

Briefing of the Save South Tyneside Campaign on the public consultation 5th July - 15th October 2017

The save South Tyneside Hospital Campaign is giving its briefing and response to Phase 1 of the Consultation on "The Path to Excellence".

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1. Overview

The consultation on Phase 1 which started on July 5 2017 and lasts until October 15 2017 contains a number of options, all of which downgrade Acute Services at South Tyneside District Hospital (STDH). There are two options for Children and Young People's Emergency Services at the A&E which either downgrade this from a 24/7 service to a 12 hour service or to a 12 hour Nurse-led "Minor Injury or Illness" Service. For Maternity, there are two options, both of which end the Consultant-led Maternity Services at South Tyneside Hospital and close the Special Care Baby Unit. Also, it is proposed to end the Inpatient Gynaecology Service. There are 3 options for Acute Stroke Services but their stated favourite is already implemented. This removes all hospital-based Strokes Services from South Tyneside Hospital including hospital rehabilitation.

The claim in the Business Case that the clinical design process has been followed is not true. Even most senior staff have not been appropriately included and consulted in the Clinical Service Review process which led to the options that have been presented to the public for all services in Phase 1. Yet the *South Tyneside NHS Foundation Trust* claims in a reply to our Freedom of Information request¹ (FOI) that besides managers and the Executive team, that Consultants, Doctors, Nurses were "involved in all options – Maternity and Gynaecology, Urgent and Emergency Paediatrics and Stroke". Both Emma Lewell-Buck MP for South Shields and SSTHC have raised this serious concern that such a consultation that misleads the public on the involvement of clinical staff in preparing the options should be halted, or extended for "proper" consultation.

The leaders of the Sunderland and South Tyneside Clinical Commissioning Groups as well as the leadership of both South Tyneside and Sunderland Hospitals (with the same Executive Team) have made it their mantra that what they are proposing is "The Path to Excellence" and their spokespeople have never stopped saying that the options that they choose are the way for the people of South Tyneside to have "safe and sustainable" Acute

Health Services and the way to do that that they say is to have these services only at Sunderland Royal Hospital.

SSTHC firmly believes - based on the facts and real involvement with clinicians and clinical staff - that "The Path to Excellence" options are not safe, or sustainable for the people of South Tyneside or Sunderland. Whilst, there is a need for continued collaboration between the two hospitals and further collaboration of the clinical teams involved in these services, the direction they are proposing to just concentrate this acute care in one hospital will make the NHS in South Tyneside and Sunderland less safe and less sustainable. In fact, it will make things worse.

2. Summary

Petition:

1. Our stand is to safeguard the future of South Tyneside Hospital and its acute and emergency services.
2. We demand that the Government, NHS England, South Tyneside NHS Foundation Trust, South Tyneside Clinical Commissioning Group and South Tyneside Health & Well-being Board stop any plans to close acute services at South Tyneside District Hospital and to safeguard its Accident and Emergency Service.
3. We demand the restoration of the duty of government to provide a comprehensive health service across England to all communities, providing the resources that are required and the training of doctors, consultants required for all acute and community services.
4. We demand the reverse of 25 years of marketisation in the NHS and the abolishment of the purchaser/provider split, and an end to contracting and establish public bodies and public services accountable to local communities.
5. Access to health care is a right of all in a modern society and we demand that it must be guaranteed.

Children's and Young Person's Accident and Emergency: The conclusion of Clinicians and public alike is that the retention of the Children's and Young Persons' 24/7 A&E is the most safe and sustainable option compared with the options presented in the consultation. The present service was set up after a previous review in 2012 and this model was also used at the Queen Elizabeth Hospital (QE) in Gateshead and other smaller hospitals. It is a much safer model than the options proposed.

Obstetrics (Maternity): A safe and sustainable, Consultant-led Maternity Service exists now at South Tyneside District Hospital and it is what a District Hospital should provide. It is this service that should be invested in and improved along with the services at Sunderland Royal Hospital. As both hospitals are in alliance, the clinical teams and specialists should work together to ensure the success of both Hospitals' Maternity Units. The right of mothers-to-be to choose South Tyneside for the birth of their child should remain with the present services in place. Choice and the best clinical outcome are paramount, not the cuts to these services driven by Government and their NHS commissioners.

Gynaecology: The only option in "The Path to Excellence" is the closure of inpatient Services. Closing inpatient Services when day case operations will continue and the 6 beds are flexible on an existing surgical ward does not make sense. It is probably unachievable as there is now a constant shortage of beds at both hospitals. Is the CCG hoping to use this as an excuse to close even more surgical beds? This question has to be answered because this will make the lack of beds in South Tyneside Hospital considerably worse as these are not dedicated Gynaecology beds. In addition complications in Day Surgery do occur, so to close this inpatient facility would be detrimental to those patients who may not be able to be transferred elsewhere or for whom it may not be desirable.

Special Care Baby Unit: Alongside our South Tyneside Maternity Services, SCBU should be retained to provide 24/7 resuscitation and stabilisation (care) following delivery in the event of an unexpected post-delivery neonatal emergency in the Maternity Unit at South Tyneside District Hospital.

