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Partners in improving local health

NHS

North of England Commissioning Support

Path to Excellence – Phase Two

Doctors in training survey findings

July 2019

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1 Background

The Path to Excellence is five-year healthcare transformation programme across South Tyneside and Sunderland which has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined-up, sustainable care that will benefit the population both now and in the future.

The aim of Phase Two of the Path to Excellence programme is to build on the strengths and successes of the Trusts whilst helping us to plan and prepare for the tidal wave of pressures we know are facing the NHS.

The focus for Phase Two of the Path to Excellence programme is upon:

- **Emergency care and acute medicine** – the care provided when patients arrive at the Emergency Department or need emergency admission to hospital.
- **Emergency surgery** - the care provided when patients are admitted to hospital as an emergency and require an immediate operation.
- **Planned care (including surgery and outpatients)** – the care provided when patients are referred to hospital by their GP for a test, scan, treatment or operation.

Doctors in training survey

It is understood that attracting permanent medical staff is one of the biggest challenges to the sustainability of South Tyneside and Sunderland services and staff have told us that the way services are currently arranged is a contributing factor.

A survey was therefore designed to capture the thoughts of qualified medical and surgical clinicians engaged in postgraduate training, in terms of what is important to them when considering a future consultant role to help ensure that the future delivery of services meets the needs of both the local population and staff.

The feedback from this survey will be used to form part of the ongoing testing and evaluation of the ‘working ideas’ that have recently been developed for potential future delivery of acute care services across South Tyneside and Sunderland.

These working ideas have been developed based on the views of over 9,000 staff, patients and members of the public, stakeholders and wider partners.

This report summarises the feedback from this survey.

2 Survey findings

2.1 Summary of findings

- A total of 25 junior doctors responded to the survey, although the number who responded to each question varied.

- The most important factors for junior doctors when considering a future consultant role were:

    - Good to reasonable work-life balance
    - Protected education, training and clinical supervision
    - Few gaps in rotas and a stable, substantive team / rota
    - Sustainable workload
    - Access to up to date equipment and technology.

- In terms of the working ideas, junior doctors felt that they would be most attracted to work under the arrangements for the least change idea - 11 respondents stated that they would be extremely, very or moderately likely to be attracted to work.

  This was closely followed by the current state service and some change idea with ten and eight respondents respectively stating that they would be extremely, very or moderately likely to be attracted to work with under these arrangements.

  The least favoured idea was ‘greater change’ with just five respondents stating that they would be likely to be attracted to work.

- The some change idea was found to fulfil the most factors in relation to junior doctors’ preferred working environment – particularly providing career progression opportunities, few gaps in rotas and a stable, substantive team/rota and a good to reasonable work-life balance.

  The minimal change idea was felt to fulfil the second most factors – particularly providing more opportunities to specialise / develop skills and a varied job role.

  The greater change idea was felt to fulfil the least factors but provide a sustainable workload and opportunities to work within a bigger clinical team.

2.2 Survey analysis

Twenty five doctors in training responded to the survey, although the number who completed each question varied. For this reason, results have been presented as the number of respondents rather than percentages, to prevent any distortion of the results.

The table below shows the current or intended areas of speciality for respondents. Three respondents gave an 'other' response, which were as follows:

