

The Path to Excellence focused event on maternity, women's and children's healthcare services on Wednesday 12th July was attended by 44 people (who signed in) and there were six tables in the room for facilitated discussions. Two people sat at the side of the room and five people stood at the back of the room, they wanted to attend the event but did not wish to participate in facilitated table discussions. During the event two of the people at the back of the room left.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: nhs.excellence@nhs.net and we will investigate this further for you.

Questions from the room

Process

- No mention has been made of the STP that must be partly driving this service change. I think that people should be made aware of this and the budget constraints being put on NTWND footprint of £640 million savings by 2021?
- Why can't we have some specialist services in South Tyneside?
- All three areas basically under discussion are widely to downgrade STFT and no gains for STFT – is that fair on STFT – staff, resident/travel?
- Shaz claiming 'patients come first' – they aren't being considered on an emotional/financial level at all.
- Throughout consultation clinicians are referring to Sunderland City Hospitals as 'WE'. I know it is an alliance but these people are employed by STFT. It sounds like it is cut and dried.
- The specialist involved in designing the options – are they going to be named? Are they equally from STFT and SRH?
- When the staff were consulted, what range of staff were there? What were the results? Where was it published and where can it be read (on all services)?
- Services to Sunderland and why not STFT?
- How many services will be moved away?
- Communication of pathways if services change?

Consultation process

- What was the consultation document not been circulated prior to event?
- Stroke statistics well presented – less breakdowns for maternity.
- Acoustics not very good.
- Need to widely publicise meetings – not everyone has internet or reads Gazette. A leaflet drop for all households in South Tyneside would be good and/or each school/each child receive a leaflet.
- Should have full room discussion- speakers tell us feedback from.
- This format of event is wholly inadequate. We are not able to hear the views from ALL in the room – questions are being handpicked by/or two people. Our views cannot be fully represented by scribes jotting down summaries.
- Why move services to Sunderland not South Tyneside?
- Why move everything To Sunderland not bring to South Shields?

- What can be done to improve public understanding about the complexities of modern healthcare?
- What can be done to differentiate between getting the optimum healthcare etc and local government cutbacks?
- Needing to achieve the best possible care, quality and best outcome. What will happen to these services if there is no agreement. Will the decision then be made by the Secretary of State who is not known for appreciating the needs of people north of Watford?
- **Finance/money**
- Options with savings – will the saved money be invested in NHS to help reach the important targets? Or will it be sucked out of the NHS so Sunderland are seeing more patients with less money?
- We need the full picture to help out and come up with solutions. What's the wider context? In terms of how much is being cut? We need more info on the trust's budget.
- Feel as though all roads lead to Sunderland.

Travel and transport

- No direct buses. Taxis £20-£25. Highest unemployment and deprived area. Why not allocate paying for locums/what reason? How can you afford it. Give staff a payrise. Stress caused by not wages.
- How do people get to Sunderland without a car at night? It costs £25 from South Shields Town Hall to SRH in taxi which most people can't afford.
- Why are NEAS not here?
- NEAS not hitting targets – what will happen to patients if they don't get to them quickly enough?
- Why was my daughter forced to attend Sunderland Hospital at 3am after being in STDH for 5 hours and her only mode of transport to get to Sunderland was by my car?
- In the book The Path to Excellence it states if you travel by car from South Tyneside to Sunderland City Hospital it will take 12 mins. This is not a true figure in any realistic way.
- It should be possible to improve public transport, patient transport and ambulance services to meet the needs of both Sunderland and South Tyneside. Would it not be useful to use examples of much longer travel distances in other parts of the country where you might be expected to go more than 20-30 miles?
- Statistics for national comparison or just local.
- You say you will save lives however the ambulance service will be affected because of the non-emergency patients will be in the ambulances therefore won't people die waiting for ambulances.

Workforce/staffing

- It is an alliance – why can't jobs advertised as rotational between STFH and SRH to cover shortage?
- How can Chief Exec of SRH and now STFT for many years be loyal to STFT needs?
- Why are services moving to SRH rather than STFT?
- Why not close down agencies and bring staff within the NHS?
- Why not cross cover for medics?
- Staffing is a national problem!!

- Have SRH got enough consultants and why can't they cross cover?
- Why can we not attract staff to South Shields?
- Huge impact on CHS – how will they manage? Both staff and facilities.
- We were told a consultant has to see a certain number of patients to maintain skills – are you saying we're not seeing enough patients in South Tyneside?
- Common theme to be driving this is the claimed shortage of specialists. Who is responsible for training sufficient specialists? Why have they failed? What is being done to improve the situation going forward?

