

The Path to Excellence focused event on maternity, women's and children's healthcare services on Tuesday 11th July was attended by 21 people (two who did not sign in) and there were six tables in the room for 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

Process

- What involvement has the CCG already had in the options and have they already supported them?
- Can we see minuted meetings of the planning phase where clinical nurses from both trusts were involved?
- Can we not upskill staff?
- Why were staff who are affected not consulted directly?
- If the consultant pulled out in the summer - what did you do to make sure a consultant picked it up?

Consultation process

- Public consultation at Sunderland – low turnout from the public and difficulty with access
- How are they going to ensure people know about the changes are the decision is made?
- How are staff being consulted?
- How will the public feedback influence the committee?

Impact of changes on wider hospital support staff

- What will happen to support staff i.e. porters/wardens etc. who support current model at South Tyneside if all services were to move to Sunderland (i.e. maternity Option 1)?

Quality

- How will we measure the effect of any change (quality)?
- Sunderland will get worse if they're seeing South Tyneside patients as well?

SRH – capacity

- Sunderland cannot cope as it is – how is this improving patient care?
- Midwives unable to cope at Sunderland – the system will be overloaded.
- Does Sunderland Royal have the capacity to deal with increased 'high risk' births?

Why hospital services need to change

- We were informed you cannot guarantee this will improve staff recruitment, so if this is the main issue for change, why change it?
- Why can't the doctor's rota across both sites?

- Questions about staffing – so are there any incentives to train and recruit more nurses and medical staff? i.e. middle grade doctors
- Which hospital is struggling with staff recruitment (i.e. midwives etc.)?

Finance/money

- The costing data on the document p82/87 are shocking. One COSTS, one SAVES. They both save money - objective NO. Misleading – YES.
- I don't believe it will work. It is a cost cutting nightmare.

Travel and transport

- Activity at STDH has decreased – especially in A&E. Are paramedics now taking patients direct to CHS prior to the outcome of the consultation?
- What would happen if a child turned up at STDH and they should have gone to SRH? Who would transfer?
- What is the impact on NEAS?
- Data sources are poor – have not elicited correct information for paediatricians.
- It says in the proposal both options have minimal impact on NEAS, but they are under huge strain (four hours in urgent cases). Does this not increase suffering of children?
- The transport travel impact document states that families would travel in 'slightly different ways to Sunderland Royal Hospital compared to South Tyneside District Hospital with more using bus and metro and less driving themselves' Therefore:- how will they use bus and metro for late night and overnight? Surely it's not considered safe for children to travel on public transport late at night? And if children are brought to SRH via ambulance and discharged later at night/early morning, how will they get home? (Please note low car ownership rates/high deprivation in South Tyneside).

Health Inequality

- Maternity - What's the impact for people living in Hetton (or more deprived areas)? On outcomes of healthcare
- How will this improve the health of children from South Tyneside?

Maternity

- How many midwives from South Tyneside involved in the drawing up of the options?
- Discharge form hospital with GP follow up – is there resources in place for this?

Maternity – options appraisal

- Has option 1 been benchmarked against other MLUs in the region?
- Where is the choice if you are not low risk?

Midwifery led-unit

- If there are any complications with low risk birth in midwifery led unit, who attends the emergency aside from the midwife?
- Staffing of MLU – will it be supported by Sunderland midwives?
- Looking at paediatric services overnight – there will be no cover for maternity if there is a 'standalone' unit at STDH – what if there was an emergency from 'low risk' birth?

Children and young people's services (paediatrics) – process

- Which clinicians in paediatrics at South Tyneside have been involved in this consultation?
- What staff have been involved in the makeup of the options?
- Why were staff in A & E paediatrics in ST not included in review discussions? Even though you state they were?
- Is Shaz willing to give the names of clinicians and nurses at South Tyneside who have been involved/included/consulted? This would put this to bed.

Travel and transport – Neonatal

- Who will be doing the neonatal transfers? Have the RVI been consulted?