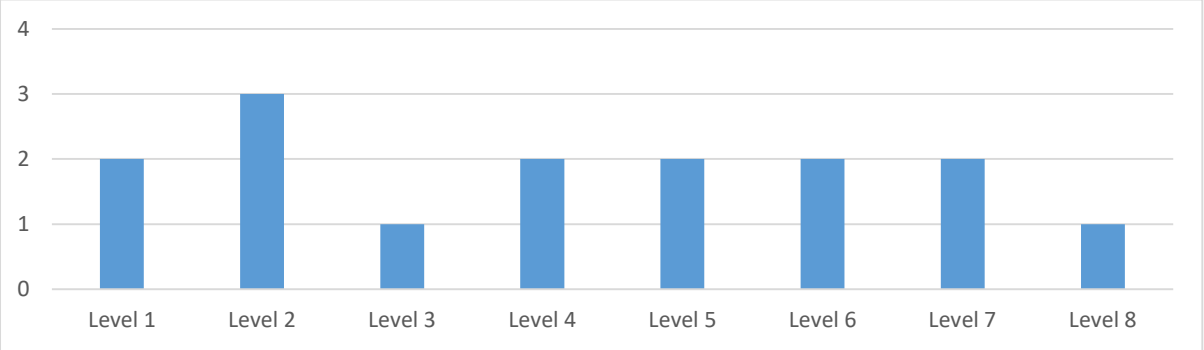
- "Level 3 specialty doctor - allowed and able to deliver independent clinical service by NHS SAS charter"
- "Non-training ST3 level trust doctor"
- "Not a doctor in training but have been invited to complete the survey".

Question: Which is your current or intended area of speciality training? (n=25)

Answer choices	No. of respondents
Foundation	4
Other	3
Acute Care Common Stem - Acute Medicine	2
Acute Care Common Stem - Emergency Medicine	2
Anaesthetics	2
Gastro-enterology	2
General (internal) Medicine	2
Geriatric Medicine	2
Trauma and Orthopaedic Surgery	2
Acute internal medicine	1
Cardiology	1
Clinical Radiology	1
Endodontics	1
General Surgery	1
Neurology	1
Paediatrics	1
Respiratory Medicine	1

The figure below shows the level of study that the junior doctors had achieved or were currently working towards. As can be seen there was a range of respondents at each level.

Question: What is your current level study that you have achieved or are currently working towards? (n=15)



The slight majority had undertaken training in South Tyneside (9 respondents) whilst six indicated that they had undertaken training in Sunderland. Furthermore, four had undertaken training in both hospitals and three in neither hospital.

Question: Please tell us if you have undertaken any training in South Tyneside and Sunderland in the last five years (n=22)

Answer choices	No. of respondents
South Tyneside NHS Foundation Trust	9
City Hospitals Sunderland NHS Foundation Trust	6
Both South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust	4
No training in South Tyneside NHS Foundation Trust or City Hospitals Sunderland NHS Foundation Trust in last 5 years	3

When thinking about a future consultant role, the most important factors were identified as:

- Good to reasonable work-life balance (18 respondents rated this as very or fairly important)
- Protected education, training and clinical supervision (17 respondents rated this as very or fairly important)
- Few gaps in rotas and a stable, substantive team / rota (17 respondents rated this as very or fairly important)
- Sustainable workload (17 respondents rated this as very or fairly important)
- Access to up to date equipment and technology (17 respondents rated this as very or fairly important).

The slightly less important factors emerged as:

- Working within a bigger clinical team (12 respondents rated this as very or fairly important)

- Varied job role (13 respondents rated this as very or fairly important).