Location of services

- Will anything be going from Sunderland to South Tyneside?
- If Sunderland rate is similar to STDH why can't services move to STDH (all services)?
- Where is the walk in centre at South Shields Hospital after closure of the unit at Jarrow?
- How can extra resources be obtained to enable the reduction of health inequalities in both Sunderland and South Tyneside?

Stroke

- Are there any vcs for these options. They aren't listed on the options pages.
- How does having rehabilitation in STH cost so much?
- Why move from one underachieving hospital to another?
- When stroke unit closed at STFT how many extra beds for strokes were opened at SRH? How do SRH and STFT stroke figures pg 41 compare to QE and Newcastle?
- Doppler at SRH is brought in from noon surely STDH could do the same?
- Will stroke patients from Hebburn go to Newcastle as it is closer than SRH?
- You identified a reduction in outcomes 2-3 years ago – why was something not done then?
- Have there been any deaths since temporary transfer put in place?
- How many stroke patients have remained/cared for at STFT since the stroke ward closed at South Tyneside – who couldn't be accommodated at SRH?
- What improvement would you expect a patient after 7 days of acute care in Sunderland that would not happen at South Tyneside Hospital?
- If you have had a stroke are you ABLE to make that choice?
- Have you deliberately run stroke services down in South Tyneside?
- We are often told that stroke unit cannot cope with the workload but we never see or are told any evidence in way of figures to back this up.
- Gateshead has closed their stroke unit. South Shields closed stroke ward in November 2016. Is money the primary focus? Option 1 Sunderland saves £510k. Options 2 and 3 cost £431k.
- If Sunderland had all the staff equipment to get A/B rating prior to becoming the single stroke unit. Why were they only an E rating? They now have increasing demands from South Tyneside stroke victims so have they have capacity to deal with this?

Maternity

- The National Maternity Strategy – Better Births document I think stated that in 2014 there were 1970 consultants in obstetrics maternity and 1630 trainees (obstetrics and gynaecology). Where have these trainees gone if there is a shortage?
- What is the percentage of births in South Tyneside classed as high risk?
- What happens when ‘low risk’ pregnancy suddenly becomes ‘high risk’ during labour? Where is the expertise to deal with this emergency?
- If goes to midwifery led unit how will they sustain this as most end up being closed?
- What about women attending antenatal clinic need immediately deliver, if no delivery suite?
- Sunderland constantly telephone SCBU at South Tyneside to take back one baby.
- Why is maternity going to Sunderland? It is already a big unit with approximately 1,300 deliveries and deals with high risk deliveries – so why does it need to go!
- If South Tyneside maternity becomes a midwifery led unit do you propose to keep the staff skilled as usually deskilled over time?

Maternity options

- Where is the option for maternity and children’s unit in the middle of STDH and SRH?
- Option 1 and 2 for South Tyneside have no consultant led unit at all. Women won’t choose to use it if no consultant so you’re setting up to fail anyway.

Maternity travel and transport

- How long will it take to get a woman from STDH to SRH in the case of an emergency?
- How long does a baby in distress have before brain damage/death?
- In first launch meeting Shaz said he thought there was no negatives on move to Sunderland. Does he not think that expecting newly delivered mothers to travel 45-50minutes a negative?

Special Care Baby Unit

- How many babies only spend one night in special care?
- What is accommodation like in Sunderland for parents of children in SCBU?
- How many babies currently go to Sunderland/Newcastle for special care?
- How do Sunderland propose to take on the 123 SCBU admissions from South Tyneside? No mention of SCBU in the consultation.
- How many extra/new special care baby pods/beds will be at Sunderland? Will you have enough?
- 40% SCBU admissions in STDH are term low risk. What do you propose will happen with these babies?
- Think there should have been option which includes retention of SCBU.

Children and young people’s urgent and emergency services

- Name of a hospital that runs this model?
- How does closing a department for 12 hours a day cost £400,000 more than a 24 hour department?
- How does changing the Paediatric Emergency Department from 24 hour to 12 hour service produce an additional cost of £370,000? Logically the staff working time saved due to the service not being ran at night would be saving?

