



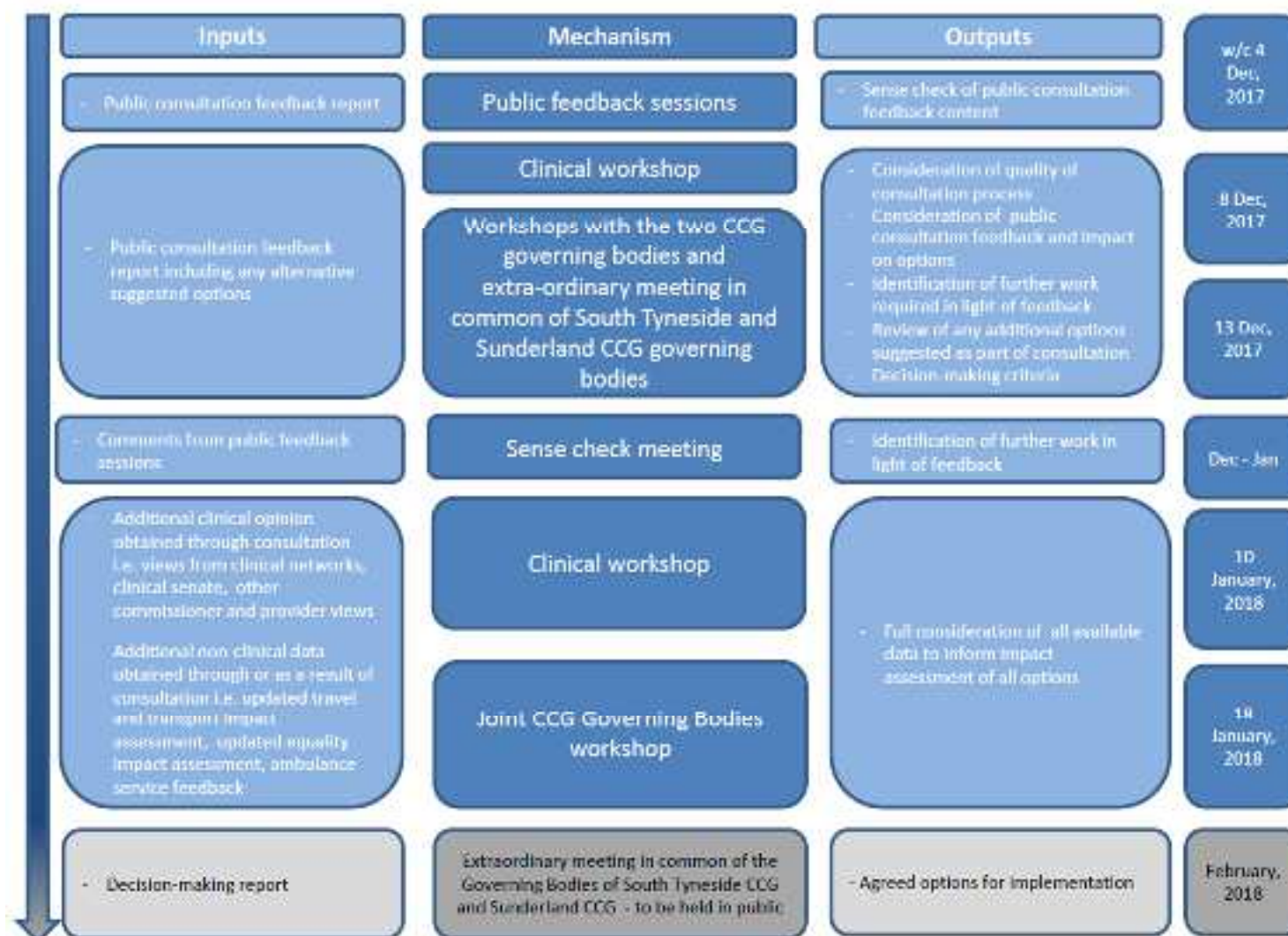
**South Tyneside and Sunderland**  
NHS partnership

# The path to **excellence**

**Transforming services in South Tyneside and Sunderland**

---

South Tyneside and Sunderland Clinical Commissioning Groups  
South Tyneside and City Hospitals Sunderland NHS Foundation Trusts



# Path to Excellence consultation

Ran for fourteen and a half weeks – 5<sup>th</sup> July to 15<sup>th</sup> October

Services included in this consultation were:

- **Stroke Services:**
  - Hospital-based care (acute); and
  - Hospital-based rehabilitation services.
  - Three options considered.
- **Maternity Services and Women's Healthcare Services:**
  - Obstetrics and gynaecology;
  - Covering hospital-based birthing facilities i.e. where you give birth to your baby, special care baby unit (SCBU); and
  - All inpatient surgery that includes an overnight hospital stay
  - Two options considered.
- **Children and Young People's Healthcare Services:**
  - Urgent and emergency paediatric care;
  - Two options considered.

