



South Tyneside Council



South Tyneside CCG
Sunderland CCG

12 April 2018

Referral of South Tyneside and Sunderland Healthcare Group - The Path to Excellence Public Consultation by South Tyneside and Sunderland Joint Health Scrutiny Committee

Please find attached a copy of the South Tyneside and Sunderland Joint Health Scrutiny Committee's proposed referral letter to the Secretary of State for Health. The decision to refer was taken at a meeting held on 9 March 2018. This was subsequently endorsed by both local authorities health scrutiny committees at meetings held on 21 March and 28 March 2018 respectively.

As per legislation the Joint Health Scrutiny Committee wants to ensure that all practical efforts to reach local resolution are explored before submitting the referral to the Secretary of State for Health.

Therefore the Committee would ask that you respond to the contents of this draft referral to ascertain if there are any resolutions that can be reached with regards to the points raised by the committee. The Joint Committee will consider this at its meeting on 30 April 2018 in South Tyneside and will decide following discussions whether to pursue the referral to the Secretary of State.

The Joint Health Scrutiny Committee looks forward to your reply and we hope that your view on these issues will provide a way forward in relation to these concerns.

Yours Sincerely

Cllr Rob Dix
Co-Chair Jt Health Scrutiny Committee
South Tyneside Council

Cllr Norma Wright
Co-Chair Jt Health Scrutiny Committee
Sunderland City Council

Referral to the Secretary of State for Health

1. Grounds for the referral

1.1 South Tyneside and Sunderland Councils request that the Secretary of State for Health considers our concerns about the decisions made by Sunderland and South Tyneside Clinical Commissioning Groups in February 2017 with respect to the future development of services for Stroke, Emergency Paediatrics and Maternity Services following the consultation *Path to Excellence*.

1.2 The grounds for this referral are

- that we consider several aspects of these proposed changes will not be in the interests of the Health Service in South Tyneside and Sunderland.
- We are not satisfied with the content of the consultation and that it has not complied with the Gunning Principles

1.3 Reasons and evidence for the referral are laid out in detail below.

2. Context

2.1 City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, who between them serve a population of 430,000 people across a large geographical area south of Tyne & Wear. The ranking for income deprivation is high, with the whole of Tyne & Wear in the top 30% for deprivation. Newcastle, Sunderland and South Tyneside have particularly heavy concentrations of deprivation placing them in the top 10% most deprived nationally.

2.2 The two trusts agreed to form and implement a health alliance. Working together as “South Tyneside and Sunderland Healthcare Group”, they have embarked on a programme of reconfiguring services across South of Tyne to deliver better patient outcomes.

2.3 This has been recently followed by an announcement that the two NHS trusts are looking into the possibility of formally merging into one organisation.

2.4 The Alliance proposal was announced on 1st March 2016 and both Sunderland and South Tyneside Overview and Scrutiny functions have held a number of joint meetings to discuss in more detail the proposals and the implementation plans of the trusts. In November/December 2016 proposals, for the establishment and operation of a Joint Health Scrutiny Committee between Sunderland and South Tyneside Local Authorities were developed to formally consider the first phase of service changes proposed following the formation of the new alliance.

2.5 The Joint Health Scrutiny Committee comprises seven members from South Tyneside Metropolitan Borough Council and seven members from Sunderland City Council.

3. Phase 1 *Path to Excellence* proposals

3.1 The *Path to Excellence* Programme aims to transform services provided by the two trusts over the next two years. The first phase of consultation focussed on proposals for Stroke, Maternity Services and Paediatric Emergency Services.

3.2 The public consultation took place between July and October 2017 on the following options for service change:

Stroke Services:

Option 1:

- Reconfigure stroke services across South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH) by consolidating all inpatient stroke care on Ward E58 at the Sunderland Royal Hospital Site.

Option 2:

- All acute strokes being directed to SRH with the repatriation of South Tyneside patients back to STDH after 7 days.

Option 3:

- All acute strokes being directed to SRH with the repatriation of South Tyneside patients back to STDH after 72 hours

Maternity Services

Option1

- A consultant-led maternity unit and an alongside Midwife Led Delivery Unit (MLU) at Sunderland.
- A free-standing MLU at South Tyneside for low risk births.
- A single community midwifery team serving both areas.