- Is 8am – 8pm the right times? When do kids have accidents?
- Services will be worse for 17,000 children in South Tyneside.
- Sunderland has just increased A&E to accommodate Sunderland's residents. How do you expect them to deal with nearly double the number?
- Dental surgery won't be accessible at South Tyneside is that right?
- How do patients get back from SRH at night without access to a car?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	7
People	1 x Healthwatch, 6 x public
Facilitator	Matt Brown
Scribe	Jenna Thompson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

-Why pay locum, increase the money that staff make to make it more attractive Why don't you reallocate money from services to pay staff more.
 -Why put services out for tender when you have closed existing services.
 -What about the added stress in the increase of travel when people are having a stroke etc.
 -There is going to be an impact on NEAS, and why aren't they here at these events.

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- Are you say that staff at South Tyneside are D rated because there not that good because that's how it's coming across

- I think that it's already been decided to shut South Tyneside

+ Treatment/skills are different and better

- Why Sunderland and not South Tyneside hospital

- Why can't the money used for locums be used to train existing staff

+ Want to get the best treatment wherever that is

Q. Is this just the first of the services that you are moving?

What's next?

Are you being genuine, is this event really to consult the public?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – stroke services

What are your initial thoughts on option 1?

<ul style="list-style-type: none"> - Are you closing the special baby unit - Infant deaths will increase - know that there will be a separate event for transport, but transport issues are particular important. + Things will become clear one people have read the consultation document, services will be coming back to South Tyneside - This first phase favours moving services to Sunderland - Minor services we understand moving but not the major ones + Monitoring equipment is a lot more advance to pick up issues during labour - South Tyneside is a poor area, people will not have the funds to travel to Sunderland Hospital. - What measures are being taken to ensure that there is another paramedics, ambulances and helicopters to take emergency patients to Sunderland? - What is being done to increase the size of Sunderland to deal with more patients? - What happens when 'low risk' pregnancy suddenly becomes 'high risk' when labour starts, which hospital is expected to deal with this.
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women’s healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - Are you closing the special baby unit - Infant deaths will increase - I know that there will be a separate event for transport, but transport issues are particular important. + Things will become clear one people have read the consultation document, services will be coming back to South Tyneside - This first phase favours moving services to Sunderland - Minor services we understand moving but not the major ones + Monitoring equipment is a lot more advance to pick up issues during labour

- South Tyneside is a poor area, people will not have the funds to travel to Sunderland Hospital. Q. What measures are being taken to ensure that there is another paramedics, ambulances and helicopters to take emergency patients to Sunderland? What is being done to increase the size of Sunderland to deal with more patients? What happens when 'low risk' pregnancy suddenly becomes 'high risk' when labour starts, which hospital is expected to deal with this.
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on children and young people's (urgent and emergency paediatrics) services

Option 1 – Children and young people's (urgent and emergency paediatrics) services
What are your initial thoughts on option 1?
What happens if the services are busy at Sunderland + We cannot influence central government, we have to do the best for our patients - Between 8pm & 8am if your child takes ill, where do you take them? How do you know that they might not have meningitis? - Aside from the questions of safety and care excellence, does the fact that South Tyneside is not scoring sufficiently high, does that affect the amount of money it gets from central government? i.e this is all about money - If you turn up at A&E with a sick child out of hours will they be transferred by the hospital to Sunderland? - If there is a shortage of staff at both hospitals, how is Sunderland going to cope with all the patients?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 2?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	Public and patients
People	6
Facilitator	Emma Taylor
Scribe	Lisa Anderson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

- How many services?
- This should be a full room discussion
- Staff were not involved in pre-consultation, little/no staff engagement, little respect for staff
- = Seen rotation of doctors in other hospitals. Could also be in GP surgery/out in community.
- Critical mass, are there fewer people having stroke at South Tyneside? Consultant needs to see a number of people having strokes to maintain skill set – are fewer people having strokes?
- Would like full room Q&A session, open discussion on each proposal with questions getting answered, about what management want not public
- Questions getting cherry picked to be answered
- Don't know how many people asked for a round table discussion?
- Is this a tick box exercise?

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- How does adding together an E rated and D rated service improve the service overall?
- Should move staff to deliver service
- Why does unit have to transfer from South Tyneside to Sunderland? Why not the other way around? Concerned South Tyneside will become an empty shell/old fashioned cottage hospital and all services will move to Sunderland. Sunderland not that better a service, /not level of service despite equipment. People would be convinced if it was a better rated service currently.
- Trends South Tyneside more constant, Sunderland declining. Where is the evidence that Sunderland has the capacity and will perform better with extra patients?
- Sunderland and South Tyneside both show decline in graphs, however South Tyneside was higher?
- Stroke unit in Sunderland for a while, where is it on the chart? The recent temporary move. Prior they have staff/equipment. Temporary should have showed improvement by now.
- Why isn't there financial and staff resources to improve services on both sites? Strokes should be spread over both sites.

