The Path to Excellence discussion event on all service areas on Wednesday 13th September was attended by 26 people and there were four tables in the room for facilitated discussions. One attendee sat at the back of the room and did not participate in the facilitated discussions.

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

Children's urgent care services

- Do we know numbers of children attending South Tyneside Hospital 8pm – 8am?
- Why not encourage people from Gateshead/Newcastle to come to South Tyneside to increase numbers?
- No paediatric care overnight in South Tyneside – over for maternity.
- After 8pm – puts more impact on ambulance/blue light services.
- Option 2 – nurse led paediatric minor injury. Grindon walk in centre was nurse led. The reason for closure was nurse led does not work. Why have this as an option?
- Sunderland CCG closed Grindon PCC which was 'nurse-led' and CCG said they didn't work! Why now saying nurse led in option 2 – it is being set up to fail.
- Are all acute services going to transfer to City Hospitals Sunderland?
- Why are young peoples 24/7 emergency and urgent paediatrics not based at South Tyneside rather than Sunderland?
- Why has money been spent on paeds A&E at South Tyneside if we aren't going to use it?
- Why not consider the option 3 – put forward by paediatric staff? This should have been consulted on.
- Option 1 – why close at 8pm. After 8pm is the busiest time? Have you visited after 8pm and was this taken in to consideration when drawing up the options?

Staffing/workforce

- What would happen to stroke nurses currently based at South Tyneside District Hospital?
- Specialism nursing (stroke) what is the motivation to train and practice in a specialism when the roles are to be relocated or redirected in the future, possibly in option 1.
- Health Education England – there budgets reduced – so their cuts to recruit/training new doctors/health care professions – just not enough investment in new staff.

Ambulance

- South Tyneside/Sunderland have no influence on NEAS – who are underfunded as it is?
- Has there been data capture on ambulance response and handover times for patients (suspected stroke) to Sunderland to assess comparative need?
- It appears that ambulance staff have the responsibility to recognise if a person is likely to have suffered a stroke and transfer them straight to Sunderland. Say 80% are recognised what happens to the 20% not recognised and are delivered initially to South Tyneside or those that self-present. Will the 4 hour window to give clot busting drugs be missed. What is being done to avoid this window being missed?

- How long would you have to be blue lighted to Sunderland Royal if an emergency will occur in option 2 (maternity)?

Maternity

- Why can't maternity be based at South Tyneside District Hospital rather than Sunderland- does placement have to be population birth?
- So we could end up with no births in South Tyneside – especially if women don't take up low risk in option 1?
- Is it about patient choice? Do these options limit patients?
- We have consultant-led services now in South Tyneside. No options to retain these.
- Option 1 is not an option at all as no women will take the risk to have a baby in a midwife-led unit so why put it as an option?
- If it's an alliance – still have rotation across both areas…
- Can Sunderland provide capacity why does publication mention Newcastle/Gateshead – is this patient choice or capacity?

Stroke

- If you're an ambulance – you have continuing professional development all the time. Why not rotating those skills?
- You are an alliance, you can add these numbers together to attract specialists. Rotate clinicians – surely this is an option?
- Is beds considered and new houses being built in Sunderland.
- How will disabled people get help after they are discharged in to community?
- 39 + 20 = 59 beds in total. Cut in acute beds – how do you improve service?
- Who worked out the finances for the options as again option 1 is looking better and the other options look worse.
- How will community stroke teams (South Tyneside) be working with Sunderland? Don't want different areas teams having an impact of quality of transition?
- Who rated the scores? Why did April/July 2016 score for Sunderland dive?
- Rating, South Tyneside E rating. Sunderland D rating. How can A and D combined improve to A or B?
- How come press/media say South Tyneside service have award winning – but your graph states it is 'E' rating?