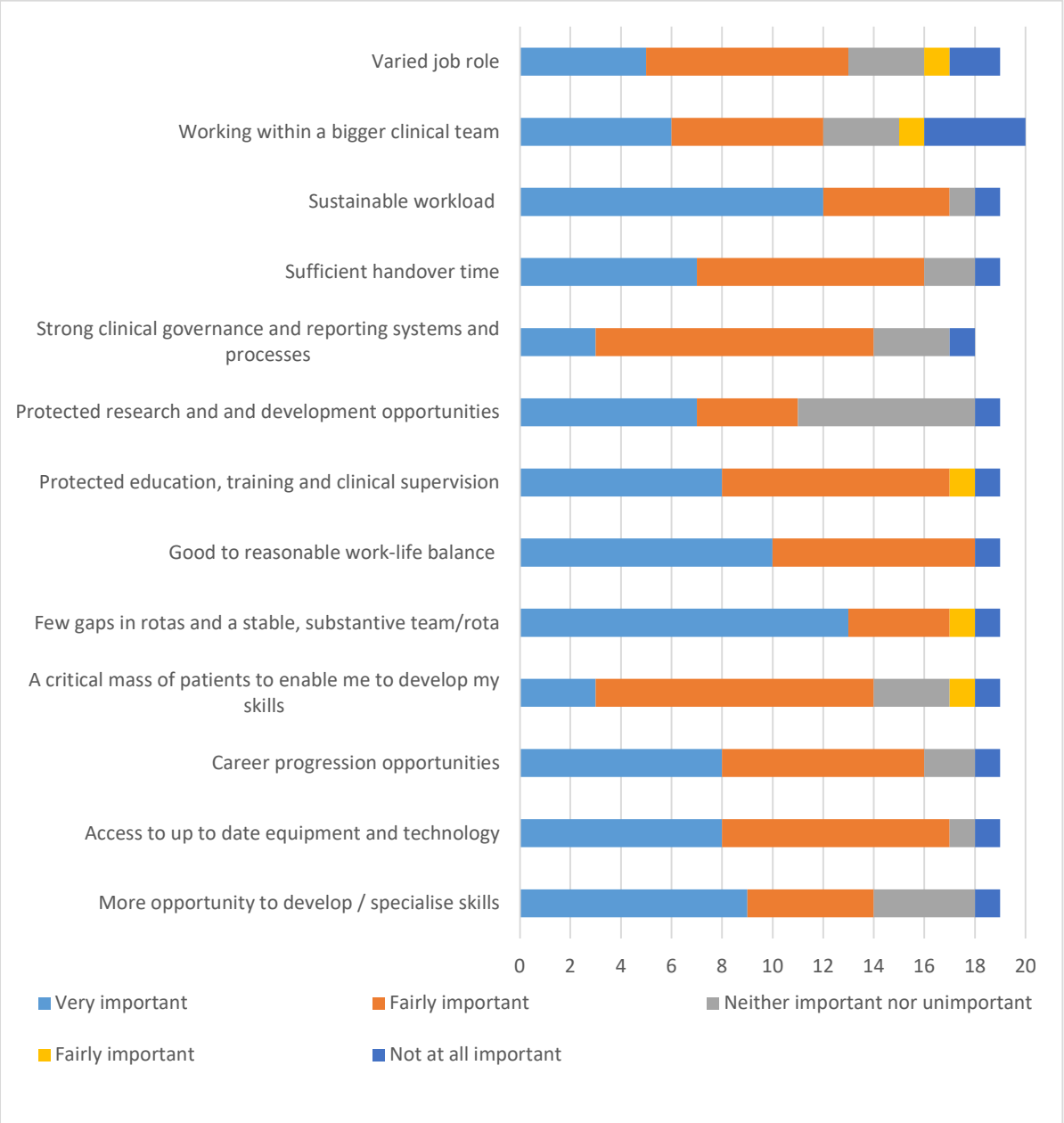
Two respondents provided an 'other' response, these were as follows:

- Working in a friendly environment
- Recognition of hard work of individual team members.

One specific comment made by a respondent included:

"Those who talk more actually work less, this needs to be identified and importance should be given to those who work more but talk less or are not even good at communicating or don't talk as they believe no one will listen"

Question: Thinking about your preferred type of working environment, please tell us what you feel is most important to you when considering a future consultant role… (n=20)



Survey respondents were given an overview of the working ideas that have been developed:

Current state services

Both South Tyneside and Sunderland hospitals currently provide similar services:

- With Sunderland providing a few more specialist services such as stroke, vascular surgery, bariatric surgery and specialist cardiology interventions
- Both hospitals have 24/7 Emergency Departments, with co-located urgent treatment centres, medical admissions units and surgical and medical inpatient beds
- Both hospitals provide both elective and emergency surgery.