Option 2

- A consultant-led midwifery unit and alongside MLU at Sunderland serving both South Tyneside and Sunderland populations.
- A single community midwifery team serving both areas.
- Both options include identical plans for gynaecology services i.e.
- All inpatient gynaecology surgery will be provided at Sunderland (surgery requiring at least an overnight stay). Gynaecology day case and ambulatory care will remain provided from both sites.
- Gynaecology outpatients will remain provided from both sites.

Paediatric Emergency Services

Option 1

- Provision of a seven-day, 12 hour (8am to 8pm) paediatric emergency department and children's short stay assessment unit at South Tyneside District Hospital with 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital.

Option 2

- Development of a nurse-led paediatric minor injury or illness service between 8am and 8pm at South Tyneside District Hospital with a 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital.

4. CCG Decision on the preferred options

4.1 On February 21 2018, a joint meeting of the South Tyneside and Sunderland CCG Boards was held resulting in the following decisions:

4.2 **Obstetrics and gynaecology services:** to approve option 1 for implementation, i.e. the development of a free-standing midwifery-led unit (FMLU) at South Tyneside District Hospital (STDH) and medically-led

obstetric unit at Sunderland Royal Hospital (SRH). For implementation will aim to be complete by April 2019

4.3 **Emergency Paediatric services:** approval of option 2 for implementation but in recognising it will take a period of time for the requisite work to be done for this to be deliverable. Therefore the governing bodies approved option 1 as a transitional step towards option 2.

4.3.1 Option 1 is for a daytime paediatric emergency department (PED) at South Tyneside District Hospital (STDH) and 24/7 PED at Sunderland Royal Hospital (SRH).

4.3.2 Option 2 is the development of a nurse-led paediatric minor injury and illness facility at STDH and 24/7 PED at SRH.

4.3.3 The Governing Bodies also supported an amendment to opening hours under each option, from 8pm to 10pm as the closing time. Implementation of option 1 to be completed by April 2019

4.3.4 Implementation of option 2 should include an independent, external group to review. The transition and proceed at an appropriate pace over the medium-term for likely completion by April 2021

4.4 **Stroke services:** approval of option 1 for implementation. I.e. that all acute strokes are directed to Sunderland Royal Hospital (SRH), with the consolidation of all inpatient stroke care at SRH. Implementation will aim to be complete by April 2019.

5. Summary of reasons for the Referral

5.1 South Tyneside and Sunderland Councils believe that South Tyneside CCG and Sunderland CCGs should reconsider their decisions on the following grounds:

5.2 *That the consultation did not comply with the Gunning principles*

5.2.1 The Joint Committee believes that the consultation process has not complied with the Gunning Principles, particularly that the consultation was not at a time when the proposals were still at a formative stage (Gunning 1) and that the

product of the consultation has conscientiously been taken into account when finalising proposals (Gunning 4).

5.3 *Paediatric Emergency Services*

5.3.1 There are fundamental disagreements between the Paediatric and A&E Consultants and staff from South Tyneside NHS Foundation Trust and the two CCG Boards about the most effective and safe model of care going forward. Until these matters are resolved and a consensus is reached, Elected Members cannot be assured that the model being proposed is appropriate and safe.

5.3.2 There are concerns about the safety of the proposed service to be provided at South Tyneside District General Hospital for sick and injured children who present themselves during the night without Paediatric Consultant support.

5.3.3 In the longer term, the development of a nurse-led paediatric minor injury and illness facility at STDH to replace the Consultant led service, which would only be operating during the day, would represent a major loss of a much needed service to South Tyneside residents and would greatly exacerbate concerns about the safety of services to children in the Borough.

5.4 *Maternity Services*

5.4.1 There have been no assurances forthcoming with respect to the reliable and timely ambulance transport from the Maternity-led Unit in South Tyneside to the Obstetric-led Unit at Sunderland of prospective mothers who move from low to high risk.

5.4.2 There have been no assurances about the continued viability of the Maternity-led Unit in South Tyneside should the number of births per year reduce as a result of the proposed changes.