Proposed future service options – Stroke: Option 1 would mean the permanent closure of the 20-bedded stroke ward at STDH with no increase in acute stroke beds at Sunderland which will remain at 39. This will mean a reduction of 20 acute stroke beds if the CCGs preferred option is adopted. Apart from creating a further shortage of acute stroke beds it will mean that South Tyneside patients will not be able to receive either continued acute care, or hospital rehabilitation within their own community. Option 1 is not a “path to excellence” but a path to less availability of acute stroke services within South Tyneside. We are appalled that this has already been implemented!!

Transport and Context: (see full document)

Conclusion: At the moment, we know our hospitals are subject to the massive cuts of the present Government and the refusal of Government to enable the training of enough doctors and nurses so that every hospital is now in crisis with a shortage of clinical staff and the need to use expensive agency staff. But these proposals in the PtoEPCBC will make these services even less safe and sustainable.

The claim that the clinical design process has been followed is not true. Even most senior staff have not been appropriately included and consulted in the Clinical Service Review process which led to the options that have been presented to the public for all services in Phase 1. Yet the *South Tyneside NHS Foundation Trust* claims in a reply to our Freedom of Information request (FOI) that besides managers and the Executive team that Consultants, Doctors, Nurses were “involved in all options – Maternity and Gynaecology, Urgent and Emergency Paediatrics and Stroke”. Both Emma Lewell-Buck MP for South Shields and SSTHC have raised this serious concern and feel that such a consultation which misleads the public on the involvement of clinical staff in preparing the options should be halted, or extended for “proper” consultation. We also question how a consultation can take place without the public being informed of North East Ambulance's (NEAS) detailed proposals on how they will cope if these proposed option go ahead. This is another reason why the whole consultation process is flawed.

While there is a need for a continued collaboration between the two hospitals and further collaboration of the clinical teams involved in these services, the direction “The Path to Excellence” is proposing to concentrate this acute care in one hospital will make the NHS in South Tyneside and Sunderland less safe and less sustainable. Closing such successful units as Children's 24/7 A&E, the consultant-led Maternity Services and downgrading them will not save any significant sums of money. The PtoEPCBC says the most they will save is £2 m a year for all these changes - in a hospital budget of £180m. In all the consultation meetings it has been claimed by Chief Officers that saving money is not the aim of the proposals. We demand investment is made in the safe and sustainable services that we have at both our hospitals in South Tyneside and Sunderland and that there is a stop to closing or downgrading vital Local Hospital Acute Services that make them less safe and sustainable.

As the petitions states: “We demand that the Government, NHS England, South Tyneside NHS Foundation Trust, South Tyneside Clinical Commissioning Group and South Tyneside Health & Well-being Board stop any plans to close Acute Services at South Tyneside District Hospital and to safeguard its Accident and Emergency Service.”

3. Petition

As a formal part of our response we would like to submit a copy of our petition which to date has been signed by some 30,000 people in South Tyneside and Sunderland.

Petition No to the Downgrading of South Tyneside Hospital

Save South Tyneside Hospital Campaign

The downgrading of South Tyneside Hospital announced in this “alliance” between South Tyneside NHS Foundation Trust (STFT) and City Hospitals Sunderland (CHS) with loss of acute services will be a disaster for the people of South Tyneside and also for the people of Sunderland whose access to acute services will also be affected by the closure of acute services in South Tyneside. The “alliance” plans the removal of all acute services to Sunderland which will also make the A&E unsustainable. The government is behind an NHS England plan to reduce more than 10 A&Es in the North East down to 4, or 5. The immediate threat of this “alliance” is the loss of acute stroke services and maternity in South Tyneside. The aim of this plan is likely to leave people in South Tyneside with essentially a “rehabilitation” hospital and everyone needing acute health care will have to travel to Sunderland, or Newcastle.

The context of this plan is the government’s whole direction that the NHS is being taken in deliberately reducing NHS funding both for the health service and human resources needed. This direction is wrecking the NHS through fragmentation into purchasers and providers, closure of acute hospitals and Accident and Emergency Departments, cut backs and the take over of the most profitable services by private health companies. This continued direction in the “5 year forward view” is reflected in the alliance of STFT and CHS with the aim of closing acute services in South Tyneside Hospital and transferring these services out of our hospital. We know that bringing people together, irrespective of political opinion, into a campaign is how we can respond. What we stand for is that health care is a right!

Demands:

1. Our stand is to safeguard the future of South Tyneside Hospital and its acute and emergency services.
2. We demand that the Government, NHS England, South Tyneside NHS Foundation Trust, South Tyneside Clinical Commissioning Group and South Tyneside Health & Well-being Board stop any plans to close acute services at South Tyneside District Hospital and to safeguard its Accident and Emergency Service.
3. We demand the restoration of the duty of government to provide a comprehensive health service across England to all communities, providing the resources that are required and the training of doctors, consultants required for all acute and community services.
4. We demand the reverse of 25 years of marketisation in the NHS and the abolishment of the purchaser/provider split, and an end to contracting and establish public bodies and public services accountable to local communities.
5. Access to health care is a right of all in a modern society and we demand that it must be guaranteed.