C&YP – SCBU

- Can we deliver a high quality with extra bed pressures in Sunderland – 10 special cots down
- What would the child protection pathway be?
- Which options were considered and obviously rejected regarding SCBU?
- Which senior clinical staff were consulted regarding SCBU?
- Has Sunderland paediatrics got capacity to see the extra children? Are they not busy already?
- Has Sunderland got the capacity to handle South Tyneside's births/SCBU babies?
- With regard to SCBU – which senior nursing staff were consulted and light of SCBUs closure? How will the loss of 6 SCBU cots impact neonatal network ability to deliver care locally?

Children and young people's emergency department

- South Tyneside children's A&E already provides a quality service – how will this improve with the new service?
- Adult A&E staff will NOT see enough paediatrics emergencies overnight to keep skills even if APLS trained. This is not a feasible option (quality)?
- Why is there resistance to nurse-led A&E?
- Which targets /achievements regarding paediatrics will improve in the new service?
- What happens if a sick child arrives South Tyneside out of hours/ Have you consulted with clinicians who expect to meet this need overnight? What quality does this provide?
- Time of attendance – often children still in department beyond 10pm, although arrived earlier in day.
- You say that a high percentage of children re-attending A&E within 72 hours because this is an ambulatory model. Can you please clarify where the figures are coming from for the consultant and senior review for under one year olds? As the point you made earlier seems to imply that there's a current safety issue.

Children and young people's options

- P83 option 1 states that approximate costing is £370,000 but does not state saving from current model (reducing from 12 hour from 24 hour). Option 2 only states £220,000 saving not what it costs – suggests favourable option?
- Paediatrics planning to propose a third option – who do we link with in Clinical Commissioning Group?

- This is not only around paediatric emergencies includes all planned lists – dental services are not aware of this proposal.
- Paediatrics option 1- will current night staff come onto day shift? Will we be classed as over staffed and will some staff be moved over to SRH site?
- A review of children's A&E services took place in 2010 – why was the current model sustainable at that time and not now?
- What will happen to children who turn up at South Tyneside District Hospital after 10pm? Who will see them? And what will happen if they don't arrive before 8pm and are waiting for an ambulance? Will they be seen by an adult A &E doctor? And will they require nurse practitioner support?
- The paediatrics change in South Tyneside is so that Sunderland can make more use of the new children's outpatients A&E.
- Not only about paediatrics urgent and emergency care as will affect dental services.
- We are aware staff put forward a third option – why was the criteria they failed to meet not feedback to staff?
- In 2011 documentation stated that this model was not sustainable in the long term. What did the trust do since 2012 when the new model came in?
- Why can't you cover some areas across both centres - South Tyneside and Sunderland
- Option 2 - Talk about safety – adding 50% - how will this deliver a safer care?
- Why can't we consider a 3rd option – who spoke to senior clinical staff on the options?
- If option 2 is chosen the day unit STDH would close BUT the consultation document states “there would be continued provision of children's day surgery such as dental surgery.”
- Where would children go for day surgery at STDH? (children's services) What will happen if children's community nurses need to refer back to hospital after discharge with either option? Review at STDH or back to SRH?
- What if a child's cannula tissues that is on IVABs currently return to CDU for re-cannulation. Would they have to return to SRH?
- Can you just turn up or will it be a walk in centre? Will you have to ring and make an appointment first?
- Choices of 'disposal/discharge' are very limited on PCs on the south Tyneside clinical system – this is why attendances appear to be minors
- We were informed that a nurse led minor injury unit does not work as we saw the closure of Grindon Walk in Centre because of the issue – so why is this an option?
- In relation attenders at South Tyneside as we discharge early in a child's illness, therefore advise children and parents to return – therefore admission avoidance

Date	11 th July 2017
Venue	Hope Street Xchange, Sunderland
Event	Focused event on maternity, women's and children's services
Time	6pm – 8pm
No. of people on table	4
People	Unison, public, councillor (who moved around the room to different tables)
Facilitator	Joanna Clark
Scribe	Jenna Thompson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Respect other people's views
- Only one person to talk at a time
- Every opinion is valid
- The table will speak openly, no one on the table is giving their organisations opinion, here to participate

Thoughts on what we have heard so far?

