

The Path to Excellence question and answer event on Thursday 21st September was attended by nine people.

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](mailto:nhs.excellence@nhs.net) and we will investigate this further for you.

### **Background/reason for change**

- Need to make it clear to the public that the CCGs will be making the decisions around future service reconfiguration – local councillors scrutinising the process via JHOSC are not involved in the decision making.
- Will NEAS be represented at the travel and transport event on 4<sup>th</sup> October? Will the CEO be attending or an ambulance driver?
- Re. NEXUS, you don't have influence over their services.
- Issues for travel and transport should have been considered before the consultation.
- Stagecoach and Go North East should also be at the dedicated transport event.

### **Stroke services**

- Time spent on stroke unit, options two and three talk about three and seven days – is this the length of time the patient will be in hospital?
- Will there be capacity at the stroke unit in Sunderland?
- Since the temporary move to Sunderland the 20 beds at South Tyneside District Hospital (STDH) aren't being used. What will happen to these beds when a permanent solution is put in place?
- Option three – acute stroke care – the costs for option two and three are the same. We can't choose this option if it is clinically unsafe and still would have the issue for medical workforce recruitment pressures?

### **Maternity/gynaecology**

- The midwifery-led unit (MLU) isn't really an option for South Tyneside women. If there are no consultants they won't choose this option – the numbers will gradually decrease. Northallerton to James Cook is an example, how far between to two hospitals?
- South Tyneside have very good normal delivery statistics, e.g. most water births. The midwives will help promote this option, South Tyneside have some very skilled midwives.
- You don't know when low risk births will become high risk births?
- Intervention leads to intervention.
- It is about giving women choice.
- I think we need a consultant led unit at STDH, why can't we?
- As a local Councillor I cannot endorse ladies having their babies in South Tyneside because of the risk with no consultant led unit.
- You will be investing to improve Sunderland (which is good if our Mums are going there too, why can't you share the resources?)
- The special care baby unit (SCBU) option which is being worked up, is that a non-starter?
- Example of a patient waiting 47 minutes for an ambulance and had to go to James Cook, why James Cook University Hospital?

- MLUs successful in many countries. The women have 100% confidence in their midwives.
- What hurts me is that we won't have as many births in the borough?
- 30 years ago – pre eclampsia and an emergency C section – if my wife had needed to be transferred how long with this take?
- Used to work in a high risk unit and following experience of working in a MLU, views around safety have changed. MLU is a good service/choice.
- We really need to reassure the women that MLU is a safe choice.
- Small, friendly service at South Tyneside and want to keep a small MLU which is great for the women.
- Midwives are very skilled and can recognise when you need to transfer to another unit.
- Low to high risk can happen very quickly and I would choose to go somewhere where there will be medical cover at all times.
- If something goes wrong how long will it take to get to the other unit?
- Change perception of MLU to women, we need to do this, selling the positives.

### **Paediatrics**

- The transition period of two hours, what does it mean?
- Concern that people will still turn up when the unit is closed? How will you get the message out to the public?

### **Conclusion/summary**

- A prominent driver in this is funding, need to be clear and honest about this.
- Need to let people know the ultimate decision making process.
- Will never get away from the fact that the people of South Tyneside want a local hospital and local services.
- Would it be possible that the combined consultant count would in South Tyneside? More consultants in Sunderland who could work in South Tyneside?
- I don't understand how the lack of people wanting to work at South Tyneside will change by these changes?