4. Children's and Young Persons' Accident and Emergency.

At the moment the Service provides a 24/7 Children's and Young Persons A&E and has 4 beds attached to the Unit. If a child, or young person needs inpatient care over 24 hours then they are transferred to either Sunderland Royal (SR) or RVI Newcastle. The present Service was set up after a previous review in 2012 and this model was also used at the Queen Elizabeth Hospital (QE) in Gateshead. Not only are all children and young people who attend the A&E seen by a Paediatric trained Nurse Practitioner but the Unit is led by

Paediatric Consultants. Because the Unit can keep children, or young people for 24 hours for observation if necessary then this ensures that the majority of children and young people are discharged back into the community (with community support if necessary) from a locally accessible children's and Young Persons' Accident and Emergency Unit and that is the safest option. What is being proposed is to downgrade this Unit to a 12 hour Nurse Practitioner-led Unit although there is another option to retain 12 hour Consultant-led care whilst 24/7 will be transferred to the A&E at Sunderland.

There are now some 17,000 attendances of children and young persons at the A&E per annum. These children seen in emergency care attend with all kinds of acute problem which allows illness in children to be diagnosed and managed early by a Consultant-led team of highly experienced Nurse Practitioners and Nurses. This prevents unnecessary admissions to hospital and allows early discharge before they escalate and become serious. The Acute Service is backed up by excellent local follow up which allows children to be seen rapidly in daily rapid access clinics. There is also excellent Community Nurse support. However, such an Acute Emergency Service for children cannot be managed in the "community" as the STPs talk about because the doctors need all the diagnostic equipment provided by the hospital. Therefore managing children's Emergency Services closer to home requires a District Hospital based in the community of South Tyneside. Downgrading this service by removing 24/7 Consultant-led care to Sunderland will make the service less accessible and therefore less safe for the entire population of South Tyneside and will further overstretch services at Sunderland.

The two options to retain a downgraded 12 hour care are only included because Sunderland Royal Hospital could not cope with an influx of 17,000 attendances in addition to their own patients. That is why they are proposing to shut the doors at 8pm and downgrade and take away the Paediatricians and provide a less safe service to the one that exists now. Such a service will not be sustainable as a consequence of their actions. The model of service that the Hospital now provides is a model of safety and sustainability for UK District Hospitals like STDH. It is a model that many other District Hospitals follow and it is a model of combining the clinical teams of hospitals working in alliance such as STDH, SRH, QEH and the RVI to provide 24/7 Local Acute Emergency Care to children and young people in their Districts in a safe and sustainable way.

SSTHC also has major concerns as to how these options for all three services that came out of the clinical review were drafted. *The Path to Excellence Pre-consultation Business Case (PtoEPCBC)* which is the case that was submitted to NHS England for its approval to consult states:

5.2.2 Clinical design process

The clinical design process has been clinically led with service clinical directors leading inclusive, multi-professional teams. Teams have drawn upon a range of data to review current and benchmark performance, to assess national clinical guidance and research evidence as well as considering patient insight feedback and learning from other organisations. (Page 49 of the Business Case)

According to this statement the clinical reviews on which the options in the consultation were based were carried out by "clinical directors leading inclusive, multi-professional teams." SSTHC knows this not to have been the case. In Paediatrics all of the nursing

team including senior staff, some 43 staff, including 5 of the 6 Paediatric Doctors have stated in a signed document to stakeholders including their trade unionsⁱⁱ:

We the undersigned, have not been appropriately included and consulted in the clinical service review process which led to the two options that have been presented to the public.

A document detailing concerns on the conduct of the process has already been submitted to the stakeholders.

We are concerned that the options presented to the public may have significant adverse impact on the children of South Tyneside.

Staff of South Tyneside NHS Foundation Trust Paediatric Unit - 3-8-2017

In a reply to an SSTHC Freedom of Information Request (FOI) South Tyneside NHS Foundation Trust claimed that Consultants, Doctors and Nurses were “involved in all options - Maternity and Gynaecology, Urgent and Emergency Paediatrics and Stroke”ⁱⁱⁱ. This claim and the claim that the clinical design process has been followed is false. Even senior staff “have not been appropriately included and consulted in the Clinical Service Review process which led to the two options that have been presented to the public.” Furthermore they express that they “are deeply concerned that the options presented to the public may have a significant adverse impact on the children of South Tyneside.”

The success of the present 24/7 Children's and Young Persons' A&E at South Tyneside District Hospital is not only backed up by the results it has had but the survey which forms part of the *The Path to Excellence Pre-consultation Business Case* acknowledges:

Overall, parents whose children received their care at South Tyneside District Hospital were much more satisfied with the length of time they had to wait, compared to those whose children received their care at Sunderland Royal Hospital. (Page 45 of the Business Case)

The conclusion of clinicians and public alike is that the retention of the Children's and Young Persons' 24/7 A&E is the most safe and sustainable option compared with the options presented in the consultation.

