

The Path to Excellence discussion event on all service areas on Saturday 16th September was attended by 10 people and there were two tables in the room for facilitated discussions. One attendee arrived at 12 noon so did not participate in any facilitated table 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

Maternity and gynaecology

- If fewer people choose to give birth in Sunderland BECAUSE of lack of consultant led care, lack of numbers would force closure of South Tyneside - is this hidden agenda?
- What implications, if any, for recruitment of midwives - does option two mean reduction in staff? Staff reduction i.e. staff moving etc. is their capacity at Sunderland?
- What would happen when a low-risk becomes a high-risk birth? And what difference to service as it stands now?
- Have we looked at how these two options could/would affect maternal and neonatal health? What are the statistics?
- Is it fair to put additional pressure (travel and finance) on families who need consultant-led care?
- Low risk this can become an emergency, ambulance transfer would take too long! How would this be addressed?

Paediatrics

- What would happen to a child he presents at South Tyneside who has a mental health problem?
- What is the current usage for the paediatric A&E at South Tyneside? So, how have we considered this in option two?
- Do we have a rapid response team for paediatrics? (similar to RAH)
- Why do we tender things out to private companies and spend so much when it should be invested in the NHS?
- Does south Tyneside have 24-hour paediatric emergency department?
- Is there an adult emergency department at South Tyneside?
- If so shut at South Tyneside has Sunderland got access to that patient's records? Is data shared between both trusts and what about confidentiality?
- Concerns about travelling to hospital with a sick Child, if you need to care for your child how can you drive?
- Could we not have an option three-the adult and paediatric emergency departments merge at South Tyneside district Hospital so both adults and children can still be seen throughout, 24/7?
- What if staff don't want to move sites?
- Is this about staff numbers-staff reductions or pooling existing staff?
- Why are option one and two so similar? These are not actually options!
- Question about movement to Sunderland-why are they moving A&E away? Is this because Sunderland has facilities/Are good delivering these services?

- Where exactly are costs and savings coming from?

Stroke

- All services-why can't staff rotate across both sites?
- Have the jobs for/consultants have they been actually advertised for sometime site. If they have where were they advertised?
- Will simply need to spend more money to accommodate changes-do they need more staff?
- Does Sunderland Hospital have the capacity to care for extra patients?
- What affect on the waiting list for stroke and maternity in Sunderland Royal Hospital?
- Are wards going to close at South Tyneside hospital?
- Bed capacity-can Sunderland cope? Does it have enough beds?
- What are the measures and where is the evidence to show that since temporary stroke move Sunderland is in green SSNAP?
- Is there any clinical evidence to show any improvement in patient outcomes since temporary stroke move?
- How are people with mobility issues or wheelchair users going to manage to get to Sunderland hospital?
- Patient experience-what are the views of those who have used the interim service?
- Are you going to use taxis as patient transport?
- Will that be risk assessments for patient to travel and transport?
- Options two and three-what happens if someone has a further stroke whilst at South Tyneside district Hospital? Will there be consultant-led care at South Tyneside District Hospital?
- Why can't the stroke service be at South Tyneside?
- Question is to connect to following
 - are there any financial drivers?
 - Why are these particular services?
 - Is it about money?
 - Quality etc
- How are people from Hebburn going to travel to Sunderland? Have you thought about patient/staff/visitor transport solutions?

Consultation

- There are still many people who are unaware of the changes and/or consultations. What is being done to ensure all members of all communities are fully informed (in clear laymans terms)?
- How much is the whole consultation costing, including things like transport surveys? Where is this money coming from? I.e. is it coming from money which should go to services?

Date	16 th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	10am – 12.30pm
No. of people on table	5
People	Unspecified
Facilitator	Emma Taylor
Scribe	Anisah Sharmeen
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- No talking over each other
- Be nice and respectful
- No finger pointing
- Listen to each other

Thoughts on what we have heard so far?

- The issue of cost wasn't mentioned. They should say more about the connection between what we have heard. Financial and demographics. Is this decision primarily financially based or health or both.

- I understood that ST had good wards for stroke. Now moving to Sunderland is going to be big concern for travel and costs. It costs £20 to travel and that is unacceptable.

- The services were safe at ST, they have won awards.

= I suppose it is about the safety in care.

- Jobs have not been advertised well enough, if at all.

- The situation is complex in regards to budgets; NHS England and Public Health England are two different things.

- There are financial constraints; I suppose they have to find savings wherever possible. It's all to do with the Five Year Forward view.

+ The five year forward view is taking account of the future. It is more efficient.

= Reforming the service may have some savings.

Table discussion on stroke services

Stroke services

What are your thoughts?

= Option 2 and 3, the 7 and 3 days...if there evidence for the patient outcomes?

= It is trade off. If clinical considerations then option 1 would be best.

- There are more compromises on the other options.

= which of these do you want to prioritise on care.

= Option, It is easy for Sunderland people in the area, but ST people would prefer option 2 and 3.

- Quality is the overall concern.
- Quality of care. If that is the priority then option 1 is the best. Look at the patients and their family's needs. What impact will this have? What about elderly peoples families who will want to visit. This is the issue.
- Does Sunderland have the capacity?
- Sunderland's costs will increase if they need more staff.
- Extra pressure on hospital and ambulance service.
- Waste of resource and money. It can be spent in better direction.
- Is it saving because patients will come to Sunderland?
- = Whichever option there is going to be more jobs.
- Are they going to use Taxis as ambulances?
- = There are 2 different streams of transport. Patient and public.
- For option 1, are wards going to close at ST?
- + Understand travel from a visitor point of view. You would know care is going to be better even if you are travelling further.
- = A dedicated hospital bus service could be getting introduced.
- = Newcastle has this transport service running.
- This idea was dismissed at a certain meeting.
- Need to think about the people from Hepburn and Jarrow, as in providing a service in regards to transport.
- Have you thought about people with mobility issues? How are they going to travel?
- This is going to take a long time.
- The road infrastructure on A19 will have a knock on effect. You need to think of the road structure and what impact that will have.
- Time limit is a big issue on stroke. The time will have an impact on the stroke process.
- Is there any clinical evidence to show how this will have an impact? Patient outcomes?

