

Save South Tyneside Hospital Campaign



C/O Unison Office
South Tyneside District Hospital
South Shields
Tyne & Wear
NE340PL

January 17 2020

David Hambleton
CEO South Tyneside CCG

Ken Bremner
CEO South Tyneside and Sunderland NHS Foundation Trust

Dear Ken and David

Following the SSTHC Meeting on Monday January 6th we were asked to write to you with with the many concerns people have on the impact of the Phase 1 changes that you made in August 2019 which you know we were opposed to and which we have on a number of occasions asked you to review.

We are hearing many concerns from patients, staff and residents of both South Tyneside and Sunderland on the impact of these changes and where data exists the performance of both hospitals has dropped dramatically on important waiting targets. Questions are being raised on the impact on patients, staff and ambulances at South Tyneside and Sunderland that we need answers to. These are some of the questions which we hope you will answer.

1. What are the impacts on mothers that attend South Tyneside maternity, or A&E when there are complications because there is no longer an obstetric consultant directly on call or on duty at South Tyneside and patients will have to wait for an ambulance which is a huge risk to mother and child. We raised this in our consultation response document that the new service would be less safe and less sustainable. Have any incidents occurred where mother or baby has been put at risk?
2. What are the impacts on parents and children that attend the A&E at night when there is not a paediatrician on call or on duty. Have any incidents occurred where a child has been put at risk?
3. These ambulances for transfers can take 2 hours to arrive. Promises were made by the ambulance Trust NEAS in the consultation that they would not treat the A&E as a safe place in these circumstances of maternity, or child emergency but we know this is not the case in practice. What is the data in transferring maternity patients, children patients that have presented either at the Midwife led unit or the A&E?
4. What is the impact of the low number of mothers using the mid-wife led unit at South Tyneside when it said in the CCG business case that viability required 320 per year. Are you aware that the Queen Elizabeth Hospital is to open another obstetric theatre to cope with

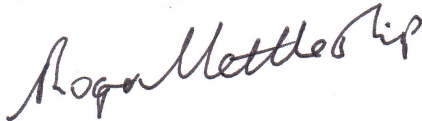
the increased numbers of maternity patients. There are also concerns that ante-natal services are going out of South Tyneside as a result of these changes?

5. We know you have a good assessment of the new hospital stroke services but we would like to know how hospital stroke rehabilitation services are performing and joined up with returning patients to community services in South Tyneside?

In 2019 the CCG informed us that it was too early to answer how the services were performing and at their last meeting of 2019 they said Purdah meant they could not discuss any of the issues that we raised. However, we know that you both must be monitoring and investigating the situation and incidents that have occurred.

Yours sincerely

Roger Nettleship, Chair SSTHC



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Co-ordinator Gemma Taylor

Save South Tyneside Hospital Campaign

website: <http://www.savesouthtynesidehospital.org/>

facebook: <https://www.facebook.com/SaveSouthTynesideHospital/>

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Copy to: Councillor Iain Malcolm, Chair of South Tyneside Health and Well-being Board