5. Obstetrics (Maternity).

The present service at South Tyneside District Hospital provides Consultant-led Hospital and Community Midwifery Services to the population of South Tyneside with some 1300-2000 births a year. There is also a Special Care Baby Unit attached to the children's Paediatric A&E which is vital for the Maternity Service (Item 7). The hospital has a dedicated obstetric theatre and up to 6 beds which can be used for inpatients' beds for Gynaecological patients. In addition there are female patients' bays and single rooms for day patients (Item 6).

The Path to Excellence Pre-Consultation Business Case (PtoEPCBC) admits:

That in South Tyneside “levels of health and underlying risk factors in South Tyneside are among some of the worst in the country. (Page 20)

The rates of smoking among young women at the point of delivery are twice the national average with 25.9% of women recorded as a smoker at birth. (Page 22)

The rate of under-18 conception in South Tyneside is higher than the English average. (Page 22)

Yet the latest figure we have for the present South Tyneside Consultant-led Maternity Services show that in an area the stabilised and adjusted Perinatal Mortality Rates are up to 10% lower than the UK average and among the best in the region. In terms of method of delivery not only did South Tyneside Maternity Services outperform the England average in terms of fewer Caesarian operations and more spontaneous births but outperformed all the other areas in the Region including Sunderland.

(Source - Perinatal Mortality Surveillance Report - UK Deaths for Births from January to December 2015 and NHS Maternity Statistics England 2013 /14)

It is incredible that the Clinical Commissioners are proposing to remove these Consultant-led Maternity Services from South Tyneside, which have achieved very good results for the population of South Tyneside. The CCG and the Alliance are deceiving the public in calling this a path to “excellence” when if these plans go ahead mothers-to-be will have to take their chance with even more overcrowded and overstretched Maternity Services in Sunderland, Gateshead or Newcastle, where the performance is certainly not better than in South Tyneside.

Midwives will note with deep concern that the Chief Executive of both South Tyneside and Sunderland Trusts, Ken Bremner has, when asked, played down that the proposals will mean losses to jobs at both Trusts. He may have not read that deep in his own *PtoEPCBC* it states:

A substantial reduction in midwifery staffing, driven largely by the anticipated loss of activity and income but also through reconfiguration of teams across the whole patch (£1.230m improvement) (Page 142 of the Business Case)

The options presented list a stand-alone Midwife-led Unit and Community Midwife Service but without the Consultant Maternity Service and Special Care Baby Unit. They suggest that it will be safe for 320 women who will opt for this service every year. We do not understand where this figure comes from, when the actual local demand for home births is around 12 per year. Other stand-alone Midwife-led Units such as the one at Hartlepool have hardly been used, as mothers opt for either a home birth, or a service where they won't have to be “blue-lighted” to another hospital if something goes wrong. This of course only if an ambulance is available in time.

Midwives have told SSTHC that *NICE guidelines for intrapartum care states that in the case of acute fetal bradycardia:*

Obstetric help should be sought urgently, preparations should be made for an urgent birth and expedite the birth if the bradycardia persists for 9 minutes. (NICE) None of these measures would be achievable if South Tyneside becomes a stand alone midwifery unit. Whilst it can be argued this is a rare occurrence it is not a never event and I'm sure the public would not want. ...I believe the CCG and Hospital

Executives are aware of this and are proposing the option as a way to stage the full closure of South Tyneside Maternity Services thereby placating the public and buying time to expand facilities in Sunderland.” Midwife at South Tyneside District Hospital.

This fact that the Midwife-led Stand-Alone Unit is being set up to fail is further confirmed in the *PtoEPCBC*:

The long term sustainability of the MLU may pose a particular challenge, should deliveries drop significantly below the estimated annual birth rates of 320, potentially compromising affordability for the provider if costs exceed income. (Page 105)

In other words, *The Path to Excellence* is presenting an unsafe and unsustainable service as an option for Maternity. This when, during consultation, both staff and public have had to endure the constant repeated mantra that what is being proposed is, “safe and sustainable”, and the concerns of staff and public alike have been ignored.

A safe and sustainable Maternity Service exists now at South Tyneside District Hospital and it is what a District Hospital should provide. It is this service that should be invested in and improved along with the services at Sunderland Royal Hospital. As both hospitals are in alliance the clinical teams and specialist should work together to ensure the success of both Hospital Consultant-led Maternity Units. The right of mothers-to-be to choose South Tyneside for the birth of their child should remain. Patient choice and the best clinical outcome should be paramount, not the cuts to these services driven by Government and their NHS Commissioners.

