

**Response to the Draft Feedback Analysis Report of the
Public Consultation Process of the “Path to Excellence”**

Save South Tyneside Hospital Campaign

Thursday January 4th 2018

The first point is that all of the options are based on services being centred on Sunderland, the consultation being only on the extent of that centralisation that people prefer. This point of criticism is also made in the report. The second point is that the qualitative analysis, when people had time to think, highlights that most people did not want any of the options proposed and wanted current services. The report thus seems designed to confuse and segregate opinion.

The quantitative data (the surveys) tend to support option 1's overall, but it is clear that the strength of this support is primarily in Sunderland, not surprisingly, as these options are the ones that are most centralised on Sunderland. We question the methodology of these surveys. When the street survey was done street they interviewed 800 people, 400 from Sunderland and 400 from South Tyneside. Does that seem like an equitable balance when the majority of people who will be effected by the changes are in South Tyneside and the impact on the services in Sunderland was not discussed with the people in Sunderland? Our other concern is that the street survey only took ten minutes per person to complete and respond to all the three services under review. This goes against the Gunning principles as people should have adequate time to think and respond to the consultation on each service.

However, when you go onto the qualitative findings (i.e. Comments and focus groups), it is clear that none of the options are acceptable as they represent a total downgrading of the services in South Tyneside, and the only possible way that any of these options could work is with a significant increase in the availability and accessibility of affordable (for people on low incomes) public transport. Again the marketing company have made this point very clearly.

No doubt the Sunderland executive team and CCG will look towards the quantitative data because it gives them what they want. However any organisation who are genuinely interested in the views of the people of Sunderland AND South Tyneside, must read this report and conclude that none of the proposed options can be implemented that would provide equitable services for the people of South Tyneside.

The infrastructure required, transport wise, would cost far more than any savings achieved through centralisation on Sunderland. The so-called savings of transferring of these services is miniscule (the consultation document claims up to £2 million per year in a budget of £150 million) compared to the qualitative loss of equitable services and the time and huge cost to put in place the public transport infrastructure required. The travel times quoted in the consultation documents for the present infrastructure seem deliberately and frankly absurd. The real world travel times are neither safe nor sustainable.

SSTHC, focuses its objections to this report on;

1. The whole consultation is skewed towards Sunderland options in the first place, therefore results are inevitably skewed. The report thus seems designed to confuse and segregate opinion.
2. Unsurprising that public and staff in Sunderland prefer options that provide more security and stability for Sunderland. Even so, concern is raised about whether Sunderland have the

estate, facilities and staff to cope with the increased pressure that would be on Sunderland. Ironically the thing which would take the pressure off Sunderland resources is if south Tyneside residents drift towards Newcastle and Gateshead, and the report indicates this could happen. In other words less accessibility to these acute services for the people of South Tyneside means that people are subject to a lottery as to where they can access these services in the north east.

3. This was a consultation with the people of Sunderland AND South Tyneside, and the South Tyneside people have said very clearly that for such centralisation to work there would need to be a significant investment in transport infrastructure PRIOR to any such changes. Unless, or until such investment is made, to maintain fair and equitable healthcare for all social groups, the status quo should remain. The reality is that such investment in 24 hour fast transport infrastructure is either impossible because of the isolated geography of South Tyneside which is a separate peninsula to Sunderland, or will never happen under the privatised systems of transport in place.
4. The consultant led 24/7 children's A&E, the consultant-led maternity and hospital stroke services are essential services accessed by thousands of people a year and for the 150,000 people who live in South Tyneside they are essential health services that the people have a right to in the here and now.