- South Tyneside has a problem with staffing, national problem. What problems does Sunderland have, what challenges there? - Job losses?
What are the positive aspects of this option?
+ Option 1 will save money compared to other services.
What are the negative aspects of the option?
What could be improved?

Option 2 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women’s healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
- Will options be amended and will we have option to comment on amended options, needs to be a two tier process. Do we just have these options? Are they changeable? - Can’t get specialists, why? - STP driving cuts, not been mentioned in these proposals. Are these budget cuts the reason we can’t hire staff? Where have all the staff gone? What’s going on with the NHS? Only thing stopping full blown maternity service in South Tyneside is 1 or 2 people being hired. + National shortage + Never shortage of midwives
What are the positive aspects of this option?

- Option 1 saves 1.13 million, goes a long way to budget cuts
What are the negative aspects of the option?
- No consultant led option, women will choose to go to a specialist
What could be improved?

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
- Staff needed to be involved more
What are the negative aspects of the option?
- Should move staff, doubt Sunderland has the capacity - How is Sunderland going to accommodate all the patients and why can’t it be split between the two sites? - Would have more respect for process, if we’re honest this is about privatisation and not getting best quality service
What could be improved?

Table discussion on children and young people’s (urgent and emergency paediatrics) services

Option 1 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 1?
- Cost saving doesn’t make sense, how can it close overnight, save money and still run at a loss? - Why is South Shields the only one with a staff shortage, why should this become our problem? It is the NHS problem. How come Sunderland is not short staffed? - Should have been training staff before now to meet the crisis - Comes down to recruitment, if we can’t get doctors how do Sunderland get doctors? = 1,700 understaffed in NHS in London - Public transport, when emergency happens it is unpredictable - Driving, would bypass South Tyneside and go straight to Sunderland, not the option for those with no cars and reliant on public transport - Why can’t we reverse sites, have options for South Tyneside and not Sunderland (flip areas in the four options)
What are the positive aspects of this option?
+ support option – 12 hours, proportion of children is tiny (over-night). If we have to save money somewhere this is sensible option.
What are the negative aspects of the option?
- Is the infrastructure there to transport people? How can people afford taxis? Things should be known and definite - Bad option
What could be improved?

Option 2 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 2?
What are the positive aspects of this option?
What are the negative aspects of the option?
- Worse option No option for South Tyneside
What could be improved?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	8
People	Public
Facilitator	Bev Frankland
Scribe	Liz Davies
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

- Why can't we get the doctors?
- Paramedics are the first responders, how will they know it's a stroke?
- How will the ambulances be arranged?
- Why can't stroke patients be cared for in South Tyneside?
- It all comes back to ambulance provision for these patients
- Impacts on both South Tyneside and Sunderland in terms of ambulances
- Need to better understand how the ambulance crew know where to go depending on which condition
- How do paramedics know where to take patients?
- In stroke the first 30 minutes are really important- who makes the decision on where to take patients

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- Isn't it our role as an employer, to make sure we have enough staff with the right skills?
- Why is everything based in Sunderland?
- Why can't stroke patients come to South Tyneside?
- How long has the stroke unit been in Sunderland as part of a temporary measure?
- Since it's temporary measure improvements have happened
- How is the London model equivalent to South Tyneside?
- Why is stroke modelling not based on a comparative borough?
- Need to have cover 24/7
- Can we see regional figures on stroke- Northumbria
- There are not enough ambulances, the base has moved from Shields
- Communication of the pathways if services change
- Stroke is an emergency- it will take time to get through the road works
- Older people on stroke unit at Sunderland- now do elderly relatives visit patients further away?

- Why don't we specialise the stroke service in South Shields?
- Why are only 35% patients getting stroke medication?
- Can we not get more doctors trained up with the right stroke skills?
- How long does it take to train a stroke specialist 6- 10 years?
- In our borough have we deliberately let the stroke service run down?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women's healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your initial thoughts on option 1?
- Are mothers in South Tyneside going to choose home births?
- Will there be enough midwives?
- The delays of moving births between hospitals
- Emergency retrieval already exists
- What happens if low risk turns into high risk during labour? Transport
- Why can't you not move the consultants to the women in South Tyneside?
- What if more mothers choose home births rather than Sunderland? What are the costs?
- Why is the specialist unit always at Sunderland