5.5 *Stroke Services*

5.5.1 Whilst acknowledging that the centralisation of the Hyper-acute Stroke Service is in line with national policy and is planned to address the shortage of experienced Stroke Consultants, the Committee have yet to be given details of the provision for stroke aftercare in both South Tyneside and Sunderland. This is essential for the model to work. Adequate after care and rehabilitation

should be in place prior to any permanent centralisation of acute stroke services on the Sunderland Royal Hospital site.

5.5.2 There is also conflicting clinical views being given to Members with respect to the Stroke Services that should be available at each DGH (para 6.5.2)

5.6 *Viability of the South Tyneside Hospital and Sunderland Royal Hospital sites*

5.6.1 The service proposals all involve services being transferred from South Tyneside to Sunderland. This follows a trend over recent years of services being transferred from the South Tyneside District General Site to other NHS hospitals around the region (e.g. in patient Paediatric Services, In-patient Adult Mental Health Services, abortion services).

5.6.2 This raises concerns over the viability of the South Tyneside General Hospital site as a functioning General Hospital serving the needs of the population of South Tyneside and the capacity for Sunderland Royal Hospital to cope with the extra workload and extra traffic coming on to the site.

6. Evidence to support the referral

6.1 *The consultation did not comply with the Gunning principles*

6.1.1 From the outset it was clear that there was a pre-determined plan to move services from South Tyneside District General Hospital to Sunderland Royal Hospital. No options were considered in the consultation that involved services either remaining in South Tyneside or moving from Sunderland.

6.1.2 During the consultation it was made clear that other options put forward would be considered and tested against the "Hurdle" criteria. Although we are aware that there were alternative options put forward by staff groups for SCBU and paediatric emergency care, these were never presented to Members and never considered as alternatives. There was no evidence given that the CCG Management had made any efforts to explore further service solutions that retained service provision in South Tyneside such as cross site working, enhanced training or alternative approaches to recruitment.

6.1.3 As a result the movement of services from South Tyneside to Sunderland was given as a fait accompli with no alternatives offered by the consultation. Therefore it is abundantly clear that the people consulted were not given any

alternative. This was clearly demonstrated in the consultation feedback where the overwhelming view in the qualitative analysis was that people wanted services to remain in South Tyneside.

6.1.4 The consultation feedback report also adds support to this view through focus group comments which highlighted that the option descriptions were all very similar and presented in such a way that it was clear to the groups how they were expected to express a preference. This was further supported in the feedback report from observations made by stroke survivors who felt the options were loaded and the choices were a set of unacceptable options with no evidence to show that the options were necessary for consideration.

6.1.5 The feedback report was also critical of the consultation as a whole and highlighted the perceived lack of staff involvement in developing the options. There were also concerns that the options presented were all very similar, favouring Sunderland over South Tyneside, and failing to meet the needs of residents in the latter area.

6.1.6 As a result we have concluded that the consultation process has not complied with the Gunning Principles particularly that the consultation was not at a time when the proposals were still at a formative stage as they had already been pre-determined in that no credible alternatives were considered (Gunning 1). Also, the feedback from the consultation was strongly in favour of services remaining local yet this has not been reflected in the final decisions. Therefore, we believe this has breached Gunning 4 i.e. the outcomes of consultation have not been conscientiously been taken into account when finalising proposals.

6.2 *Paediatric Emergency Services*

6.2.1 The Committee has been given a substantial amount of evidence to indicate that the Paediatric Consultant and Clinical Staff at South Tyneside Foundation Trust were not adequately consulted on the development of the proposals contained within the *Path to Excellence* consultation.

6.2.2 This is very concerning as they have provided the committee with a compelling case (correspondence is available if required) highlighting that the proposed paediatric model brings with it significant risks for children presenting at South Tyneside General Hospital during the night in terms of

the lack of Paediatric Consultant support and the adequacy of safeguarding arrangements.