Least change idea

- Create a Centre of Surgical Excellence at South Tyneside District Hospital providing low-risk elective surgery
- All emergency, high-risk or complex operations carried out in Sunderland
- Continued 24/7 access to urgent or emergency care through an Emergency Department and urgent treatment centre at each hospital
- Create a new Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital
- Enhanced same day emergency care (also known as ambulatory care) and enhanced frailty assessment
- Development of single clinical teams working across both hospitals.

Some change idea

- Create a Centre of Surgical Excellence at South Tyneside District Hospital providing low-risk elective surgery
- All emergency, high-risk or complex operations carried out in Sunderland
- Urgent treatment centre at both hospitals
- 24/7 Emergency Department at Sunderland Royal Hospital
- Some medical assessment and admissions at South Tyneside District Hospital with referrals via GPs, NHS 111, paramedics, community teams (selected medical take)
- Create a new Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital
- Enhanced same day emergency care (also known as ambulatory care) and enhanced frailty assessment
- Development of single clinical teams working across both hospitals.

Greater change idea

- Create a Centre of Surgical Excellence at South Tyneside District Hospital providing low-risk elective surgery
- All emergency, high-risk or complex operations carried out in Sunderland
- 24/7 urgent treatment centres at South Tyneside with appropriate same-day emergency care (ambulatory care) and step-up/step-down/intermediate care capacity

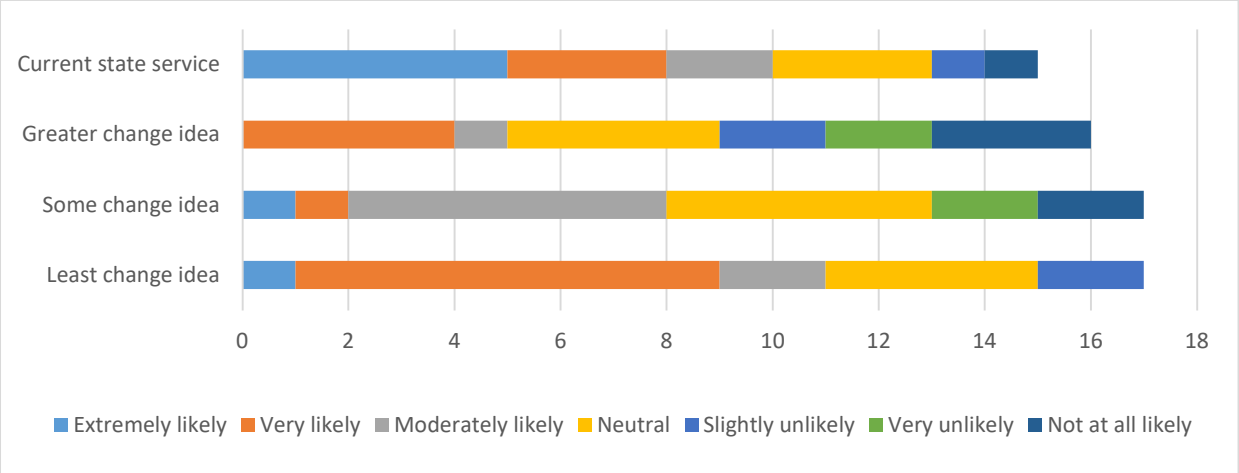
- 24/7 Emergency Department at Sunderland Royal Hospital
- Create a new Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital
- Enhanced same day emergency care (also known as ambulatory care) and enhanced frailty assessment.

The junior doctors were asked to indicate how likely they would be attracted to work in the services described in the different working ideas. The ideas were favoured in the following order:

- Least change idea – 11 respondents stated that they would be extremely, very or moderately likely to be attracted to work
- Current state service – 10 respondents stated that they would be extremely, very or moderately likely to be attracted to work
- Some change idea – 8 respondents stated that they would be extremely, very or moderately likely to be attracted to work
- Greater change idea – 5 respondents stated that they would be extremely, very or moderately likely to be attracted to work.

