

Feedback session full report – South Tyneside

6pm-8pm, Monday 11 December 2017

Clervaux Exchange, Jarrow, South Tyneside

This event was attended by 15 patients and members of the public and the feedback report was presented by Pippa Sargent and Andy Wright from the independent (not the NHS) research company Social Marketing Partners.

Maternity - update on the current situation

- I have great concern, it is contrived. The QE midwives are saying there are not enough staff to cope. QE management are happy and are advertising for six new midwives, they would not be doing this if it was a temporary measure. The midwives at STFT came up with a staff rota and I trust them more than you. The neonatal network is made up of people who think they will get the births at their hospitals by stamping on STFT.
- I am a midwife at STFT and there was no staff consultation over this closure. There are part time staff who would have gone full time. Morale is very low.
- Staff on holiday found out by text message from colleagues. Disgusting.
- It is a safety concern. No antenatal women are being assessed. A woman came in and there was no foetal heartbeat.
- Another woman was transferred to Sunderland and then discharged. She paid £40 in a taxi and she couldn't afford to go back so she had to get an ambulance.
- No staff communication. No staff involvement in decision.
- The damage has been done as the press have put out that it is unsafe.
- What is the current status of the stroke unit? Is it coming back to South Tyneside?
- You failed to listen. Options were not drawn up by nurses/midwives. Why haven't you learnt and involved staff? Why is the staff rota they have come up with unsafe?

Feedback report

- How many people did you speak to for the street survey?
- There are over 800 streets in South Tyneside so that's less than one person per street.
- Have you tried a 100% survey before?
- In the quant did people have the option to stick with the status quo?
- So they didn't have the option to say no?
- It was a loaded question.
- We all know the answer to the question was no.
- Using the gunning principles for the street survey, was a 10 minute interview adequate?
- Was that 800 in South Tyneside and Sunderland?
- I could pick holes in all your documents.

- Tomorrow I am going to Blaydon for a treatment, luckily I have a car. I have here the times and costs of transport.
- You say responses are based on response from each area, not total responses. What are the total responses?
- Are these direct responses? Have you got numbers of South Tyneside and Sunderland respondents? Would it be a confounding factor for South Tyneside as service has been closed two years.
- With regard to maternity services we were told it had nothing to do with cost?
- Option one is more preferable to people in Sunderland because they will have a Consultant led unit and midwifery led unit.
- It's obvious, you don't need to do all this to tell you this. People don't understand, it will be detrimental to people of Sunderland because of more births, less access to stroke services and longer waits at A&E.
- Was there a separate 10 minute interview for each area of care?
- Is there anywhere in the document that says how you picked the 400 people?
- In your questionnaire for maternity were women given a third option, because offered MLU or no MLU they will pick MLU as they are not given a status quo option and want a birth option for South Tyneside.
- Is there anywhere we can see what questions were asked on the website?
- It has been demonstrated now that women are choosing Gateshead not Sunderland. Is Gateshead having similar issues and going to be next? That's what midwives there are saying.
- Children will not need to deal with adult A&E because they're going to close that next, that's what they're saying.

Q&A

- Why was the decision made not to have a status quo option for maternity?
- When you talk about staffing it is nationwide. We meet all the hurdle criteria? No adverts for posts for staff? We have the highest rate of natural births. Why do we have to close if QE can do it why can't we?
- If you talk about high-quality and safe, how long has status quo not been safe?
- It seems to not be supported by CQC report a few years ago.
- I'm stuck with the questions asked. Women do not understand the criteria to give birth in an MLU. In the last three days we have had three women decide to give birth at home who are not safe to.
- Still no staff consultation, as a midwife how do we know what advice to give? Managers need to speak to staff on the ground/ We are fighting for women not our jobs. We will clean toilets if we have to. It is for the women we are doing this.
- It is clear that the people who put the consultation together, Path to Excellence is a joke. Demonstrated in free text people want status quo. In quant as well. This whole thing has been a waste of time and money as the decision will happen regardless and not take what people want in to account. The voice of people is overwhelming so if not reflected in the decision-making then it is a waste of time and pointless.
- Will more weight be given to quant?