6. Gynaecology

STDH has a dedicated obstetric theatre and up to 6 beds can be used for inpatients’ beds for Gynaecological patients. In addition there are female patients’ bays and single rooms for day patients. The only option in “The Path to Excellence” is the closure of Inpatients’ Services. The logic of closing Inpatient Services when day case operations will continue and the 6 beds are flexible on an existing surgical ward does not make sense. It is probably unachievable as there is now constant shortage of beds at both hospitals. Is the CCG hoping to use this as an excuse to close even more surgical beds? This question has to be answered because this will make the situation of lack of beds in the hospital considerably worse as these are not dedicated Gynaecology beds. In addition, complications in day surgery do occur, so to close this inpatient facility would be detrimental to those patients who may not be able to be transferred elsewhere or for whom it may not be desirable.

7. Special Care Baby Unit

The Special Care Baby Unit (SCBU) provides 6 cots 24/7 for any baby born in South Tyneside, requiring initial resuscitation and stabilisation following delivery. It also provides for term and preterm babies requiring ongoing care, either immediately post-delivery, or in the immediate post-natal period, until well enough and mature enough, to be discharged in

to parental care. SCBU provides at present Level 1, 2, and 3 care to babies in South Tyneside and out of area when there is a shortage of cots in other areas of the North-East. However, in order for South Tyneside District Hospital to continue to provide its Maternity Services it has to have a Special Care Baby Unit (SCBU) that provides at least Level 1 care 24/7 and in addition short term resuscitation and stabilisation following delivery in the event of unexpected post-delivery neonatal emergencies. There does not appear to have been any liaison with other areas which used the SCBU.

Obviously, closing the Service is not a safe option if the Hospital is to continue to provide Maternity Services. Both options that are being put forward by "The Path to Excellence" propose closing the SCBU even though one of the options includes a stand-alone Midwife-led Unit at the Hospital. Once again, what is being presented is unsafe and unsustainable in the name of "safe and sustainable" services.

At the same time, by closing South Tyneside Hospital's SCBU, Sunderland Royal Hospital will not be able to cope with a possible increase in workload of approximately 1600 cot days and approximately 200 ward attenders per annum.

Approximately 10% of all pregnancies result in the need for some neonatal care input and SCBU deals with around 120+ babies a year. The average cot occupancy per admission is 17 days with a range of 1-117 days depending on gestation. This highly rated SCBU Service serves a population of South Tyneside where 37% of the population is of child bearing age and 7.2% of South Tyneside babies are categorised as being low birth weight, which is not only higher than the national average but also indicates a higher risk of requiring special care.

Bliss (2014) identified that the average cost to parents of having a premature baby is over £280 per week (food and drink, travel including fuel costs and parking) and with an average length of stay of 8 weeks this equates to costs of >£2000. Therefore, (does) the closure of a local service does not deliver a "high quality service" that "The Path to Excellence" claims and does not improve the outcome and experience for South Tyneside parents who are already disadvantaged.

Again none of the Clinical Leads or staff were included in any discussions of the future of SCBU until its closure was announced in the consultation launch on July 4th. The Ward Manager pointed out^{iv}:

At no time, during the pre-consultation phase of "The Path to Excellence" proposal, were myself, or any members of my staff included in any discussion regarding the future of the provision of Level 1 Neonatal Care for the local population of South Tyneside. This is contrary to Dr. Wahid's assurances, during the public consultation events, that all senior clinicians and clinical staff were included.

I would also like it to be minuted that SCBU staff only became aware of the closure of our department at the staff briefing prior to the public launch on 4.7.17 despite denial, by senior management on 3.5.17, when challenged regarding Patrick Garners disclosure to the Northern Neonatal Network Board on 27.4.17 outlining the transfer of all SCBU care provision to City Hospital Sunderland.

SCBU staff also signed an open letter to Ken Bremner Chief Executive expressing their grave concerns over the non-involvement of clinical staff and loss of the SCBU Service and to make him aware that they are currently producing a counter proposal for the retention of the Service. The full document is appended v.

Alongside the South Tyneside Maternity Services, SCBU should be retained to provide 24/7 resuscitation and stabilisation following delivery in the event of unexpected post-delivery neonatal Emergency in the Maternity Unit at STDH.

8. Proposed future service options – Stroke

The Acute Stroke Service has already been transferred to Sunderland on a “temporary basis”. This happened in December 2016 with an immediate loss of 20 specialist acute stroke beds at South Tyneside District Hospital (STDH). There are 3 options for Acute Stroke Services but with their stated favourite, option 1, already implemented that removes all hospital based Stroke Services from STDH including hospital rehabilitation. The other options would repatriate South Tyneside patients to STDH for rehabilitation after 72 hours (option 3) for further acute care or alternatively after 7 days (option 2) for those patients requiring longer stays and all who are medically stable to transfer.

Option 1 would mean the permanent closure of the 20 bedded stroke ward at STDH with no increase in acute stroke beds at Sunderland which will remain at 39. This will mean a reduction of 20 acute stroke beds if the CCGs preferred option is adopted.

Apart from creating a further shortage of acute stroke beds it will mean that South Tyneside patients will not be able to receive either continued Acute care, or hospital rehabilitation within their own community. Certainly option 1 is not a “path to excellence” but a path to less availability of Acute Stroke Services within South Tyneside.