- Not very good it's happening regionally government lead cuts.
 - The government are cutting back on the NHS with no care for the public
 - Government are cutting back on spending any money
 - Issues on staff recruitment- but in South Tyneside they have no problems in recruiting Midwives, Sunderland are struggling and South Tyneside staff are being used as a stop gap.
 - + We have had to gather as much information and evidence through scrutiny already there has been very changeling meeting.
 - Staff and public have a lot of mistrust. We need to get the best possible service for patients.
 - Why do you just say it's to do with money?
 - With regards to recruiting, we know that its registrars clinicians but the nurse feel it's been structure reduction.
 - The staff aren't happy that they have not been consulted on the proposals
- In the past they have asked the midwives from South Tyneside they were required to work some hours at Sunderland Royal.

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 you're a high risk you don't have a choice, the only choice they will have is to go out of South Tyneside. = If a low risk turns to a high risk during labour what happens then? - You're taking the option away to have a baby at South Tyneside if a birth is flagged as high risk - In the consultation document it says that both options scored high with staff and I don't understand how they'll be feeling is? - With access already advised transport is a problem - If you don't have a car there going to be an issue - You can't get a direct bus from South Tyneside to Sunderland Royal Hospital
What are the positive aspects of this option?
There is no positive in this option
What are the negative aspects of the option?
<ul style="list-style-type: none"> - Every one of these services are the same specialty - Options have been taken away from people - Patient's having to move to another hospital is unrealistic during birth for patients and family. - Cause anxiety - High levels of poverty in South Tyneside, travel issues. - Sunderland Royal is busy without another population attending the hospital
What could be improved?
Why can't clinicians rota between South Tyneside and Sunderland, leave the services and increase staff

Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - Isn't a valid option + South Tyneside Special care baby unit won a national award - Staff feel vulnerable, some of the staff don't want to give their opinion, and some are angry. = What did the trust do to capture staff opinion? - Access is the biggest issue. - We're concerned about staff and public's consultation on the options
What are the positive aspects of this option?
There are no positives
What are the negative aspects of the option?
What could be improved?
<ul style="list-style-type: none"> = There should be an option 3. Where clinicians rotate = South Tyneside retain service if rotated

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?
-It just feels uncomfortable as the staff haven't been involved or consulted

- It seems that in Sunderland everything is an open book, South Tyneside staff feels it's a done deal
- South Tyneside staff put their own option in but it did not make it through to the final options
- Figures about children's emergency department in the consultant document there isn't much difference in the number
- This will have a huge impact in services
- Transport again is an issue, bus services stop or change to hourly
- Impact on staff with the increase in waiting times is going to be difficult.
- People in Sunderland don't realise it's going to impact on them
- = How are the services going to improve?
- = How are these options safe and sustainable?
- = South Shields is a sea side town what will happen tourist don't know about the service moving?

What are the positive aspects of this option?

What are the negative aspects of the option?

- Option is unrealistic
- These services should be running in all hospitals
- Services will only improve if people can access them
- There are no walking centres at South Tyneside

What could be improved?

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

What are your initial thoughts on option 2?

-Nurse led does not work; this is what the public were told was the reason for Grind walk in centre closing.

= Why wasn't the option that the nurses put in the final options, why didn't it meet the criteria?

And why wasn't this feed back to the nurses?

What are the positive aspects of this option?

What are the negative aspects of the option?

What could be improved?

Date	11 th July 2017
Venue	Hope Street Xchange, Sunderland
Event	Focused event on
Time	6pm – 8pm
No. of people on table	5
People	NHS staff
Facilitator	Andrea Hetherington
Scribe	Debra Collins
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- One voice at all times

Thoughts on what we have heard so far?

Will the change improve quality?
 Sunderland will see increasing demand, will quality be maintained?
 How will we measure quality of the options?
 How will we compare or measure the effect of change?
 Currently women deliver in one room – will that be maintained?
 Concern the driver is only for financial reasons – should not try to say, this is only about quality.
 Did we know services are already struggling?
 Will staff from CHS be transferred to STFT to support the MLU?

