel that it's premature to carry out with this as plans aren't clear – feel like it's going to be the downgrading of services.

A&E is essential – changing the hours shouldn't happen.

Gave a personal experience of use of services.

Not saying that all services needs to be delivered in one hospital, know that can't be done. There are some services that need to be delivered at all hospitals – A&E, maternity specifically mentioned

Concerns about transport and how people are going to get to Sunderland if you live in South Tyneside.

Staff don't feel like they can cope with number of patients, recruitment crisis, plus staff don't want to move to Sunderland.

Proposals are 'horrific'.

Difficult to submit thoughts on proposals when you haven't heard any detail

Think public need to be involved in designing the potential solutions – needs to include reps from save South Tyneside campaign, trade unions, wider staff basis (cleaner's are good to involved as they knows everything going on)

Aware that there is lack of money available. "We know how many babies were born in cars"

It's about prioritising, people who use the services should be prioritising and services that are used by the majority are the services that should be there.

It's not just location you have to have the best services and best care.

There was a lot of issues around stoke services I don't think it should be moved

People go to Sunderland for ops, and to S Tyneside for follow up care

Quite isolating going to Sunderland, how are people going to get there?

All talk of moving to Sunderland, no talk of anything moving to S Tyneside.

One of the top performing hospitals, but those are the services that are moving elsewhere to a hospital that isn't as delivering to the same standard as South Tyneside.

What does path to excellence mean to anyone it doesn't mean anything .

Why do we need to transform care locally what's wrong with change, these are not words people understand.

### **Questions / suggestions**

How many clinicians are involved in the process?

Suggestion a similar amount of people with staff and members of the public (ie match the 30 clinicians that is currently part of the team)

Go through staff unions and staff groups to create a broader range of people involved

Suggested going into pubs (although this was about alcohol), we went round to talk to them. Use supermarkets, Kings Street but make sure you have conversations rather than handing out information

Use of social media more to target younger people. Need to consider older people

Listening event in local community centres – drop in sessions etc, write on post-it notes / write comments on walls

Concerns about ambulance response times  
Are you planning on selling any of the land on the hospital site?  
Use language that is easily recognisable – your mam, dad needs to understand it – what does Path to Excellence actually mean  
Openness transparency and talking to people is the most important thing – listening to people and prioritising emergency services in both venues

## **Evidence hearing 2 - Chris Ranson - Sunderland Carers Centre**

Submission is available at <https://pathtoexcellence.org.uk/wp-content/uploads/2018/12/NHS-Path-To-Excellence-Panel-Brief-Carers-Centre-1.docx>

Support more permanent staff, however concern that carers are being passed ‘from pillar to post’  
Carers are constantly having to repeat their story – cares and communication needs to be embedded  
Accessibility – Pallion health centre  
Financial burden on carers for making huge journeys  
“Walked into the hospital as a husband and walked out as a carer” – his wife had had a stroke.  
How can improve comms – the carers passport scheme – working on this with the patient experience team  
Concern is about travelling to South Tyneside and Sunderland and in between Cares passport scheme → allows carers views to be pointed out. It’s possibly a lanyard – carers story should be saved so that it doesn’t need to be repeated. This only works if staff understand what a carer is and what their role is  
Building relationships with carers and staff is key – they do this one staff member and if they go then need to do it again  
The ‘cared for’ needs to feel very secure and the relationship with carer allows them to go home  
Working with carers nationally so that they are represented nationally  
Panel asked for clarification on transport – it’s difficult to answer as it’s a bit of everything – concerns and fear of the unknown  
Panel invited Chris Ranson about how they can get involved in the transport

## **Evidence hearing 3 – Save South Tyneside Hospital and Keep Our NHS Public Sunderland Campaigns**

Roger Nettleship / Pam Whortley / Laura Murrell  
No evidence was provided in advance of session.  
Save South Tyneside Hospital Campaign and Keep our NHS Public Sunderland  
Describe context – still challenging the phase one part of Path to Excellence – this is an issue  
Phase two – they don’t believe this – don’t believe that these changes will help services in Sunderland and South Tyneside / won’t improve acute services / community services

“Have seen this all before” – you mean further drastic cuts that’s what no change isn’t possible really means

No-one really has the power to challenge these cuts

Campaign groups are doing everything that they can to save the NHS

Hospitals can’t cope with the number of patients – ward closures and bed closures goes on

“People’s lives are ruined”

More staff have been involved in phase two. BUT the decisions about the options are still behind closed doors.