In line with the above, the greatest number of respondents indicated that they would be very unlikely or not at all likely to be attracted to work in the greater change idea (5 respondents) and four respondents in the some change idea. Just one respondent stated that they would be very unlikely/not at all likely to work in the current state service and none in the least change idea.

Question: When comparing with current services across South Tyneside and Sunderland, how likely is it that you would be attracted to work in the services described in the ideas above? (n=17)



Respondents were asked to provide reasons for their answers using the factors that were used previously in relation to preferred working environment.

Due to the small number who responded to the question it is difficult to draw reliable assumptions about why respondents favoured one working idea over another. However, it can be seen that when considering all the factors together, the some change idea fulfilled the most (a total of 28) followed by the minimal change idea (a

total of 20). The greater change idea was felt to fulfil the least number of these factors (a total of 15).

For the some change idea, a slightly greater number felt this would provide career progression opportunities, few gaps in rotas and a stable, substantive team/rota and a good to reasonable work-life balance.

For the least change idea, a slightly greater number felt this would provide more opportunities to specialise / develop skills and provide a varied job role, and for the greater change idea a slightly greater number felt this would provide a sustainable workload and opportunities to work within a bigger clinical team.

Considering the factor that was identified as the most important for respondents when thinking about a future consultant role - 'good to reasonable work-life balance' – four respondents felt the some change idea would satisfy this, with only one perceiving that the least change or the greater change idea would do the same.

Question: Thinking about the working ideas, please tell us the reasons for your answers…. (n=10)

	Least change idea	Some change idea	Greater change idea	Don't know	Need more information	Not applicable / no opinion	Other
More opportunities to specialise / develop skills	3	1	0	2	2	1	1
Access to up to date equipment and technology	2	2	1	2	2	0	1
Career progression opportunities	1	3	0	2	1	2	1
A critical mass of patients to enable me to develop my skills	2	2	1	2	1	1	1
Few gaps in rotas and a stable, substantive team/rota	0	3	2	2	1	0	1
Good to reasonable work-life balance	1	4	1	3	1	0	0
Protected education, training and clinical supervision	2	2	1	2	1	2	0
Protected research and development opportunities	1	2	2	3	1	1	0
Strong clinical governance and reporting systems and processes	2	2	1	3	1	1	0
Sufficient handover time	1	2	0	4	1	2	0
Sustainable workload	1	2	3	3	1	0	0
Working within a bigger clinical team	1	2	3	2	1	0	1
Varied job role	3	1	0	3	1	2	0
TOTAL	**20**	**28**	**15**	**33**	**15**	**12**	**6**

Survey respondents were asked a number of open questions regarding the working ideas, a total of seven individuals responded to these questions.

What do you think of the working ideas so far?

Comments were categorised into positive / neutral and negative and are summarised below.

Positive / neutral comments	Negative comments
• If proposals go ahead, speciality doctor level 3 needs to be recognised as proposed by NHS England • The ED at South Tyneside should have more diverted to Sunderland for patient benefit reasons and the lack of resources available at South Tyneside. • The changes may make it more attractive to imaging and PCI consultants if they don't have to do too much cross site working at South Tyneside • Cross site working would be undesirable, therefore pulling most work onto one site with more consultants would be better.	• The people of South Tyneside need a local ED / the South Tyneside population will feel as though they are 'left with' and 'inferior' service about which they can do absolutely nothing • Removing the ED from South Tyneside makes it a rehabilitation hospital • Purpose of asking opinion on fixed ideas • Capacity for acute medicine needs to be carefully considered should the ED at South Tyneside be down-graded (Sunderland does not have capacity) • All changes would require significant investment, raising concern about whether any of the ideas can be secured. • Both hospitals are working flat out so the notion that services can close at South Tyneside and re-provided in Sunderland is not workable without capital investment • Those generating ideas are working in silo and failing to listen to their workforce who have untapped skill to be able to assist, instead no opinion other than that of a consultant or a trainee is valid. • Concern with regards to level of training available at South Tyneside should more services move to Sunderland.