# Summary of Findings

## Independent Analysis of The Phase 1 Path to Excellence Consultation

**Your presenters today will be:**

**Pippa Sargent:** Director, Social Marketing Partners

**Andy Wright:** Research Lead, Social Marketing Partners

# Introduction

Social Marketing Partners (SMP) is an independent social marketing and communications consultancy with social research and public engagement expertise, providing services to the public sector. SMP was commissioned to provide independent analysis and reporting of the consultation outputs.

SMP's approach is based on a mix of understanding of the principles and practice of consultation coupled with solid experience of market and social research alongside communications and engagement expertise.

SMP has not been involved in the development of the options consulted on, or the pre-consultation phase.

Work began with a co-production workshop with local partners and local authority scrutiny committee members to set the scope of the quantitative work and to consider the questions to be asked on the options that had been developed.

# Introduction

Guidance was provided on range of methodologies and the consultation survey questionnaires, which were approved by the governing partners.

SMP has also provided guidance to NECS in the delivery of consultation engagement through advice on standardising approaches and reporting formats, enabling better analysis.

A bespoke toolkit for focus group delivery was developed to equip local VCS groups with practical and standardised tools to assist in their group discussions around the consultation. This was available online and supported by a webinar open to all.

The main focus of SMP's work has been to collate, analyse and feedback the collective comments of those who responded via any of the consultation methods used.

# The Consultation Analysis

Resident street survey	805 interviews
Online and paper based consultation survey	496 responses
Direct mail patient survey (across three service areas)	324 responses
Focus groups	32 groups, 324 participants*
Public, staff and stakeholder events	19 events, 443 participants**
Staff Q&A events	12 groups, 174 participants
Phone, letter, email submissions	57 submissions
Travel and Transport discussion group	1 event, 53 participants

## Quantitative (Survey) Based

- Statistical analysis – SPSS
  - Street – statistically representative
  - Online and patient – important views, participative democracy
  - Direct patient – representative views

## Qualitative (Discussion) Based

- Grounded theory analysis process
  - Fully read and analysed by the team
  - 'Coded' into themes
  - Key sentiments

\* 144 / \*\*141 completed monitoring forms



# The Consultation Analysis

## Quantitative

These are the numbers – yes / no or scaled answers;

## Qualitative

These are the emotions and feelings that people express.

**BOTH TO BE TREATED EQUALLY IN THE CONSULTATION**

# Stroke Services: Overall Options Preference

- **Quantitative methodologies:** Preference Option 1
- **Qualitative discussion:**
  - Preference Option 1: minority consensus reached on cost saving alone;
  - All defended ‘current situation’;
  - Provisions of hyperacute and acute services at SRH and STDH were the only equitable options ‘*status quo plus*’.

# Stroke Services: Quantitative Resident Street Survey

- Option 1 preferred\*:
  - closest to meeting needs (59%)
  - farthest from meeting needs (17%)

\*All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (77%)
  - South Tyneside (61%)

\*Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Stroke Services: Quantitative Online and Paper Survey

- Option 1 marginally preferred\*:
  - closest to meeting needs (25%)
  - farthest from meeting needs (19%)

\*All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Area preferences\*:
  - Sunderland Option 1 (69%)
  - South Tyneside Option 3 (45%)

\* Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Stroke Services: Quantitative Direct Patient Surveys

- Option 1 marginally preferred\*:
  - closest to meeting needs (38%)
  - farthest from meeting needs (12%)

\* All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Area of residence of\*:
  - Sunderland Option 1 (94%)
  - South Tyneside Option 3 (56%)

\* Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Stroke Services: Qualitative Analysis

- **Quality of Care and a 'Centre of Excellence' for the future**
- **Service inequalities**
- **Finances and reality**
- **Option 1 chosen**
  - When agreement could be reached
  - Status quo or 'status quo plus' preferred

# Stroke Services: Qualitative Analysis

*“...not sure where the additional investment would come from for Options 2/3 or where savings in Option 1 would be invested...”*

*“...what will be the position for people having TIAs... what is the treatment pathway?”*

*“Transferring patients back and forth after three or five days would be bad treatment...”*

*“...the first hour, the ‘Golden hour’ is important...”*

*“Does size of stroke ward need to increase? Will the level of staffing need to increase? Will there be a transfer of current staff from South Tyneside to Sunderland? Is there a recruitment need for staff to meet the demand?”*

