



Monday 2nd March 2020

Dear Roger

Many thanks for your recent letter. Please see responses below in answer to your questions:

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?

We are pleased to report that we have had no incidents where mother and/or baby have been put at risk since we implemented the new clinical service model for maternity services across South Tyneside and Sunderland on 5th August 2019.

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?

We are pleased to report that there have been no incidents where a child has been put at risk since we implemented the new clinical service model for emergency paediatric services across South Tyneside and Sunderland on 5th August 2019. We have very robust arrangements in place to safely manage any children who may present out of hours in South Tyneside and have invested heavily to ensure the local community understand the new arrangements which are working well. Our new model of care means that children now have 24/7 access to a specialist consultant paediatrician in emergency medicine – something that was not happening prior to the changes.

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?

NEAS do not treat STDH A&E as a place of safety for any child or pregnant lady requiring transfer elsewhere (mainly Sunderland Royal Hospital). We have very robust arrangements and safety procedures in place with NEAS to safely manage any necessary transfers and these are working well. As a consequence of good communications and patient management by our frontline clinical teams, we have had

minimal transfer requests as patients have typically presented to the appropriate place. We are not aware of any ambulance delays of two hours for any patients awaiting transfer following the maternity and paediatric changes which took place on 5th August 2019 and any transfers that have occurred all arrived promptly at Sunderland Royal Hospital.

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?

From 5 August 2019 to 17 February 2020 we have had over 120 successful births in the MLBC. This number of births in a newly formed MLBC is outstanding and the MLBC continues to get busier week-on-week thanks to the exceptional 1-2-1 care our midwives are now able to offer and the very positive experience local women are having in South Tyneside.

We fully expect to see this success continue in the months and years ahead and have already had many women from other parts of the region transferring their care to us at South Tyneside District Hospital thanks to the very positive reputation which the MLBC is growing. We continue to actively promote the new MLBC through a variety of channels and hold open coffee mornings every month with an opportunity for families to have a tour of the unit and meet the team.

We are not aware of any antenatal services going out of South Tyneside. On the contrary, we want to deliver more antenatal services locally and are working with women and their families to understand what other services we could develop as part of a community maternity hub at South Tyneside District Hospital.

We are unable to comment on any proposed developments at the Queen Elizabeth Hospital in Gateshead.

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?

Our Community Stroke Rehabilitation Team (CSRT) works very closely with hospital colleagues to ensure the safe and timely discharge of South Tyneside residents back to their own community.

This includes attending weekly Multi-Disciplinary Team meetings to ensure that the individual needs of patients are fully considered and that any necessary discharge arrangements can be made with support services such as therapy teams, community services (including equipment and wheelchair services), as well as co-ordinating support from district nurses and through partners like the Stroke Association.

Since making these important changes to our stroke services, all patients across South Tyneside and Sunderland now have equitable access to a safe, sustainable and high quality specialist community stroke service which now operates seven days a week with reduced response times for patients. Our patient feedback from the CSRT also continues to be very positive, with the Friends and Family patient experience surveys for the last 6 months indicating 100% of our patients would recommend our service.

We trust this is a helpful update.

Yours sincerely

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David Hat.

Chief Executive

Ken Bremner MBE

South Tyneside & Sunderland NHS FT