The fourfold reasons for closure given in the PtoEPCBC are:

To improve the overall sustainability of the service in terms of making the most efficient use of the senior medical staff.

To improve the overall sustainability of the service in terms of the ability to cover nursing vacancies on both stroke units.

To improve clinical outcomes and service quality through disinvestment in some areas in order to invest in others, namely extra inpatient therapy resource to improve the acute audit SSNAP scores beyond a ‘D’.

To improve the overall financial position of the South Tyneside and City Hospitals Sunderland Foundation Trusts by reducing the overall costs in providing a stroke service across the two localities. (Page 5)

By embarking on this path and bringing about the “temporary closure” they have demoralised the Stroke Ward Nursing Staff and the “ability to cover nursing vacancies” as many experienced nurses and Nursing Assistants left the Stroke Service on the closure of the ward at South Tyneside District Hospital. They have also missed the opportunity to

immediately jointly plan an integrated Stroke Service at both hospitals without this disruption of closure. They claim that this is all advised by “specialist commissioners” yet they ignored the recent experience at the Queen Elizabeth (QE), Gateshead where the Stroke Services were seamlessly changed with the QE retaining hospital Acute Stroke Rehabilitation Services. Clearly the focus has been on the “financial position” yet STDH has been plunged into even great financial “deficit” in spite of the temporary closure of this Service.

What would be a path to excellence and what would be sustainable is what SSTHC pointed out in its briefing last December opposing the Northumbria Tyne & Wear and North Durham Sustainability and Transformation Plan (NTW&NDSTP) which encompasses “The Path to Excellence” Plan as its local proposal:

The transfer of the South Tyneside Stroke Unit is argued on the grounds of availability of clinical and medical staff and the number of patients it treats is too low for medical teams to gain necessary experience. However, both STFT and CHS are in an alliance so why are the two Stroke Units not considered in alliance and that the patients that they treat considered as one Unit with one medical team, or a team in an alliance. This would have the advantage of organising clinical and medical teams that would operate both hospital stroke wards and yet would mean easy and safe access for both the people of South Tyneside and Sunderland. This already happens with other services. Once the training of clinical and medical staff is tackled, which should be part of the plan, then this could be reviewed into expanding Acute Stroke and Stroke Rehabilitation Services to meet the increasing demands over the next decade. To close one overstretched Stroke Unit and leave another overstretched Stroke Unit to deal with an increased patient intake could be argued as equally unsustainable, not safe and maybe even worse!

Save South Tyneside Hospital Campaign Briefing on Northumbria, Tyne & Wear and North Durham Sustainability and Transformation Plan December 5 2016

It is expected that thrombolectomy treatment will become available for stroke patients in the near future. Realistically, it is likely that this will be provided at the RVI, in which case it would make no sense to move patients to Sunderland, which is further from the RVI than South Tyneside Hospital. As the two hospitals are working in Alliance, these services should be available at both local hospitals for now, with the Consultants working across the area. Indeed, with skilled, neurologically trained Nurse Practitioners and with modern technology it should be possible for a Consultant at one hospital to review the scans of those taken at another hospital and advise immediate treatment without the Consultant moving place. We understand that this system already occurs at the weekends when there is no local Consultant available.

Option 1 is not a “path to excellence” but a path to less availability of Acute Stroke Services within South Tyneside. We are appalled that this has already been implemented!!

9. Transport

The ability of the Ambulance Services to cope with a high density population of 150,000 people once these services are downgraded has always been a major concern of the SSTHC. Patient safety - when time to get to hospital is critical - is a big concern for the whole population. *The NHS South Tyneside CCG Performance Report - 28th September*

2017 shows the CCG Quality Performance Dashboard for NHS constitution requirements. It states that in the recent period all the STDH services including the A&E are green in the quality performance. In fact at the Board Meeting of the South Tyneside CCG on the same day as the report was presented, the Chief Operating officer stated that "South Tyneside A&E is one of the top performing in the country" for less than 4 hour waits and no trolley waits. This view was also repeated by the Chief Executive of South Tyneside Clinical Commissioning Group, David Hambleton who said; "Our A&E performance is good". However, the Dashboard lists a red quality performance for the fast ambulances that should arrive within a maximum of 8 minutes. This is also predicted to be red in the future. This means that the R1/2 Ambulance Service is only reaching 73.5% of patients within an 8 minute window. Whilst we also know that the G1 and G2 ambulances, which are supposed to arrive within 20 and 30 minutes respectively, can take hours to arrive. This is clearly not acceptable.

It must also be recognised that this is the current situation when many children who have accidents, injuries or illnesses present to the Children's A&E at South Tyneside Hospital and do not have to call for an emergency ambulance, in or out of hours, because the Acute Services they need are minutes away at their local hospital.

At the same time, the Ambulance Service has not given its response to these proposals in Phase 1 of "The Path to Excellence" as to how it intends to address these issues. We, therefore, question how a consultation can take place without the public being informed of North East Ambulance's (NEAS) detailed proposals on how they will cope if these proposed options go ahead. This is another reason why the whole consultation process is flawed.