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?

= Who will do the transfers to the neonatal unit from STFT to CHS?
 - Will it be the RVI who will stabilise the babies?
 = Have they benchmarked without Midwifery Led Unit's (MLU) as there are examples of MLU's not being fully utilised as women opt to use the consultation unit?
 - Will staff be pulled from CHS to STFT?
 - Will the MLU have its own staff or will City Hospital Sunderland staff be moved?
 - We currently have 5 larger teams (midwives in the community) will we be moving for both options (especially option 2)?
 = Will women be moved through the system more quickly than currently and will this affect the quality of care?
 - Will this be service driven rather than driven by the women?
 - Will there be transfers from South Tyneside Foundation Trust to City Hospital Sunderland?
 - How attractive would the South Tyneside Foundation Trust be for staff in terms of how would the shift pattern work?

What are the positive aspects of this option?

<ul style="list-style-type: none"> + Might increase the home birth rate + Should increase the consultant care and so improve the quality of care + Midwife led unit (MLU) would be in the current unit at STFT + This would have a low impact on CHS work load + CHS women would have more choice it to go MLU at STFT
What are the negative aspects of the option?
<ul style="list-style-type: none"> - Midwives may have such small numbers that it may not give them the level of experience. - Concern re MLU – if transfers could be a significant journey, will there be time for emergency ‘C’ sections for example? How will this risk be addressed and what will the outcomes for babies be? - Problems recruiting staff.
What could be improved?

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 2?
<ul style="list-style-type: none"> - Would this increase the level of readmissions and what would be the effect on outcomes? - If both births moved to City Hospitals Sunderland and South Tyneside Foundation Trust have option 2 for paediatrics etc. would this double? The affect would be worse on South Tyneside Foundation Trust quality of care
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 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 1?
- I would want my child to be seen quickly by the right person.

- The public want the best on their doorstep. Thinking of safeguarding – have the two LA's linked in with the two options?
What are the positive aspects of this option?
+ We are working together more. + CHS already work with children from other LA's
What are the negative aspects of the option?
What could be improved?
- Staff need to know the different safeguarding systems for both councils.

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Venue	Hope Street Xchange, Sunderland
Event	Focused event on maternity, women's and children's services
Time	6pm – 8pm
No. of people on table	5
People	NHS staff
Facilitator	Aine McCarthy and Gavin McPake
Scribe	Gail Cobb
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None recorded

Thoughts on what we have heard so far?

- Using cost as a stick to beat us
- Been understaffed for 10 years – “I’m doing overtime”
- Closed – no discussion with staff
- Neo-natal network board. Negative saying we are not delivering a huge quality service
- Negative bed pressures
- We either get involved or it will be done anyway
- Not fair as they will have to travel
- Losing 6 cots – 10 special care cots down
- Transfer to mum and dad
- Why can't South Tyneside continue as a selective care up until discharge?
- Better to continue and not retrain staff. Use current staff to provide extra care
- Negative – we've not been involved in consultation to develop options. We work closely in this area and want a voice

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?
- Neo-natal not mentioned – covered as what focussing on
What are the positive aspects of this option?
+ Like the idea of being able to house a birth registered at South Tyneside and Sunderland. Key difference
+ Happy to have a midwifery-led unit (MLU)
What are the negative aspects of the option?
What could be improved?
- Parking a concern in Sunderland
- Increased workload in one area – how self-care

- Workforce – why can't it be in both South Tyneside & Sunderland?

Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)

What are your initial thoughts on option 2?

What are the positive aspects of this option?

What are the negative aspects of the option?

- Add 50% to workload
- How will that deliver safer care?
- What if staff don't want to transfer to Sunderland?

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?

- + Prefer this to the second option
- + This worked, more straightforward for parents to understand
- + Better model, even if it won't save money
- + It's safer though
- + Potential training base, all experts in one place

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?

- Some resistance to a nurse led unit in A&E, people want a doctor, may need re-education?
- More like a walk in centre
- + Not keen on this one, even though it may be cheaper
- = will you be able to just walk in? Do you need to ring 111 for an appointment?