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

Maternity (obstetrics) and women's healthcare (gynaecology) services

What are your thoughts?

- + Option 1 is clearly the way forward. Confident in midwives.
- = Individual families would have the patient choice of where to go.
- = How often do consultants have to intervene / come in?
- = is the need for a consultant not as necessary?
- = Any rough idea on the percentages of doctors needed in interventions?
- = In the rare occasion that something goes wrong, what is the process for high risk cases?
- = Does option 2 mean staff reduction or staff moving?
- Does Sunderland have the capacity?
- = I suppose it is bias towards Sunderland, you would have to see it from ST perspective.
- = Some people even prefer choosing Durham.

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

Children and young people's (urgent and emergency paediatrics) services
<p>What are your thoughts?</p> <ul style="list-style-type: none"> - If you are in South Shields then you have a long way to go after 8pm. You may be reliant on other people to get you there. Transport issues are major in this area. - Why are they moving everything to Sunderland? Is it cheaper or are there better facilities? - There will be sensitive issues and politics will be involved. People's emotions are the highest in these issues. People have trust issues with hospitals. = Does ST have 24hr overnight service currently? = If a child has mental health issue, does that child turn up at Sunderland? - Mental health is a different hospital, is what we have been told at previous meetings. - On TV report saying there are not enough beds for children at paediatrics. *Personal experience- A&E said no to my mental health issues. - ST is going to be suspicious of all the recent investment at Sunderland. + The new emergency children's department at Sunderland is great. = The ambulance demand and it not being available. = Do children have the choice of going to A+E / paediatrics? - Sensitivity and compassion is key at paediatrics. - Understanding the mind-set of these people has a major impact on what type of service you give. - The crisis team have difficulty in understanding in specific cases. - Often forget that everything should be patient focused. - The barriers in trusts, and procedures and grievance's. + Option 1 is the better option as it gives 12 hr paediatrics care. - Where are the costs and savings coming from? = Is this about staff reductions or pooling existing staff? - Sensitivity around staff cuts = Are medical records going to be available at Sunderland? Shared data?

Date	16 th September 2017
Venue	The Customs House, South Tyneside
Event	Discussion event on all service areas
Time	10am – 12.30pm
No. of people on table	4
People	3 x public, 1 x NHS
Facilitator	Andrea Hetherington
Scribe	Jenna Thompson
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

<p>Thoughts on what we have heard so far?</p> <ul style="list-style-type: none"> - Access to/fore practice to practice skill – still haven't replaced 29 beds and moved them to Sunderland. Why can't the practitioners move between services? Doing this in other parts, why not here? - Staff weren't consulted about the options. - On metro station adverts for Sunderland not South Tyneside. Uni deters junior doctors and nurses are told not to go to South Tyneside as this will not exist in the future. Not being done equally. - Nurses are in debt and capped, cycle of poverty, this uni deterring will put them off.
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Table discussion on stroke services

Option 1 – stroke services
What are your initial thoughts on option 1?
<ul style="list-style-type: none"> - This option was done in crisis without consultation and South Tyneside people were told that this service wasn't moving. - Not a good option for either South Tyneside or Sunderland. - Loss of 29 beds from area. - Ambulance from South Tyneside will take longer after strokes because paramedics don't diagnose strokes. - Haven't heard how ambulance will be affected. Have they been consulted? - If a patient is taken to South Tyneside hospital, then STDH recognise it is a stroke, once they are in a clinical environment they are no longer a priority. - Why does the stroke centre have to be in Sunderland not South Tyneside?
= What are the patient views who already use this service?
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"> - Still put patient led care in Sunderland. What if the patient choses South Tyneside for recuperation and the have a secondary stroke? - Not a real choice if the patient wants both consultants and access to a local hospital. - Number of days depend on circumstances. - Both option 1 and 2 not real options. - Important for option 1 and 2 getting treatment at local hospitals, consultant led care at both, specialist led units pro but need local care. - South Tyneside is more of a local led service and ran by one company. Sunderland has several different company working together. South Tyneside more of a community.
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"> = Free standing units do work well. The problem is when things go wrong you would have to exclude women at an early stage if they are high risk. Things go wrong quickly and they may need a consultant. = Option needs to be reviewed on the statistics for safety. We need to understand what is the safest. - Taking away choice if high risk. - Three buses with our children is unacceptable. - If the only option is to go to Sunderland you’re putting pressures on family. - Costs will be massive. = Nephew should have been a simple birth but wasn’t, it put pressure on the family for travel even though it was local. Sunderland would be pressure. = South Tyneside my daughter didn’t want to go to Sunderland, went to RVI instead.

= Gynaecology is not such an urgent issue, you'd go through A&E. + Need to take emotions out of choice and look at safety.
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 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?
- South Tyneside paediatrics unit have had beds cut. Lots of children do arrive after 8pm. - Can't have set hours for this, children get ill at all times. Especially in South Tyneside to travel to South Shields to STDH but not to Sunderland. - Neither option is an option if you have a child in South Tyneside. Only thing would be to have a combined A&E, by bringing in paediatric nurses in to A&E.
What are the positive aspects of this option?
What are the negative aspects of the option?
What could be improved?