There are also the inadequate public transport links between South Tyneside and Sunderland. The published times of travel in the consultation documents for which a private company has been paid large sums of money are not only unrealistic but frankly absurd. These absurd times in the official consultation documents of travel in cars, or on public transport have been exposed by the South Tyneside and Sunderland Joint Health Scrutiny Committee and by the public at meetings but have so far been brushed aside. It raises the question that who such a report is aimed at when it publishes such absurd times and makes no assessment what so-ever of the huge cost of travel that patients and their families will have to pay. We do not believe that this report that publishes such unrealistic travel times and makes no mention of the time, cost and little mention of inconvenience for patients and their relatives and friends, should have been unquestioningly accepted as part of the Consultation exercise.

South Tyneside Transport Users Group

Response to Path to Excellence (Transport)

The summary below is a response to the various reports presented as part of the consultation process concerning transport and travel.

The summary will list some of the critiques of how data was gathered, how it is presented and also the process, which is supposedly ongoing. The fact that the terms transport and travel feature about 90 and 140 times respectively, in the pre-consultation business case, emphasise the importance of accessibility in any proposed changes. But within these pages

there is no admission that the STCCG, or Local Authority have very little control over transport services and their cost at this time.

The baseline report and impact assessment appear comprehensive in their scope and detail. However, it could be suggested the reports are flawed as a lot of data and subsequent modelling is based upon the 2011 Census. Since 2011 South Tyneside and Sunderland have experienced 6 years of austerity and while employment may have increased this may not be reflected in actual living standards. As such, the data concerning households with no access to a car may be significantly higher than that listed in the reports and it is acknowledged that in more deprived parts of both boroughs this figure may be higher.

The Pre-consultation Business Case has used information from surveys and field tests in presenting a report concerning transport as part of the Public Consultation process. In a consultation supposedly adopting best practice and endorsed by an independent body it can legitimately be expected that any data, information and conclusions will be realistic and practical

A major critique of this report is the very limited capture of actual real time data. The report itself acknowledges limited sample sizes in relation to completed surveys. It also states that some field testing has been completed. This field testing however has been very limited with only several actual journeys completed. There also appears to be no actual evidence of field testing for journeys to Gateshead and Newcastle which people in Jarrow and Hebburn may have to make as a result of proposed changes. It was acknowledged however, that the field testing identified risks and challenges. In fact in section 7, the impact and risk assessment, stated that further field tests would be planned and implemented. This has also been discussed at several Scrutiny meetings but as yet there appears no actual evidence of further field tests, yet the public consultation events will be completed in early October. The quality of a follow up report appeared to improve but only after residents, with actual real experience of travel by car and public transport, commented upon the initial study. The times to reach Sunderland from South Shields and vice versa are still too onerous for ill patients and their carers.

The Gunning principles suggest that essential and qualitative information is vital for people to assess, formulate and to be able to contribute to the consultation process. In this case there is a justified perception that the decision making process will commence without the completion of this further work that is more field testing. It could be suggested that to accurately inform the public of likely impacts concerning access to services due to changes in transport and travel this field testing is necessary and essential.

South Tyneside CCG, South Tyneside Council and Healthwatch, South Tyneside, acknowledged in the Health Equity Audit, 2016, that a hospital service, for example A&E, is only useful to people that can physically reach it. It could reasonably be concluded therefore that excellent care at a place of excellence is only of any value for people who are actually able to access the service. This will not be the case for those people who will not be able to afford the additional costs of travel.

“Everyone counts” is a value listed in the NHS Constitution. Additionally an aim “to reduce inequalities” is a value listed in South Tyneside CCGs Constitution. Several people have

given personal and moving accounts of the difficulties currently faced in accessing health services particularly when costs of transport and actual travel are major issues.

The campaign would suggest that senior officers of the CCG and Hospital Trust personally participate in public transport field testing to perhaps gain an understanding and empathy of what the additional journeys to access health care will involve and the difficulties faced. The section on Potential Measures is inadequate and inaccurate. This section is two pages long – out of a 225 page document – which seems to reflect the level of priority given to addressing the results of implementing the proposed cuts to services at STDH.

Two of the measures are “ensuring patients and visitors have accurate up to date information about their travel choices including about public transport” and “about parking choices and costs”. This has clearly not been done with the closure of the Jarrow Walk-In Centre and so there is no confidence that any useful work would be done on this. There are still people arriving at Jarrow Walk-In Centre two years on, who are not aware of the closure of this Walk-In Centre.

Providing users with information about schemes that offer assistance with travel costs has also not been done in the case of the closure of Jarrow Walk-In Centre. The assistance is only available to those on a very narrow range of welfare benefits so would not be something that would assist many of the people affected.

Providing travel information with appointment letters is simply stating the obvious, but is not actually a measure that will reduce the travel impact.