Consultation

- What's feedback from public been like, to date? Supportive or raising challenges?
- Who thinks these services are viable? i.e. who has developed the options?
- As there is still a low level of general public involvement why not pay Sunderland and South Tyneside Healthwatches to staff information stands in shopping centres, community colleges, university, GP practices, leisure centres and anywhere where this is a significant football?
- Staff are the best to shape these proposals.
- Earlier consultation events have highlighted the lack of involvement in the wider body of clinicians being involved in producing the proposals in the 'Path to Excellence'. 1. How is this being addressed? 2. It has been suggested by clinicians, unions and MPs that the consultation period is extended to allow clinicians to produce alternative proposals. Is this likely to happen?

- Is there any easy read leaflets on the consultation for disabled people?
- Clinicians have not been fully involved – how can you say this is full consultation?
- Not enough information to make decisions on.
- Feeling like a postcode lottery.
- Is there any easy read leaflets about this consultation?
- Concern re. website not allowing you not to choose an option, have to select one.
- East read should be available at the same time as the main stuff!
- Have any meetings happened with voluntary organisations?

Key tests

- If CCG was involved in the four key tests and have the overall say. How can can say this is not premeditated?
- How can these be increased at all without increased NHS funding.
- Deliver high quality, safe care that is better than the current service arrangements – explain how these options are better? They are being removed/relocated.

System STP

- An article in this Sunday's Observer reported that the STP's that require £22 billion of NHS savings nationally is causing trusts to close hospitals and downgrade some services. Why should the people of South Tyneside believe that these proposals are not part of this process.
- What is the NTWND STO contribution towards the national target to save £22 billion, is it £640 millions?
- How is this to be achieved if not by downgrading services, reduce staff and bed numbers?
- Will these proposals reduce the overall number of staff of beds in the South Tyneside/Sunderland alliance.

Date	13th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	1pm – 3.30pm
No. of people on table	Five
People	2 x NHS staff and 3 x patients public
Facilitator	Bev Frankland
Scribe	Andrea Hetherington
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?
- Missing from this part of the presentation – financial envelope. This has to be because of element of financial pressures – need to reflect. - Change therefore inevitable. Increases demand, higher expectations, less resources. = Recognition that the drivers are more than clinical pressures. - Impact on the financial and human resource has been missed in the presentation. = If foreseeing cost savings, how will there be achieved? Human impact also as a result of amalgamation – need to recognise.

Table discussion on stroke services

Thoughts on stroke services options…
+ Very compelling what has been said – understand the drivers. + Can see by the impact assessment the positive differences the options would make but travel by relatives can make this less attractive. + Option 1 preferred – as a clinician I can see the benefits for patients but would have an impact on relatives (i.e. transport/visiting). + Can see the logic for the residents in South Tyneside to have the option to have some form of recuperation at South Tyneside – however, some people may want to stay at Sunderland Royal Hospital – flexibility in rehab would be helpful. - What happens to the nurses who are based in the stroke unit at STFT if the unit moves to SRH? We are investing/training as specialists but if they are redeployed they will lose their skills. - Options 2 and 3 require investment – what is this for?

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

Thoughts on maternity (obstetrics) and women's healthcare (gynaecology) options…
- The most emotive service out of all the services provided. Mothers do expect to give birth locally and will want to give birth in South Tyneside.

- Don't like either option – it may lead to an urgent transfer due to a difficult birth. If you need to have a full service why can't the full service move from Sunderland to South Tyneside? - Not all overnight gynaecology would be moving to Sunderland, some to Newcastle and Gateshead instead – easier to get to but further away. - Women may choose to have a home birth and be at risk because they want their baby born in South Tyneside and further to travel if had to transfer to hospital. - Emotional stress of waiting for an ambulance if they have to move during labour. = Will Sunderland have the capacity for additional births? = How will Sunderland fund the additional staff required? - The consultation is very focussed on the benefits for patients – but what about the impact for staff? - Most litigious part of the organisation – opening themselves up for litigation.