- 6.2.3 The Committee acknowledges plans to have Specialist Nurse Practitioners available out of hours to help any young patients coming to South Tyneside General Hospital after the consultant led Paediatric Service closes and, if needs be, that they could be taken into children's A&E via the adults A&E for attention supported by senior adult A&E clinical staff and consultants. However, they wish to have some assurance that these arrangements are adequate to maintain a safe service and the welfare of children having to wait in Adult A&E are adequately catered for.
- 6.2.4 The concern over the service is very much augmented by the longer term ambition to close the consultant led Paediatric Service altogether. This cannot be in the interests of South Tyneside residents and in particular those seeking help in the middle of the night from more remote areas of the borough. Both Sunderland and South Tyneside areas have high levels of deprivation resulting in low incomes, lower than average car ownership and high levels of health inequalities. Members believe that the withdrawal of these services will only add to these issues in individual areas.
- 6.2.5 We have requested that the South Tyneside and Sunderland NHS Partnership management seek to work with South Tyneside Foundation Trust clinical staff to resolve these concerns. Unfortunately, we do not believe these issues have been resolved.
- 6.2.6 In the absence of a resolution, Members cannot endorse the proposals to withdraw consultant paediatric support at South Tyneside District General Hospital during the night as they cannot be assured that these arrangements would be safe.

6.3 *Ambulance Transport*

- 6.3.1 There are modelling implications for the North East Ambulance Service (NEAS) in relation to the Path to Excellence as a result of NHS England's recently announced new ambulance service standards. This will require further work by NEAS to assure that the ambulance service will be able to manage the longer distances and increased job cycles arising from the potential options and the new service standards. This is particularly essential

for maternity services as it is vital for this service to be 100% reliable and timely. Until these assurances are forthcoming, Members cannot recommend that the proposals for a Freestanding Midwife-led Unit are sanctioned.

6.4 *Midwifery-led Unit*

- 6.4.1 The Committee is concerned about the option for a freestanding midwife-led unit despite reassurances from the Clinical Lead for the North of England Maternity Network.
- 6.4.2 The Committee have not been offered data from a freestanding midwife led unit with a similar area profile in terms of deprivation and poverty to add to the evidence base.
- 6.4.3 Members have listened to the evidence of the Birthplace in England study about the safety of giving birth in an FMLU for low risk women. However, the Royal College of Midwives also say that ensuring units and services are of a suitable size, to ensure both economic viability and clinical safety, is a key challenge.
- 6.4.4 The study Freestanding Midwife-led Units in England and Wales 2001-2013 by the Royal College of Midwives detailed a number of FMLUs that have closed. During this time there had been an additional 30 units opening with closures of 21 units. Interestingly whilst the majority of the 21 closures during the period are of well-established FMLUs, a significant number of the closures were of FMLUs which had been set up to replace obstetric services. In some cases these midwife-led services have been moved alongside midwife-led services at sites where obstetric services had been centralised.
- 6.4.5 Indeed there are examples locally where this has been the case and FLMUs have closed. At the University Hospital of Hartlepool the establishment of a FLMU resulted in only 9 births during 2016. This resulted in a decision to merge the Unit with North Tees based in North Tees. In February 18 Mike Hill, MP for Hartlepool said “the real will of the people is that full services should be restored to Hartlepool Hospital” ‘continued diminution of services there should stop’. Councillor Ray Martin-Wells said ‘it’s crazy we have got a unit delivering less than ten babies a year’
- 6.4.6 Members are concerned that the conversion to a FMLU at STDGH would result in fewer women choosing to give birth there resulting in the unit becoming unviable. The risk is that people in South Tyneside may

subsequently be left with no maternity unit at all with all births having to take place in Sunderland. The potential loss of a local maternity facility cannot be in the interests of South Tyneside residents

6.4.7 The Committee have yet to have assurances that South Tyneside will still have high-dependency facilities to ensure early repatriation for babies of South Tyneside families following their stay in Special Care Baby Unit back Sunderland as detailed in the options.

6.4.8 Alongside the lack of evidence on quick and reliable transfer of mothers who become “high risk” to Sunderland, Members cannot support the development of an FMLU at STDGH until the future viability of this model can be assured.

6.5 *Stroke Services*

6.5.1 The Committee have highlighted the importance of having robust systems and provision for stroke aftercare in both South Tyneside and Sunderland. The Committee agreed that was an issue that could be taken through individual Health Scrutiny Committees to assess the adequacy of the aftercare services in their areas. However, this cannot be done until these arrangements are developed. Members cannot agree that the hyper-acute service, which has already been temporarily transferred to Sunderland, can be done so permanently until the full care pathway has been developed.

