

Feedback session full report – South Tyneside

10am – 12 noon, Tuesday 12 December 2017

Hope Street Xchange, Sunderland

This event was attended by 25 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

- What work is being carried out? The staff came up with a rota for SCBU, midwives that are part time are happy to work full time. You failed to speak to staff with options and with closing maternity services.
- If the service has proven able to function in current set up, at max capacity, what will the situation be when you implement changes with less staff?
- I'm an ex Sunderland midwife, I have spoken to colleagues and the unit has been so full recently they have had to use four beds in an emergency unit, the staff are not coping.
- Staff have not been consulted. They came up with a plan to keep SCBU open. You have not advertised SCBU posts.
- I work at South Tyneside Foundation Trust (STFT) and staff were only informed on Sunday when we were told the unit was closing. The Medical Director was shocked at the passion of the staff. We came up with an option to keep it going. If staff were made aware of the crisis brewing this could all have been avoided. Where is the evidence that you consulted with us beforehand? It wasn't happening before Sunday.
- Do not send people to a meeting who do not know the answers to the questions.
- Thursday was the children's heart unit decision, was it a good day for bad news?

Q&A

- This is not a Path to Excellence. Despite people being given options the status quo was preferred. Why were the options put forward, finance?
- Paediatrics attendances at STDH are 18,000 and 22,000 at Sunderland. Capacity. Patient risk increased because you are doubling numbers attending Sunderland? Not just paediatrics but impact on other departments, for example A&E? You have done capacity modelling but no risk modelling.
- Golden hour. Time from point of contact to hospital. Time to hospital increases because you need to travel further. Need reassurances ambulances will be fasted in future.
- How much did a professional organisation cost to do the consultation? You reached less than 1% of the population speaking to 15,000 people. Save South Tyneside Hospital campaign has 30,000 signatures. Yes some were from other places from the football.

- At what point do you say you got it wrong and go back and start again?
- All NHS consultations are bad if 1,500 people respond.
- A nurse said we still have the best health service in the world. We are 20th in Europe and 30th in the world. If cost is not an issue then why not stay with the status quo. You insulted Mackems when you said that. People say they can't read signs in Sunderland.
- Concern at the level of people involved in consultation. The timings with the consultation, for the cynical among us, focus groups in VCS. Limited scope of VCS for disability and BME.
- No launch event information was included in the analysis of the events as they were held to socialise Path to Excellence, no one knew about it.
- There are no figures in appendix 8. Poor dissemination of events and event attendances.
- It was a flawed exercise. There were three options and non were acceptable to the majority of people I know. If given 'none of the above' as an option everyone would chose it. It was a non-sensical exercise.
- I am a former healthworker. You have been exposed today. Leading questions were asked in the research. Share the questions? You have missed a trick in a couple of places. When people go through the services you consulted on they need kin, to care for them. Qualitative research is about emotions and it is political. You are not allowed to comment on the big future of where our services are going. It is about trust, there has been no opportunity to talk about the partnership. Where are the CCG today? This is service contraction and people are angry. Not carrying the community. Commit people to have an open political platform. What is STP? Will there be an ACO? Would research be different if you include kith and kin? At the launch all the big wigs were there but they are not here today.
- People who were surveyed, did you go to deprived areas and speak to them? Those people are more likely to need services and less likely to know about the changes.
- Are patients receiving thrombolysis at South Tyneside?
- Who actually carried out the street survey? How long did they have on the survey? I heard it was 10 minutes and gunning principles say you need adequate time to consider options, this is not done in 10 minutes.
- At the cabaret style events for stroke services the little groups were led in a bias style. When I objected to the leader being bias the scribe changed their style but the facilitator did not. For the ambulance service, lay down the criteria, one part of the NHS cannot make financial demands on another. My friend experienced a stroke and one ladies opinions were taken very seriously on the table, the lady had not emotionally recovered from her stroke. She did not like options 2 and 3 because she would not have liked to be taken from Sunderland to South Tyneside as she is from Sunderland. People need to get back and be near friends and family to someone from South Tyneside would give a different answer.
- Do people know? People when signing Save South Tyneside Hospital campaign did not know about the changes. Jarrow walk-in centre closed two years ago and people still go there now expecting to find it open.