Criteria doesn’t reflect when and where services are needed

Campaign group won’t accept closure of A&E and the vital services

Panel asked if they would be invited / involved in the design process – said they attend meeting where available – they want to make sure unions and staff are involved as well

Criteria is skewed to those planning the changes

“No change is not an option” means people think things are going to get worse

What has been the consideration of staff as it doesn’t include baseline information.

It’s important that evidence is clear in the document (working together)

Path to Excellence doesn’t really make sense – if it was excellent then you would be building new services – government states that services need to be local

What will the purpose of South Tyneside hospital when all the acute services are moved out of it – it needs thousands spent on it £13m

Destruction of mental health services – Bede wing – safe place for patients. The alternative is in A&E or police cell as a result. Important for mental health patients being treated locally near home. It was closed despite the objections.

Shortage of hospital beds and can’t cope with 92% capacity

Impose the Canterbury model – closing more beds

We lost 20 beds with the stoke rehabilitation team

Wouldn’t want to move any services from their areas that they are currently now – with digital technologies you could look at some different solutions

A lot of assumptions are made – who wouldn’t want these but there’s heavily reliance on other services ie council and public health but where is the evidence

Phase two has gone the other way from phase one with 31 options – but the current option is still not available

Need to check back with campaign group about level of involvement

What is the process for this work and how have staff viewed been used

Feel difficult to be involved when feel that the decision has already been involved and there is no trust

Need to be looking where you can get funding – heard about ‘capital funding’

What plans are you making for the increase in population for South Tyneside

Thank you for inviting and listening to what we have to say. It’s very important for all those involved and what we think about the context and our thoughts on phase one.

We will continue to be engaged and come to the meetings. We don’t feel that we’re getting very far but the best way forward is to have dialogue and to review points that people don’t agree with.

## Evidence hearing 4 - Healthwatch South Tyneside

### Peter Bower

<https://pathtoexcellence.org.uk/wp-content/uploads/2018/12/Healthwatch-Public-Listening-Panel-Dec-18-1.doc>

Community care is best

Needs to emphasise that it's a two-way process

Need to think of investment – both sides ie Sunderland and South Tyneside

Focus on urgent care hub – they asked people and are planning on doing another survey soon

Feel like it's a jigsaw and a story

There are two places here – Sunderland and South Tyneside so therefore needs to be a two-way street

Need to work in partnership

Need to integrate all services and look at how changes outside of hospital impacts within the hospital

Healthwatch (small team of 4) but would like to help – seen as independent voice and think this is what we add

Capacity – have we got it? Quality assurance reports – ST are really good (in top 10%), concern would be if things move then haven't got robustness for physical capacity and staffing capacity – Healthwatch could help with this

Big think is perception over risk – perception is your biggest area here and you need to get the community on your side

Transport is a continuing concern and you don't have direct control in this area

People who are admitted to hospital are over 80 and you need to think about how you engage with those people – end of life care big area

## Other comments received via facebook

Beds in Bede, walk-in centre in Jarrow has went. Perception is that services are being cut. Path to Excellence means being great but P2E doesn't mean this.

Perception that things are 'excellent'

'A sustainable service' – use sustainable service instead of excellence. Think need to consider name change

Clarification on who was involved in the design team for the options

## Appendix 1 – Agenda

2pm to 5pm, The Clervaux Exchange, Clearvaux Terrace, Jarrow, NE32 5UP

Time	Item
2.00PM	Welcome and Introductions Nick Duffin – The Consultation Institute
2.15PM	Cllr Angela Hamilton South Tyneside Council
2.45PM	Chris Ranson

	Sunderland Carers Centre
3.15PM	Roger Nettleship Pam Whortley Laura Murrell Save South Tyneside Hospital Campaign and Keep our NHS Public Sunderland
4.15PM	Peter Bower HealthWatch South Tyneside
5.00PM	Close