6.5.2 Furthermore, throughout the consultation Members were told that the only safe service choice was to centralise all acute and hyper-acute Stroke services into a specialist unit on one site. However, at a meeting of the Northumberland, Tyne and Wear and North Durham STP OSC (19 March, Gateshead Civic Centre), Members were unequivocally told that every DGH should have services treat acute stroke and it was only those hyper-acute cases that needed to go to a Specialist Unit (ref: Mr Bas Sen, Consultant in Emergency Medicine, Director of Emergency Care, Associate Medical Director Newcastle Upon Tyne Hospitals NHS Foundation Trust and Co-chair Urgent and Emergency Care Network Clinical Reference Group, UEC Programme and Lead Clinician Clinical Hub)

6.5.3 In the face of such conflicting clinical advice, it is impossible for Members to endorse a service configuration until there is some agreement as to what is the best and safest service for residents.

6.6 *Hospital Sites*

- 6.6.1 While the transfer of services to Sunderland is a logistical problem for residents of South Tyneside the Committee has also heard and noted concerns over the capacity of Sunderland Royal Hospital to cope with the additional numbers of acute patients as a result of the service options.
- 6.6.2 The proposed increased volume patients being seen at Sunderland Royal Hospital needs to be accompanied by a careful consideration of increased car parking infrastructure including, costs to patients and families and the potential parking pressures on residential areas. These issues have yet to be reported on.
- 6.6.3 The services under consideration represent “phase one” of the Path to Excellence. The committee has heard numerous concerns around the future of South Tyneside Hospital and what it will look like in the future once all services have been reviewed and changes implemented. It will be important for the Path to Excellence and programme managers to reassure local people that South Tyneside General Hospital has a future and allay some of the concerns that have come out of the consultation. It would also be useful for the Committee to have the full picture on which services are planned to be provided at each site, so consideration of individual services can be put in context.

6.7 *Consultation with staff*

- 6.7.1 One of the key themes that the committee has discussed throughout its work on the Path to Excellence has revolved around adequate consultation with staff. A number of petitions have been presented by staff who argue they have not been included in discussions, and this is obviously an issue for the whole process. Again it is important that reassurances, and the supporting evidence, are provided to the committee that staff have had a meaningful role in the consultation process. The Committee have been constantly reassured that staff have been encouraged and supported to develop alternative service delivery models. However, there is no evidence given to the committee to suggest that this support has been given and no alternative models have been presented to Members. The Committee would like the opportunity to see these models and the evidence of how they have been assessed against the relevant hurdle criteria. In particular, Consultants and staff at South Tyneside

Paediatric Department have expressed concerns to us about the proposed models and have suggestions for the development of an alternative model. The Committee would also like to see the implementation programme for the preferred options when this is available and also understand how this will be communicated to staff and the public.

6.7.2 A key part of all of the proposals and options that have been presented are the training and development of staff, including the measures being taken to minimise disruption on services and how staff will transfer between sites, in order to reconfigure services. The Committee believes it is important that in going forward with the options that these assurances and commitments are clear.

7. Steps taken to reach agreement with Sunderland and South Tyneside CCGs on the proposals.

7.1 The Joint Committee have looked in great detail at all aspects of the proposals and have done so over a series of 13 formal meetings and numerous informal evidence gathering sessions.

7.2 During the course of our meetings we have taken evidence from a wide variety of stakeholders including:

- Chief Executives/chairs and chief officers of Sunderland and South Tyneside CCGs
- Chief Executives and Chief officers of City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust
- Chief Executive and chief officers From North East Ambulance Service
- Medical Directors of South Tyneside NHS Foundations Trust
- Clinical experts in Stroke Medicine, Maternity Care, Gynaecology and Paediatrics
- Senior officers in Nexus
- Council Portfolio holders
- 4 of the five local MPs
- Healthwatch
- Trade Unions

- Other nurses and Clinicians
- Save South Tyneside Hospital campaign representatives.