# Stroke Services: Qualitative Analysis

*“How can the relevant discharge services and care plans be co-ordinated?”*

*“...could affect Sunderland patients if numbers went up...”*

*“...the days should be specific to the patient and decided by a consultant...”*

*“...older people who end up on a Stroke unit at Sunderland...how do elderly relatives visit patients further away?”*

*“...what services are offered to younger stroke survivors?”*

*“...specialist care is crucial and overrides travel issues as it impacts on recovery...”*



# Maternity & Women's Healthcare Services: Overall Options Preference

- **Quantitative methodologies:** Preference Option 1.
- **Qualitative discussion:**
  - Where a preference expressed, Option 1;
  - Ideal solution: same level of staff and services in both Sunderland and South Tyneside.

# Maternity & Women's Healthcare Services: Quantitative Resident Street Survey

- Option 1 preferred overall\*:
  - closest to meeting needs (72%)
  - farthest from meeting needs (15%)

\* All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (95%)
  - South Tyneside (69%)

\* Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

- Option 1 preferred\*:
  - Pregnant (85%)
  - Child under 2 years (83%)

\*Calculations are based on the percentage of respondents who are pregnant/have a child under 2 (column totals), variances are explained by those who preferred not to say and consequently are not counted.

# Maternity & Women's Healthcare Services: Quantitative Online and Paper Survey

- Option 1 preferred\*:
  - Closest to meeting needs (35%)
  - Farthest from meeting needs (13%)

\*All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area \*:
  - Sunderland (78%)
  - South Tyneside (74%)

\* Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

- Option 1 preferred\*:
  - Pregnant (78%)
  - Child under 2 years (77%)

\*Calculations are based on the percentage of respondents who are pregnant/have a child under 2 (column totals), variances are explained by those who preferred not to say and consequently are not counted.

# Maternity & Women's Healthcare Services: Quantitative Direct Patient Surveys

- Option 1 preferred\*:
  - closest to meeting needs (47%)
  - farthest from meeting needs (9%)

\* All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (67%)
  - South Tyneside (92%)

\* Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Maternity & Women's Healthcare Services: Qualitative Analysis

- Lack of consultant care
- Confusing
- Quality of Care and a 'Centre of Excellence' for the future
- Ambulance Response Times
- Travel
- Option 1 chosen
  - Ideal: equal service in both hospitals

# Maternity & Women's Healthcare Services: Qualitative Analysis

*"...what about women attending antenatal clinic and need to delivery immediately if there is no delivery suite?"*

*"If a low risk turns to a high risk during labour, what happens then?"*

*"...will there be time for emergency C-sections for example?"*

*"You do not know when things can go wrong, can't predict it and when things go wrong they go wrong fast..."*

*"...MLUs, seem to have an issue with sustainability, there is evidence of closure elsewhere..."*

*"I would go for an MLU birth if I had another child..."*

*...provision for babies who become high risk before they're transferred to Sunderland...what facilities are at South Tyneside?"*

# Maternity & Women's Healthcare Services: Qualitative Analysis

*"Travelling to Sunderland  
and having to breastfeed  
– nightmare..."*

*"Best care is  
most important"*

*"...what options were considered and  
rejected for SCBU?"*

*"...women may be choosing  
when they shouldn't because  
they don't want to travel..."*

*"Most of the patients would prefer to  
give birth in a more specialised hospital"*

*"...my dad would be  
devastated if my  
child was born a  
Mackem..."*

*"...why can't a third model be looked at  
for SCBU to provide 'transitional' phase  
for pre-term babies for weeks/months  
before discharge in South Tyneside..."*

# Children & Young People's Healthcare Services: Overall Options Preference

- **Quantitative methods:** Preference Option 1
- **Qualitative discussion:**
  - Where consensus reached, Option 1 preferred;
  - Doctors at South Tyneside District Hospital for twelve hours a day;
  - Compromise and ultimately led to downgrading of service at South Tyneside.



# Children & Young People's Healthcare Services: Quantitative Resident Street Survey

- Option 1 preferred:
  - closest to meeting needs (80%)
  - farthest from meeting needs (8%)

All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (95%)
  - South Tyneside (88%)

\*Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Children & Young People's Healthcare Services: Quantitative Online and Paper Survey

- Option 1 marginally preferred\*:
  - closest to meeting needs (36%)
  - farthest from meeting needs (13%)

\* All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (66%)
  - South Tyneside (79%)

\*Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Children & Young People's Healthcare Services: Quantitative Direct Patient Survey

- Option 1 preferred\*:
  - closest to meeting needs (58%)
  - farthest from meeting needs (7%)

\* All % figures shown as a percentage of all survey respondents (excludes no response/prefer not to say)

- Option 1 preference by area\*:
  - Sunderland (78%)
  - South Tyneside (93%)

Calculations are based on the percentage of respondents from each area (not total responses) variances are explained by those who preferred not to say and consequently are not counted.