<ul style="list-style-type: none"> - Misuse of services is stretching resources - Where are the clinicians backing up these views? - Where is the evidence of properly consulting clinicians on the proposals?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on children and young people’s (urgent and emergency paediatrics) services

Option 1 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - How do we transport patients safely under option 2 - If there is a shortage of paediatricians - Why are they forcing them to retire? - If A+E is open 24hrs –why can’t there be a nurse- led service overnight - Why 8am- 8pm - What if there is an accident later on? - What times do kids get hurt? - And how do they currently use services? - What are the stats? - What happens if there are more than 3 patients a night? - If kids are transferred to Sunderland, how do families get to/from hospital? - What about parking at Sunderland? - How is Sunderland going to cope with the additional services - If we are short of doctors at both sites, how will bringing them together fix it? - If you have other children, what facilities will there be? - Why does it have to go to Sunderland for emergencies?
General questions around recruitment
<ul style="list-style-type: none"> - What can we do? - How do the specialists get trained?

- How can we get involved with Newcastle university? Fresher's week?
- Why not close down agency workers and bring all the staff back into the NHS?
- Where has all the money gone and to whom?
- Why don't we bring trainees over from Sunderland to Shields?
- What are present cost/percentage of private providers?
- Has this risen
- In the consultation document - stats on metro stations being within 800m are incorrect, it's more like a mile and half

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – Children and young people's (urgent and emergency paediatrics) services

What are your initial thoughts on option 2?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	9
People	NHS staff
Facilitator	Gavin McPake
Scribe	Aaron Tucker
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

- + If we don't change people will die
- = How can we argue with that?
- Feeling that safe and sustainable means less services
- Feeling that staff not consulted
- Top down
- Drive by massive cuts

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- Feeling that nothing we can say – City Hospital Sunderland already have it – don't trust the consultant – why did he lie
- We are in alliance why can't we move everything to South Tyneside Foundation Trust?
- Deliberately run down service
- Clinicians who proposed changes – why aren't the clinicians that proposed the changes here to answer the questions as to who they involved and why they made the decision on options?
- Don't think consultation should go ahead. Should be stopped. Clinicians not involved.
- Feeling that decisions have already been made.
- Would have been helpful to have local competitor.

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – stroke services

What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women’s healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - No option for SCBU, document says SCBU closed. - Feeling that CCG can’t control public transport - Why are options discussed always talk about night services - Take long-term back to South Tyneside Foundation Trust - Consultant cross-cover
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on children and young people's (urgent and emergency paediatrics) services

Option 1 – Children and young people's (urgent and emergency paediatrics) services

What are your initial thoughts on option 1?

- Feel that it is downgrading from what we have now
- 5 ward sisters expressing /discern that student nurses are told not to apply to South Tyneside Foundation Trust.
- Feeling that we are in a downward spiral, City Hospital Sunderland is not selling the goods points for South Tyneside.
- Feel we are not trying to get staff
- Feeling that everything is going to Sunderland – what is staying in South Tyneside.
- What services will move back to South Tyneside Foundation Trust.
- Will MRI cater for bigger (overweight) people?
- Why are there no positives in the consultation document?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – Children and young people's (urgent and emergency paediatrics) services

What are your initial thoughts on option 2?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	Unknown
People	Unknown
Facilitator	Alisan McNally
Scribe	Andrea Hetherington
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

- Can see what saying about specialisation- but time is of the essence
- Have there been deaths since temporary model?
- Acute heart attacks have been going to freeman hospital form years
- It's difficult- patients will have to be transferred.
- NEAS are not targets- patients are at risk
- Brilliant unit for many years- can't guarantee the staff numbers with these changes
- Is anything moving from Sunderland to South Tyneside?
- What will South Tyneside hospital gain?
- Huge impact on NEAS- how will they manage- both staff and facilities?

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- You identified a reduction in the outcomes 2-3 years ago- why wasn't something done then?
- How did they arrive at any of the options?
- Which staff were involved and when?
- What percentages of staff were involved in developing the options?
- Are there any negatives for these options? Not hightailed in the option pages
- How do clinicians feel? Speaking to colleagues at Sunderland Royal, the rehab ward is having difficulty in coping?
- How will they cope with the extra work? How will the facilities cope?
- Metal wellbeing of the patients who has had a stroke, knowing family/friends can't visit so often will have an effect on them?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?
Clinicians need to get the skills that are needed