One specific comment made by a respondent included:

"The aspects of work I would enjoy the least as a consultant would be the AMU/A+E ward rounds if you had two sites operating this with low staffing I would assume as a consultant a greater amount of my time would be delivering these ward rounds. I also wouldn't want to be split site with different teams of nurses and juniors to get used to. I think having the majority of care on one site with stable nurse led wards with maybe PAs or other running those areas and emergencies transferred to main site is sensible (assuming capacity at SRH is sufficient)"

How can we shape and improve them to make the services in South Tyneside and Sunderland appealing to the future clinical workforce?

In response to this question, a number of concerns were raised with regards to the impact on services at South Tyneside.

- Leave South Tyneside as it is
- 24/7 ED to remain at South Tyneside - share the ED staff from Sunderland and make both EDs strong, excellent departments
- Keep most specialities still in force at South Tyneside
- More surgical work at South Tyneside e.g. orthopaedic procedures
- Step-down hospital model is not appealing - raises issues regarding discharge planning, out-of-hour cover and escalation.

Suggestions made to shape and improve the working ideas were as follows:

- Make the ideas appropriate to junior doctor's level of skill and service commitment
- Paediatric care to go to Sunderland
- Increasing the range of procedures undertaken (to avoid deskilling the workforce)
- Improving the reputation – by making the working environment friendlier.

One specific comment made by a respondent included:

"I would be more than happy in trying to help shape the future of S&STFT. I have helped to develop medical and social care services in the past. There are ways to modernise and improve, yet keep the friendly, caring feel and not become cold and corporate".

What other ideas do you think we should be considering?

Comments made by respondents are summarised below:

- Focus on getting ED provision right
- Focus on making South Tyneside viable economically as it was before, as Sunderland is in loss and will suffer further merging with South Tyneside
- Becoming a centre of excellence for elderly care due to the number of elderly care physicians who have differing and complimenting views and practices in delivering care for the elderly
- Harmonising practice across the two local authority areas – Sunderland LA is felt to be more 'progressive' enabling a more robust discharge policy in comparison to South Tyneside.
- Resource investment into the space between primary and secondary care – secondary care in the community.

Specific comments made by respondents included:

"Create competitiveness between two teams at two centres and produce results monthly in presence of middle grade and consultants"

"Patients in general, although they are becoming older and ever-more complex, do not want to be admitted to hospital. We should be developing services that work to give them the expert care they need in their own home. Supporting senior physicians who have years of experience in both primary and secondary care to develop these services, should there be any on staff, would seem sensible"

Other comments made by respondents are summarised below:

- Perception that junior doctors are not regarded as part of the team
- Request for more information about the plans for palliative care and acute oncology service provision
- Staff at South Tyneside are feeling un-loved, under-valued and under threat at present - valuing all staff and ensuring that they know that they are valued, supported and respected has always been the crux of the ethos at South Tyneside. This should be the correct ethos and should continue across the new organisation.

2.3 Demographics

Nine individuals provided demographic information, although not all responded to each question. In summary:

- Six individuals were aged 25 to 34 years and two individuals 45 to 54 years.
- Five were male and three female.
- Seven indicated their gender identity matched their sex registered at birth.
- None were currently pregnant or had been pregnant in the last year.
- Three were single, three married and one cohabiting.
- None had a disability, long-term health illness or health condition.
- Three were a primary carer for a child or children aged between two and 18 years
- Five were White British, one Asian / Asian British, one White Irish and one another race or ethnicity.
- Six were heterosexual or straight and one bisexual.
- Five had no religion, two were Christian and one indicated that they had another religion.