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

Thoughts on Children and young people's (urgent and emergency paediatrics) services…
- When you say overnight attendances are low – what are the numbers? Downgrading the unit will lead to even more difficulty in recruiting staff. - STFT being turned in to a cottage hospital – de-skilling staff. + The above may suit some staff who are happy to work in a 'cottage' hospital with no acute services. - Again, why can't paediatrics come to Sunderland? Why aren't we encouraging people from Gateshead to come to our services at South Tyneside to increase the numbers? - Overnight attendance, travel to Sunderland could be an issue for parents with an ill child. + Department open to midnight would be better.

Date	13th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	1pm – 3.30pm
No. of people on table	6
People	1 x NHS and 5 x patients and public
Facilitator	Helen Ruffell
Scribe	Alex Rodger
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Open and honest
- One speaker at a time
- Respect what others say, regardless of whether you agree or not
- Two ears, one mouth

Thoughts on what we have heard so far?
- During hospital stay last August the stroke unit was moved and I thought it was wrong then. Putting extra work on Sunderland. - STP has 44 geographical areas. NHS 5 year forward view requires a £33bn saving. NTWND STP has to save £640m by 2010, observer article on Sunday. Very suspicious, downgrading services and cuts. Not all clinicians have been involved in decisions. 4 MPs at JHOSC trying to say consultation must involve more clinicians and be extended. - A lot of staff have chosen to attend events. - JHOSC will update at the next Council meeting.

Table discussion on stroke services

Option 1 – stroke services
What are your thoughts on option 1?
+ Shown that it is essential people get clot busting drug, specialist centre is key. - Stroke is upsetting for patients so for rehab move back to South Tyneside. + Hear a lot of workforce challenges, sustainable. + People more likely to come and work in a centre of expertise. I would prefer to go to expert centre. - I think South Tyneside should have expertise there, not at Sunderland. - I think moving patient would not be in best interest, if this was my mum. - Every minute counts with stroke, strain on ambulances. - What if ambulance staff don't recognise it is a stroke and take a patient to South Tyneside.

Option 2 and 3 – stroke services
What are your initial thoughts on option 1?
- Moving around is detrimental. If experts are in one place I would like to be where the experts are.

+ Patient would want to be close to family and friends for visiting but negative if affects recovery - Better off moving stroke unit back to South Tyneside. + Family and friends integrated in to rehab to help out. Takes strain off staff. = Patients moved back to South Tyneside as soon as safe. - Nervous as to how community stroke team efficient in transfer from hospital to community team. - Ensure families are part of the process. - I want an option where South Tyneside patients have all care at South Tyneside.

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

Option 1 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your thoughts on option 1?
- Inconvenience to patients. Cost of taxi. Good Friday hysterectomy, called 111 and told to get a taxi. - Only one option, services should be at BOTH sites. - Family member had ab experience during birth and she had to have emergency treatment. + My nephew was born premature and moved straight to Newcastle. It is about safety not location. They would not be here right now if they had not been moved. + At Sunderland you can have single rooms in maternity, my daughter chose to go there. + I prefer option 1. + It is about patient choice, do these options limit patients? - If low risk births become high risk. - What about Gateshead and Newcastle? - A birth can go wrong at the last minute, you need someone there if things go wrong. - Can consultants in one hospital not talk to consultants in another hospital. - For gynaecology I wouldn't go to either hospital. - Patients need two buses to get to Sunderland. I can't see why South Tyneside and Sunderland can't do both.

Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your thoughts on option 2?
- Knock on effect of births registered in South Tyneside.

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?
- Why can't the services all be moved to South Tyneside? Everything seems to be going to Sunderland. + It is best South Tyneside has cover and it all depends on what time a child takes ill, between 8am and 8pm there is something at South Tyneside. + Safety is paramount, not location. As long as children are safe, I am happy to travel.