# Children & Young People's Healthcare Services: Qualitative Analysis

- 24/7 Demand
- Quality of Care and a 'Centre of Excellence' for the future
- Ambulance response times
- Travel and transport
- Access inequalities
- Health and wellbeing
- Option 1 chosen
  - At least a doctor at STDH 12 hours in the day

# Children & Young People's Healthcare Services: Qualitative Analysis

*"Out of hours – what happens?"*

*If you turn up at A&E with a sick child out of hours will they be transferred by the hospital to Sunderland?*

*"Children will be more ill as they will wait until morning - children can deteriorate..."*

*"Mental impact of staff that have to turn away a child at 8pm...."*

*"8 pm the right closure time? This is the busiest time of the day and where do the children in the department go physically when it closes?"*

# Children & Young People's Healthcare Services: Qualitative Analysis

*"Feeling like everything is going to Sunderland:*

*"In both options, children need to be seen by consultants"*

*"How are SRH going to look after 39,000 children? That's double!"*

*"There is an education need for parents, supported by communications, otherwise they will still go to STDH..."*

*"In an emergency situation the public will instinctively go to nearest facility..."*

*"As a member of the public I would like to know where to go..."*

# Overall Concerns – Focus Groups

- The consultation itself
- Apparent focus on Sunderland
- Travel and transport
- Additional costs for those least able to afford it
- Travel and accessibility (specific needs)
- Ambulance response times
- Status quo and financial pressures
- Displacing services
- What's the point
- Trust

# Staff Q&A Sessions

## Overall sentiment

- Lack of involvement in option development
- Concerns over job security and anxiety
  - Roles not fully described
  - Undetermined risks
- Reliance on a responsive ambulance service
  - Concern NEAS already under too much pressure



# Staff Q&A Sessions

## Stroke Services – Main Themes:

- Consultation
- Operational reality?
- Costs
- Capacity (Sunderland)
- Rehab/Reablement
- Safe staffing
- Practical issues

# Staff Q&A Sessions

## Maternity and Women's Healthcare Services – Main Themes:

- Consultation
- Impact on Community Teams
- Midwife Led Units (MLU)
- Role of Staff
- Travel Impact
- General Staff Implications

# Staff Q&A Sessions

## Children and Young People's Healthcare Services – Main Themes:

- Consultation
- Identity
- Transport
- Adult A&E?
- Minor Injuries
- Consultant Review
- Evidence Base and 24-hour demand
- Capacity (Sunderland)

# Staff Q&A Sessions

*“None of the senior therapy staff were involved in the early stages of preparing the consultation”*

*“...most midwives are wondering about their jobs. We need to know how many midwives will be needed...”*

*“Low risk is a retrospective diagnosis. You can’t foresee complications “*

*“...need to be clear about transfer times and we don’t have that detail yet from NEAS...”*

# Individual Responses

57 submissions were received from a range of sources including:

- Health Scrutiny and HealthWatch organisations;
- NHS organisations;
- Voluntary and Community Sector (VCS)/Third Sector organisations – including national organisations;
- Patients and Public;
- NHS Governors and Staff;
- Trade unions and staff group representatives; and
- Elected representatives, Members of Parliament and political parties.

The content of submissions is detailed in the full Final Draft Consultation Analysis Report. All individual responses will be available to the CCGs during the decision making process.

# Consultation Process: Criteria for decision making

- All survey respondents were asked to give their opinion on the criteria that are intended to be used to assess the proposed options, to help inform the the CCGs in their decision making process.
- Respondents were asked to give their view on how *appropriate* and *important* it is that proposed changes will be:
  - **High quality and safe:** Deliver high quality, safe care (that is better than the current service arrangements and satisfies all relevant standards set out in law and guidance)
  - **Sustainable:** Support long terms service provision (including ensuring that the clinical workforce and patient numbers are there to make the service viable)
  - **Affordable:** Be affordable (without any significant extra costs)
  - **Achievable:** Be achievable within the next couple of years

# Consultation Process: Criteria for decision making

Criteria felt to be both *appropriate* and *important* to use in the decision-making process:

- Most appropriate/important: Overall across the quantitative samples, **'High quality and safe'** was considered to be the most appropriate and the most important criteria to use in the decision-making process. This was also the case when looking at the split of respondents by area.
- Least appropriate/important: The overall results from each of the quantitative methodologies report that **'Affordable'** is considered the least appropriate and the least important criteria to use in the decision-making process. This again was also observed when looking at the split of respondents by area.

