

Questions about CHILDREN and YOUNG PEOPLE's URGENT AND EMERGENCY SERVICES

South Tyneside children's A&E already provides a quality service – how will this improve with the new service?

Both current and the future proposed services have been assessed against national clinical standards set out in the Royal College of Paediatrics and Child Health Facing the Future standards. This shows that current acute services at South Tyneside District Hospital are only partially satisfying standards around timely consultant availability and also the number of doctors or paediatric nurse practitioners available.

The services have struggled to recruit to vacant medical posts and are heavily reliant on temporary doctors, which impede their ability to make planned, long term quality improvements. The proposed changes should mean children are seen by senior doctors and experienced clinical decision-makers sooner after presentation.

Why is there resistance to nurse-led A&E?

Option 2 would involve the provision of a paediatric nurse-led service at STDH which would deal with the majority of patients that are currently seen in South Tyneside Paediatric Emergency Department (PED). Paediatric nurse practitioners are highly-qualified and experienced staff members who are specialists in their field. They already work as part of the paediatric medical rota at both hospital sites.

Which targets /achievements regarding paediatrics will improve in the new service?

The main standards that will improve as a result of the options are listed below:

- A consultant paediatrician is present and readily available in the hospital during times of peak activity, seven days a week (up to 10pm or other time as agreed locally) (Option 1)

- Every child who is admitted to a paediatric department with an acute medical problem is seen by a healthcare professional with the appropriate competencies to work on the tier two (middle grade) paediatric rota within four hours of admission (Option 1)

- Will help release more clinician time to take part in six-monthly education and knowledge exchange sessions with GPs and other healthcare professionals who work with children (Option 1 and 2)

- Will help with the requirement that all general paediatric training rotas are made up of at least 10 whole time equivalent posts, all of which are compliant with the UK Working Time Regulations and European Working Time Directive (Option 2)
- Will help release more clinician time being available to attend meetings with senior healthcare professionals from hospital, community and primary care services and representatives of children and their parents and carers to monitor, review and improve the effectiveness of local unscheduled care services (option 1 and 2)

Paediatrics in South Tyneside is planning to propose a third option – who do we link with in Clinical Commissioning Group?

We very much welcome any new ideas and proposals; this is why we are consulting. It must be stressed that the same assessment process will be applied to any new options as was applied to the options being consulted upon.

We recognise that some people might require assistance with developing your proposal in order to ensure they are as robust as possible and consider how they will meet the assessment tests. We are really happy to provide assistance with this so please contact us and we can advise.

Any alternative service configuration ideas can be submitted as part of the consultation process.

Individuals can submit written feedback, including any proposals, in writing to:

Via email: nhs.excellence@nhs.net

Via post: The Path to Excellence

Freepost RTUS–LYHZ–BRLE

North of England Commissioning Support

Riverside House

Goldcrest Way

NEWCASTLE UPON TYNE

NE15 8NY

All information on how to contact us is on the Path to Excellence website

www.pathtoexcellence.org.uk

What will happen to children who turn up at South Tyneside District Hospital after 10pm? Who will see them? And what will happen if they don't arrive before 8pm and are waiting for an ambulance? Will they

be seen by an adult A&E doctor? And will they require nurse practitioner support?

We know that the number of children and young people who go to South Tyneside emergency department (ED) after 8pm is low. That said, we would do all we can to minimise this risk and ensure that patients reach the right place for care, first time. This would involve a range of actions, potential to extend the 8pm cut off to 10pm with the PED closing at 12 midnight, always informing local people about what services could be accessed where and at what times and working with NHS 111, GP practices and other local services to ensure patients are appropriately referred and signposted.

Where paediatric patients do arrive at South Tyneside ED after 10pm/12 midnight they will be seen and treated in the adult ED under both options.

Any children and young people who present with serious conditions will be transferred by emergency ambulance to the Paediatric ED at Sunderland Royal Hospital.

They will be cared for by medical and nursing staff in the South Tyneside adult ED until the ambulance arrives. Work would take place with both adult ED and ambulance service staff to ensure that robust arrangements are in place to safely and quickly transfer such patients. We are also working with the North East Children's Transport and Retrieval (NECTAR) Service to explore how we can work with them to safely transfer children as and where needed.

Why can't we consider a 3rd option – who spoke to senior clinical staff on the options?

A number of options were considered prior to the two options being agreed as the most clinically viable and appropriate options to be taken out to public consultation. Clinical design teams assessed options against hurdle criteria and those that satisfied these criteria were worked up in further detail and then further evaluated to assess their impact on clinical quality and sustainability, accessibility and choice, deliverability and affordability.

All options and assessments were reviewed by senior clinical and non-clinical staff from both the hospital trusts and CCGs, working as part of the Clinical Services Review Group. Further external views on the proposed options were also sought from independent representatives from the North of England Child Health Network to bring further assurances around their safety and viability.

Part of the consultation process is however intended to explore any other options that local residents and clinicians feel may successfully address the workforce challenges the service faces, in a safe, clinically sustainable and

affordable way. Any alternative proposed service arrangements can be submitted through the range of consultation feedback mechanisms including email nhs.excellence@nhs.net or writing to:

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If option 2 is chosen the day unit STDH would close BUT the consultation document states “there would be continued provision of children’s day surgery such as dental surgery.”

In option 1 the Children’s Day Unit will remain unchanged. In option 2 the types of cases seen in this unit will be reviewed and those that require the on-site presence of a doctor or the in-patient of a doctor would need to be seen at Sunderland Royal Hospital, the remainder continuing to be managed within South Tyneside.