- 7.3 This has been a massive undertaking and has been done to ensure that the CCGs are fully held to account and our response is robust, well informed and credible.
- 7.4 During the course of the commission Members have consistently raised the issues contained within this submission relating to transport and travel, emergency ambulance transfers, Safeguarding and safety of children, the viability of Hospital Sites, capacity and staff consultation.
- 7.5 Despite all of these representations and the results of the consultation process which clearly raised major issues with respect to proposals, the Joint CCG Boards decided at their meeting on 21 February to endorse these service changes without adequate assurances that measures have been taken to alleviate the concerns that have been outlined clearly, consistently and constantly throughout this process.
- 7.6 It appears throughout the consultation process and also in developing the options for service redesign that South Tyneside CCG did not promote or consider solutions to retain services in South Tyneside. As well, the consultation as a whole, does not address the issues related to the increased capacity at Sunderland Royal Hospital as a result of the options presented.
- 7.7 The Joint Health Scrutiny Committee believes there has been a clear determination to push through the proposals without addressing or reflecting on many of the issues raised by a wide variety of stakeholders in the consultation feedback document. Also the Committee felt that the press release to the media, prior to the Joint Health Scrutiny Committee's considerations of the decisions made by the CCGs around the Path to Excellence consultation, were irresponsible (see attachments). The Committee felt that this release, warning that a delay caused by a referral to the secretary of state would create a risk to patients' lives, was inappropriate, threatening and inflammatory. The Committee felt that this had put them in an extremely difficult position in terms of their own decision

making and was trying to exert undue influence on the outcome of the meeting.

- 7.8 The CCGs have shown a limited understanding of the scrutiny process and the role of the Joint Health Scrutiny Committee and as a result Members of the Joint Committee have lost confidence in the CCGs.
- 7.9 Whilst the CCGs have offered to meet with the committee to go through the reasons behind their decisions, they have not made any commitment to revisit or change any of the decisions made.
- 7.10 We therefore urge that the Secretary of State asks the Independent Review Panel to consider these decisions in the light of our very real concerns and consequently issue a direction to Sunderland and the South Tyneside Clinical Commissioning Groups accordingly.

Health bosses warn lives could be put at risk if changes to hospital services in South Tyneside are delayed.

Lisa Nightingale: Published: 06:00 Thursday 08 March 2018 (Shields Gazette)

Councillors have been warned they will put people's lives at "significant risk" if they try to block a change to three key hospital services from going ahead.

The message - delivered by the South Tyneside and Sunderland Clinical Commissioning Groups, and both hospital trusts - comes ahead of a meeting of South Tyneside Council's Joint Health Overview and Scrutiny Committee, tomorrow, where councillors could call on Health Secretary Jeremy Hunt to examine the plan.

The meeting is set to discuss the future changes over the way maternity, stroke and emergency paediatric care is delivered in the borough, following decisions made as a result of Phase One of the Path to Excellence consultation.

According to hospital bosses the changes are needed due to a shortage of medical staff.

By referring the issue to Mr Hunt, health bosses warn in a letter to the committee that they will be putting patients' lives at risk.

This, they say, is because any intervention by the Health Secretary could hold up the process by between six and nine months.

The letter, signed by South Tyneside CCG boss David Hambleton, Sunderland CCG chief David Gallagher, and Ken Bremner, chief executive of both trusts, stated: "We feel strongly in the interests of patient safety we are not able to delay changes to these fragile services any longer, and these changes must be done in a considered and planned manner with staff, patients and partners."

It goes on to say: "We feel a delay will be a significant risk in the foundation trusts having to make changes in a crisis situation (like we saw in December for the special care baby unit and subsequent impact that had on South Tyneside maternity services) in order to protect patient safety.

"Again, to be clear what we mean by risks to patient safety, is increasing the potential risk of death, serious harm or a life-long health condition or disability."

Last year, the special care baby unit was forced to temporarily close due to lack of staff in November, it was followed a week later by the maternity unit. They were re-opened in January.

Health bosses are urging the committee to "consider carefully the serious implications for both patients and staff" when they meet.

Coun Rob Dix, Co-chair of the Joint Health Overview and Scrutiny Committee, said: "The letter from the CCG will be considered by the Committee when it meets to discuss the proposed changes to hospital services on Friday."

Read more at: <https://www.shieldsgazette.com/news/health-bosses-warn-lives-could-be-put-at-risk-if-changes-to-hospital-services-in-south-tyneside-are-delayed-1-9052264>