Option 2 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women’s healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - If goes to midwifery led unit, how will they sustain this as most midwifery led units end up being closed? - What about Women attending antenatal clinic and need immediately to deliver, if there is no delivery suite? - What is the percentage of births at South Tyne hospital classed as a high risk? - Category one c- sections you need to get knife to skin within 9 minutes- how can you guarantee that. - The fear with maternity is if start a low risk pregnancy/delivery could change quickly- how long do you have to transfer to Sunderland Royal? - Who defines low risk? - There are few transfers now when delivery moves to high risk- there must be less now because South Tyneside has SCBU- this will increase with these options - There are a lot of undetected low birth weight/high risk babies- even at scanning - Themes all way through all services - safe staffing levels, making sure people keep their skills up - Why is maternity going to Sunderland – it’s already a busy unit- approx. 1,300 deliveries and deals with high risk deliveries now- so why does it need to go?

<ul style="list-style-type: none"> - SCBU shouldn't have been on the table as there are no options for this – it has gone with the options outlined - Thought the consultation clinicians are referring to Sunderland city hospitals as WE. I know its an alliance but these people are employed by South Tyneside FT - Cross cover for medics - Think there should have been an option which includes retention of SCBU - If South Tyneside FT maternity becomes midwifery- led, how do you propose to keep the staff skilled as usually become deskilled over time.
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on children and young people's (urgent and emergency paediatrics) services

Option 1 – Children and young people's (urgent and emergency paediatrics) services
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - Name a hospital that runs this model - The paed's staff wanted another model put forward, rejected as didn't meet hurdle criteria. Why weren't they told what the criterion was first, before they came up with their 3rd option? - Mental impact on staff who may have to turn away a child at 8PM- never mind the impact on the child. - How many extra beds will be needed in all 3 services and waiting room space car parking. - Closed overnight in 2011- there's documentation saying it wasn't sustainable, why didn't you do anything about it between then and now? - Consultants cross cover across both sites- Why can't you do this?? - NEAS will know to take the injured/sick child to Sunderland Royal hospital but a parent wouldn't - Communication about changed- people still turning up at Jarrow walk in centre - How will public know there's no children's A&E if they are visiting on holiday- seaside town? - Dental surgery won't be accessible at South Tyneside is that right?

What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 2?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Date	12 th July 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	6pm – 8.30pm
No. of people on table	6
People	Patients and public
Facilitator	Gillian Johnson
Scribe	Michael Barlow
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?

- Who, when and how were staff consulted? Will that be made public
- Choice between specialised or local service which would not be as effective
- Transport- increased cost of travel to Sunderland. Availability of public transport
- Extra ambulance services need to be integral to changes along with public transport
- NEAS, NEXUS and bus services need to be present at meetings
- Transport costs not shown in documents

Table discussion on stroke services

Option 1 – stroke services

What are your initial thoughts on option 1?

- Confusion around enough staff available if joint working goes ahead?
- Why are all roads for specialist teams appear to lead to Sunderland rather than South Tyneside?
- Is data being captured to show relative need for 2 boroughs?
- Community stroke rehab- any cost (ie drugs and dressings) to the patient which may have been supplied by hospital

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – stroke services

What are your initial thoughts on option 1?

What are the positive aspects of this option?

What are the negative aspects of the option?
What could be improved?

Option 3 – stroke services
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Table discussion on maternity (obstetrics) and women’s healthcare (gynaecology) services

Option 1 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
= What happens with express births? - Option 2- not liked, especially no births in South Tyneside - Why not have the single centre in South Shields? - Less services in South Tyneside, less relevant it becomes - Why not South Tyneside as a specialist Maternity and children’s hospital - This does not feel like an equal alliance- favours Sunderland - Who is the tails and who is the dog? - Transport is a major issues
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 1?
What are the positive aspects of this option?
What are the negative aspects of the option?

What could be improved?

Table discussion on children and young people's (urgent and emergency paediatrics) services

Option 1 – Children and young people's (urgent and emergency paediatrics) services

What are your initial thoughts on option 1?

- | |
|---|
| <ul style="list-style-type: none"> - Option 1 costings are misleading - Need to see costs on both options - Under gunning principles, if information is misleading then consultation is flawed = What will the net savings be across all projects? = Will it be re-invested or pay off debts? - To make proper informed decisions, people need to know exactly what the clinical standards are - Are these standards all clinical led or some financially led? - Transport an issue & distance - Sick children need to be seen quickly |
|---|

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Option 2 – Children and young people's (urgent and emergency paediatrics) services

What are your initial thoughts on option 2?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?