What could be improved?

Date	11 th July 2017
Venue	Hope Street Xchange, Sunderland
Event	Focused event on maternity, women's and children's healthcare
Time	6pm – 8pm
No. of people on table	3
People	NHS staff, public, Councillor (who left half way through)
Facilitator	Helen Fox
Scribe	Sheena McGeorge
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Respect other people's views
- Only one person to talk at a time
- Every opinion is valid
- No question is a silly question

Thoughts on what we have heard so far?

- We need to do something – people are in a difficult situation
- I don't think the public know what's going on.
- People when given the choice want to stay at South Tyneside for reasons such as: 'near husband, on bus route'. It's not a particularly affluent area.
- There needs to be a top down approach to outcomes – very medical based
- If we don't have as many hospitals, people will get used to it. The knock on effect is to their family – this could cause health problems. It's difficult if you have no resources and are in a hospital miles away from your family.
- Communication is most important – people want to go where they have always gone.
- There are training issues – can't train staff and can't retain staff.

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?

- Would it just be South Tyneside midwives that would rotate through Sunderland?
- What about people who live in Hetton/Washington, they have to travel already – what is the impact on them? How does that affect your outcomes?
- = It would be better to keep low risk at South Tyneside.
- = Which resource will come to South Tyneside?

What are the positive aspects of this option?

- + There will be more patient choice.

What are the negative aspects of the option?

- Midwife numbers
- Persuading people to travel to Sunderland
- Education levels /social issues play a part in choice of hospitals
What could be improved?
Communications with midwives should be clearer – inevitably there will be transfers

Option 2 – Maternity (obstetrics) and women’s healthcare (gynaecology)
What are your initial thoughts on option 2?
- Cost implications of a free standing midwifery unit at South Tyneside
- Have we got room in Sunderland?
Would South Tyneside consultants do major surgery in Sunderland?
What are the positive aspects of this option?
+ Skills on site – day care at both
What are the negative aspects of the option?
- Site transfer implications - ambulance transfers are not good
- Discharge from hospital with GP follow up – has anyone told the GPs?
What could be improved?
Q: How many home births are there?
A: Not sure of exact figures – but only a small percentage. NEAS have said transfers are safe.

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?
= Is the age limit up to 16?
= Would there be middle grade available?
What are the positive aspects of this option?
+ Having a paediatrician locally is crucial to help point children to the right place. Outpatients struggle to have some paediatric experience
What are the negative aspects of the option?
What could be improved?
We need to be assured that nurse led team have immediate access to more senior people.

Option 2 – Children and young people’s (urgent and emergency paediatrics) services
What are your initial thoughts on option 1?
You would make different decisions if you were asking a family to travel to Sunderland. – in both options, children need to be seen by consultants not middle grades
What are the positive aspects of this option?
What are the negative aspects of the option?
-If there is nobody ‘watching’ in South Tyneside where would they go for diarrhoea and sickness? It would be better if there is somewhere where children could be watched – e.g. if under child protection

What could be improved?

Date	11 th July 2017
Venue	Hope Street Xchange, Sunderland
Event	Focused event on maternity, women's and children's services
Time	6pm – 8pm
No. of people on table	6
People	NHS staff
Facilitator	Emma Taylor
Scribe	Alex Rodger
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- Respect other people's views
- Only one person to talk at a time
- Every opinion is valid
- The table will speak openly, no one on the table is giving their organisations opinion, here to participate

Thoughts on what we have heard so far?

- + This all sounds sensible and has got to be done, there is no new money in the NHS
- It starts off saying high quality care and later on say this is nothing to do with saving money, this is conflicting information
 - Understand there is no new money in the NHS but we are repeatedly told this is not to save money and feel like we are not providing a quality service
 - The money saved is to be reinvested, is it saving or efficiency?
 - There is nothing in the consultation document to talk about the benefits to children in South Tyneside, this will impact on families as well.
 - Benchmarks, e.g. children under one seen within an hour, there is no reference to this
 - Paediatrics A&E was reviewed six years ago, why is it again changing? In 2010 it was sustainable then but not now? Was it staffed then?
 - There is a middle grade paediatrics recruitment struggle

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?