Promoting the existing policy of allowing patients to discuss and schedule appointment times that ease their travel arrangements again is not a measure that would reduce the travel impact for patients affected by the changes to Acute Stroke or Paediatric Emergency & Urgent Care Services – or for giving birth in the majority of cases. These patients clearly cannot schedule their appointments at different times to when they might be able to get a lift, or when there is a better public transport service.

The suggested introduction of new bus routes, including the possibility of a new secured express service is unlikely. The private bus companies will not run such a service unless they deem it to be sufficiently profitable. So the two councils, South Tyneside & Sunderland, have asked Nexus to work with the private companies to ensure accessibility to both hospitals is considered in any future service changes. They have asked for a new secured service, which would need to be subsidised. If the NHS bodies are going to pay for this subsidy, then that cost should be stated in the proposed options. If they are not going to pay, then it would be the Local Councils paying, so in effect all local tax payers will be paying for this service.

Even if such a subsidised service were to be brought in, it would not be free to use – it would cost the same as other bus fares over these distances.

10. Context

Put in context, the Government is driving its Health Commissioner, NHS England, to “think the unthinkable” and continue to impose cuts to the NHS. These cuts are aimed at forcing through withdrawals of “non-urgent” treatments, closure of hospitals and their services and

re-directing Treasury funding to profitable private sector involvement and privatisation of the NHS. Keeping publicly funded NHS hospitals in deficit is the main mechanism by which government and NHS England drives the closure of these vital services alongside the refusal to provide the resources required for the training of doctors, consultants and nurses to meet the needs of these services. This direction is one of the destruction of public services and public authority.

The closure of the Jarrow Walk-In Centre has to be seen in this context as well. South Tyneside Clinical Commissioning Group told our campaign that the closure of the Jarrow Walk-in Centre in 2016 was a path to excellence concentrating services on one site at the South Tyneside Hospital where other acute services were available. The same lead commissioners are now arguing for closure of acute services at South Tyneside Hospital and telling people not to worry it is another “path to excellence” you will have all these services at Sunderland Royal. For how long? Where will this direction end?

How can this direction be accepted when staff, clinicians and the public have no control over such vital health services? This is why 30,000 people have signed the SSTHC petition and this why people keep asking why are we forced to fight for services that we have a right to? This is the point. Public authority has to recognise the right to health care and provide it with a guarantee. The people should not be “consulted” on decisions made away from them and outside of their control and presented “as a done deal”. Their views and the views of the clinicians and staff in their hospitals should be paramount. They should decide.

11. Conclusion

At the moment, we know our hospitals are subject to the massive cuts of the present Government and the refusal of Government to enable the training of enough doctors and nurses so that every hospital is now in crisis with a shortage of clinical staff and the need to use expensive agency staff. But these proposals in the PtoEPCBC will make these services even less safe and sustainable.

The claim that the clinical design process has been followed is not true. Even most senior staff have not been appropriately included and consulted in the Clinical Service Review process which led to the options that have been presented to the public for all services in Phase 1. Yet the *South Tyneside NHS Foundation Trust* claims in a reply to our Freedom of Information request (FOI) that besides managers and the Executive team that Consultants, Doctors, Nurses were “involved in all options – Maternity and Gynaecology, Urgent and Emergency Paediatrics and Stroke”. Both Emma Lewell-Buck MP for South Shields and SSTHC have raised this serious concern and feel that such a consultation which misleads the public on the involvement of clinical staff in preparing the options should be halted, or extended for “proper” consultation. We also question how a consultation can take place without the public being informed of North East Ambulance's (NEAS) detailed proposals on how they will cope if these proposed option go ahead. This is another reason why the whole consultation process is flawed.

While there is a need for a continued collaboration between the two hospitals and further collaboration of the clinical teams involved in these services, the direction “The Path to Excellence” is proposing to concentrate this acute care in one hospital will make the NHS in South Tyneside and Sunderland less safe and less sustainable. Closing such

successful units as Children's 24/7 A&E, the consultant-led Maternity Services and downgrading them will not save any significant sums of money. The PtoEPCBC says the most they will save is £2 m a year for all these changes - in a hospital budget of £180m. In all the consultation meetings it has been claimed by Chief Officers that saving money is not the aim of the proposals. We demand investment is made in the safe and sustainable services that we have at both our hospitals in South Tyneside and Sunderland and that there is a stop to closing or downgrading vital Local Hospital Acute Services that make them less safe and sustainable.

As the petitions states: “We demand that the Government, NHS England, South Tyneside NHS Foundation Trust, South Tyneside Clinical Commissioning Group and South Tyneside Health & Well-being Board stop any plans to close Acute Services at South Tyneside District Hospital and to safeguard its Accident and Emergency Service.”

- i.** FOI on Clinical Service Reviews 4-08-2017
- ii.** Paediatric staff signed letter re-Paediatric clinical services review 03-08-2017 *
- iii.** FOI on Clinical Service Reviews 4-08-2017
- iv.** Signed letter – Special Care Baby Unit Ward Manager – 01-08-2017 *
- v.** SCBU signed open letter to Ken Bremner Chief Executive *

* SSTHC has withheld names and signatures.