- What about people who do not have a car? If you had to go to Sunderland in the middle of the night they may use an ambulance. A taxi costs more at night.
- Why have we spent money on paediatrics emergency department at South Tyneside when not using it?
- Shortage of staff/nurses, around 40,000, it is putting pressure on Sunderland if services go there.
- They seem to be taking away from South Tyneside all the time, it is going backwards.

Date	13th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	1pm – 3.30pm
No. of people on table	4
People	4 x patients and public
Facilitator	Austin O'Malley
Scribe	Jo Farey
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on what we have heard so far?
- Is a quality impact assessment audible? Needs full client input. - The business plan is longer than the consultation document. There is more detail in this. - Feel equality focus groups are not enough – how do you ensure they include members of public (ordinary)? Most people involved are from groups or staff. - Need detail, not on website. - No time to read all the info, just the facts. - It's about budget cuts, not services. - Could healthwatch be paid to do public stalls? - Should GP receptionists be giving out leaflets?

Table discussion on stroke services

Thoughts on stroke services?
- The first hour is so important but no control over NEAS and their budgets. They are most underfunded ambulance trust in the country. It's crucial and no options can work without the ambulance service supporting them. All trusts facing issues regarding recruitment. Option 1 – no support for rehab. South Tyneside residents low car ownership so option 1 is the worst as relatives won't be able to visit. Should we campaign to get better funding for NEAS? Write to MP. - Hasn't South Tyneside stroke unit won awards? Is the graph lying? - HENE – budgets cut, nothing will work as no money to train new staff. - Temporary move equals a cut in acute stroke beds. It's a bed cut, only what happens when beds are full? - If South Tyneside/Sunderland build more houses has this been taken in to account? Will it equal more pressure? + It's about getting the best at the moment with the monies we have. - Option 2 and 3 just look like option 1. If you had a stroke do you really want to move? In reality patients will stay in Sunderland. - I want clinicians to rotate between two sites. - Biggest concern is rehabilitation and how relatives can travel to support their loved ones.

- Transport should have been done beforehand. - If NEAS services are stretched will private ambulance services be used? This is NOT a saving. - Will beds be blocked if patients not discharged quick enough? - Stress and anxiety for patients and families if no local services. - Pressures on hospitals of new houses is a key worry. - Suspicious of bridge being built at Pallion near the ambulance station. Has this been a grand plan all along? = Rehabilitation, what would the expertise need to be for rehab element? + If Sunderland based stroke service would the service be better as higher concentration of expert resource? (GP) + Option 1 may be better for long term recovery.

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

Thoughts on Maternity (obstetrics) and women's healthcare (gynaecology) services…
+ Option 1 gives more choice than option 2. Choice when giving birth is very important, especially when ITU is at Sunderland. - Option 1 is not a choice as very few 'low risk' and can change during delivery. No mothers will take the risk if giving birth at midwife led, so it's not an option. Blue light will take too long to protect the mother. - Want option 3 – status quo. - Want to see staff involvement evidence as concern staff screaming options presented not safe. - Why can't the consultation document set out what is happening now? Need to see this. Should be defined. Would make things clearer. Also needs to be costed. People reading the consultation documents don't know what services are being provided now. It is hiding the cuts!! - Appears that in South Tyneside we are losing all of our consultant led services. Huge concern. Are we going to be a cottage hospital only for a select group of patients, e.g. geriatrics. - Cross that the consultation documents don't describe the service now. It is clearly a takeover (the 2 hospitals joining up). - Why can't clinicians/staff rotate? - Affects staff too and large numbers live locally. - Feeling of being a second class citizen in South Tyneside as everything is going to be in Sunderland. - Concern patients won't be referred by the GP – will be via a referral management service. - Core acute services should be delivered in every DGH.

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

Thoughts on Children and young people's (urgent and emergency paediatrics) services…
- Paediatrics staff have not been involved.