- Option 1 is not a viable long term solution because free standing midwifery-led units (MLU) don't survive
- Mam's do not feel safe in free standing MLU's, they do not choose them
- + Option 1 is better but it is a big change to say no babies will be born in South Tyneside. The distance between South Tyneside and Sunderland is not as far as other freestanding MLU's in the North East

What are the positive aspects of this option?

<ul style="list-style-type: none"> + Some women just want a MLU birth, they do not want to be at home but do not want a Consultant led unit to give birth. + From Hebburn a lot of babies are born at the QE + There is still local care pre and post-natal
<p>What are the negative aspects of the option?</p> <ul style="list-style-type: none"> - There is a high admission from low risk births to SCBU, you do not know when things can go wrong, can't predict it and when things go wrong they go wrong fast - Gateshead and Newcastle are mentioned, are they undergoing a similar review? (Patrick Garner answered – during the work up of options commissioners and providers were spoken to. They are just starting the same journey as Path to Excellence so have said they can handle the patient flow) - Transfer to Sunderland for SCBU is more risky and Mum may remain in South Tyneside, pressure on NEAS - As a Mum I want to know that anyone I might need is there - Is there capacity at Sunderland? - If there is an emergency who is on call for the baby? If there is no paediatrics A&E then who can go to the baby in South Tyneside? - If safety and sustainable are priorities than it has to be option 2 - MLU around – is there also an attachment to another unit for a doctor? - In a few years with the RVI and QE be in the same position? - When the families travel it's not just Mum and baby but also dependents, how will they afford this? - What about children's A&E attendances in South Tyneside?
<p>What could be improved?</p> <ul style="list-style-type: none"> - Lots of things influence birth choices, e.g. football teams, not wanting Wearside births, feeling like they belong to Tyneside. = The difference comes at booking in the birth (12 weeks) the risk depends on this Emma Taylor - postcode analysis has been done and we have asked for more detail on the reasons, not just for it to be location based - Services are going all over, what happens to staff who are non-medical e.g. porters, admin, ward clerks. Will they be split between South Tyneside and Sunderland? What if services move to Sunderland?

<p>Option 2 – Maternity (obstetrics) and women's healthcare (gynaecology)</p>
<p>What are your initial thoughts on option 1?</p>
<p>What are the positive aspects of this option?</p>
<p>What are the negative aspects of the option?</p> <ul style="list-style-type: none"> - Hebburn and Jarrow, very loyal to area. People are low paid or unemployed, where do they get the money to travel from?
<p>What could be improved?</p>

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"> - Dental services, not able to continue at South Tyneside. No day surgery can happen if no general anaesthetics. Option 1 neighbouring work is misleading. Check PCBC option 1 yes, option 2 no. - Dental surgery is an increasing problem for public health - Calling us emergency nurse practitioners - we are paediatric nurse practitioners - Because of local care we are able to say to parents if X happens come back – Shaz made out like it is because we have done something wrong – if a condition deteriorates readmission will be required - Children are usually readmitted through parental concern not deterioration - Little understanding of what a paediatric nurse practitioner does, emergency nurse practitioners (EMPs) are a three week course - We are using an ambulatory model of care. You are saying we are not hitting national standards and we would like this clarified as this is not how we deal with it. Where have the figures come from? A lot of the issue is access to GPs, they come to us because they can’t see a GP - You say receiving safe high quality care is more important but for South Tyneside residents a unit close to home was more important. It is only when you combine the South Tyneside and Sunderland answers that this is the case
What are the positive aspects of this option?
What are the negative aspects of the option?
- It is misleading around dental care in option 2, on page 74 and 84 in the consultation document show this
What could be improved?
- Both options have 8-8 with 8-10 transfer period, if an ambulance hasn’t come in that time where will the children be cared for?

Did not get on to option 2 on the table.

Option 2 – Children and young people’s (urgent and emergency paediatrics) 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?