# Consultation Process: Additional criteria suggestions

There were suggestions across all the quantitative methodologies about criteria that were absent and should be considered in the decision-making process. These suggestions included:

- Impact on patient; safety, health and wellbeing and needs;
- Impact to other hospitals, departments, ambulance service and GP practices;
- Impact on staff;
- Convenience and accessibility of services including transport costs;
- Justifiable, appropriate, practical, and desirable (and sustainable).



# The Consultation Analysis

Resident street survey	805 interviews
Online and paper based consultation survey	496 responses
Direct mail patient survey (across three service areas)	324 responses
Focus groups	32 groups, 324 participants*
Public, staff and stakeholder events	19 events, 443 participants**
Staff Q&A events	12 groups, 174 participants
Phone, letter, email submissions	57 submissions
Travel and Transport discussion group	1 event, 53 participants

## Quantitative (Survey) Based

- Statistical analysis – SPSS
  - Street – statistically representative
  - Online and patient – important views, participative democracy
  - Direct patient – representative views

## Qualitative (Discussion) Based

- Grounded theory analysis process
  - Fully read and analysed by the team
  - ‘Coded’ into themes
  - Key sentiments

\* 144 / \*\*141 completed monitoring forms

# Summary

Consideration of the analysis shows that:

- There is a clear consensus on preferred options in quantitative feedback where a choice has been made, but less so in the qualitative discussions; and
- There are a range of overall concerns expressed about the options available by respondents in qualitative discussions.

# Summary

## Overall Concerns

Consideration of the results of the consultation tell us that there are specific concerns over the following areas:

- There are specific concerns that the options all result in a **downgrading of services and facilities at South Tyneside District Hospital**. Linked to this are concerns over the estates, facilities and staff at Sunderland Royal Hospital being able to cope with the increased volume of patients and visitors;
- The issues of **travel and transport from South Tyneside to Sunderland** for residents of the former borough are of major concern in term of additional driving time for those with cars and the significant burdens on relying on public transport with no direct links for those without;
- There is concern that **equalities, special interest groups** and those living in deprived circumstances will be **significantly disadvantaged** by the proposals in terms of access and financial costs;
- The additional travel burdens for patients, carers and visitors are felt to have a **potentially detrimental impact on their health and wellbeing**;
- The **ability of Ambulance Services to provide safe and timely transfer services for South Tyneside residents** travelling to Sunderland in urgent or emergency circumstances was questioned. Specifically, meeting the golden hour treatment for stroke victims, situations where labour deteriorates and children and young people needing A&E services – either under a nurse led service or ‘out of hours.’

# Summary

## Preferred Option Stroke Services

- The **quantitative methodologies** reporting on preferences for the options indicate a **clear preference for Option 1** in most of the Responses.
- In **qualitative discussion** in the minority of cases where the groups were able to agree **Option 1 was preferred for stroke services**, mainly based on the cost saving element.
- All groups defended the current situation and felt that provision of hyperacute and acute services at SRH and STDH were the only equitable options, perhaps better defined as status quo plus.

## Preferred Option Maternity and Women's Healthcare Services

- In most of the **quantitative** methodologies there is a **preference for Option 1**.
- In **qualitative discussion** there was no clear preference expressed with the general feeling being that the ideal solution would be to provide the same level of staff and services in both Sunderland and South Tyneside. **Where a preference for an option was expressed this was for Option 1.**

# Summary

## Preferred Option Children and Young People's Healthcare Services

- In the **quantitative methods**, for Children and Young People's Healthcare Services, Option 1 is the preferred option in most cases.
- In **qualitative discussion** the preferred option where consensus was reached was for **Option 1** on the basis that there would at least be Doctors at South Tyneside District Hospital for twelve hours a day.
- However, this, and in particular, the 8am-8pm service proposal, was felt to be a compromise and ultimately led to downgrading of service at South Tyneside.

## Alternative Solutions

- In addition to the wealth of feedback from all methods, several practical suggestions to address the travel issues were suggested:
- Provision of travel advice at both hospitals to support travellers
- The adoption of more community focused, not-for-profit solutions to transport issues (shuttle buses.)
- The use of technology as an alternative to travelling such as telemedicine:
- In addition, as an alternative to the options considered, it was suggested, as a series of undefined comments, that the inclusion of *'focusing main service provision and developing a centre of excellence in South Tyneside'* as an additional option

# Thank you

## Summary of Findings

### Independent Analysis of The Phase 1 Path to Excellence Consultation