- Busiest time is after 8pm – difficult to get to Sunderland. More children will need to be blue lighted to Sunderland.
- Very difficult to give opinions without impact on ambulance services.
- Grindon MIU nurse-led and didn't work. Dr. Hambleton said nurse led doesn't work.
- Needs to be consultant led at South Tyneside all the time.
- Should remain status quo 24 hour consultant led but extend consultant led to midnight would be an option.
- Concerns regarding young people and mental health and drug/substance/alcohol issues.
- There is insufficient beds for children in mental health issues.
- Consultation document is misleading as it doesn't tell you what the current position is now.
- Biggest concern is shutting the door to consultant led care at 8pm.
- Interdependency with midwifery change as if no senior paediatrics overnight at South Tyneside who would deal with sick babies on midwifery unit?

Date	13th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	1pm – 3.30pm
No. of people on table	7
People	Not identified
Facilitator	Alison McNally
Scribe	Debra Collins
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Can't hear at this type of event.

Thoughts on what we have heard so far?
+ Clear explanation, down to money. - Travel between sites, Newcastle is too far, some people don't have cars. Would need to use metro and buses, with a wait in between. - Warned at start that transport was an issue and the event so near the end won't give us time. - So important, transport should have been discussed at the start. - Scrutiny and committees will get lots of data on transport at the last minute, likely the consultation will get extended. - Three test journeys done on transport, managers should try using public transport.

Table discussion on stroke services

Thoughts on stroke services…
- Option 1 is listed all as positive but other options have all negatives. - In the rehabilitation period people want to be near their families. Patients want their families near and options 2 and 3 are better for this and option 1 is still being pushed forward. - Disabled people (after back in the community). + It's important about the quality of care rather than the number of days on site after care. - It is important with stroke to get care urgently so any travel will impede on this. Can't technology be used to get people urgent care in South Tyneside? Roadworks etc. could delay the transfer. We are told this is an alliance and not a merger, so options should not just include moving to one site. - Will Sunderland have the capacity and staffing to deal with extra work? + Better to have care with a specialist in attendance. + Paramedics will give emergency treatment. - Longer journey time to Sunderland. + If get to South Tyneside and they don't have the specialist staff. + Sunderland have specialist equipment.

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

Thoughts on maternity (obstetrics) and women's healthcare (gynaecology) services…
+ Best option is if only high risk births are at a specialist centre in Sunderland if known from early pregnancy there is a problem. - Worrying thing is moving work to Sunderland, will staff cope? - I received letters that senior staff were not consulted at both South Tyneside and Sunderland. - Clinicians have been cherry picked from Sunderland, South Tyneside clinicians have not been consulted. - Will actual minutes and dates and details of staff consultation and how many staff attended be available? + Sunderland have always dealt with high risk births and are specialists. - Why should the consultants be at Sunderland, why can't they be based at South Tyneside. - SCBU why can't there be two units, one in Sunderland and one at South Tyneside. - How can disabled people understand as book is not easy read (consultation document). - Would not want to travel for an out-patient appointment after having a baby for Gynae services required after birth. - Transport issues, if you can't drive or in hospital or have a baby in a SCBU. - Where you're born will affect funding for South Tyneside Council because the birth rate will be lower. - Careful if choose options for home birth or think birth will be low risk because it can quickly change to a high risk birth.

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

Thoughts on children and young people's (urgent and emergency paediatrics) services…
- How will doctors know from birth if a child was high risk and will have problems later in life? - Waste of time to have consultation, decision is already made. - It comes across that Sunderland is already the preferred choice. - Option one is better because both sites need to have an ED service. - If you're from South Shields and don't have a car and the weather is poor how will you travel to Sunderland? - If you are going to have an ED department then have it 8pm to 8am as it is more difficult to travel to Sunderland through the night. Need to consider the times South Tyneside unit till be open. + Good to have the options made clear and to have an update. - The voluntary sector have been used to get the message across that was wanted by the consultation team and they have not been engaged to get their views.