NHS
South Tyneside and Sunderland
NHS partnership

The path to excellence

Phase 1

Consultation Feedback Analysis Report

Final Draft Report
5th December 2017

The Path to Excellence is a five-year transformation of healthcare services across South Tyneside and Sunderland. It has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering safe, high quality, joined up, sustainable care that will benefit the population of South Tyneside and Sunderland both now and in the future.

The public consultation for the Path to Excellence programme is being led by the commissioners of local health services – NHS South Tyneside Clinical Commissioning Group (CCG) and NHS Sunderland CCG – who are responsible for planning and buying healthcare services on behalf of patients.

Working in partnership with South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust, who formed a strategic alliance in March 2016 known as 'South Tyneside and Sunderland Healthcare Group', all four NHS organisations are committed to delivering the best possible NHS services for the future through the Path to Excellence programme.

Initial feedback

The Path to Excellence listening exercise started in October 2016. It was aimed at understanding public views, needs and experiences relating to stroke, maternity and gynaecology, and paediatric services. Also included in this work is the travel and transport impact assessment.

The Path to Excellence asked local people to share their views on clinical services in South Tyneside and Sunderland to help us identify how they can be improved and how things might be done differently in the future.

Public engagement and market research within South Tyneside and Sunderland provided key findings to provide insight to support consultation around any possible future proposed changes to the clinical areas.

The primary findings of the listening exercise are published and available at: https://pathtoexcellence.org.uk/wp-content/uploads/2017/05/A-review-of-patient-insight-South-Tyneside-and-Sunderland-Version-4.pdf

The Path to Excellence consultation

The formal consultation phase of the Path to Excellence proposals to gather public views around the different ways NHS services could be arranged in South Tyneside and Sunderland took place from 5 July to 15 October around:

- **Stroke services** specifically hospital (acute) care and hospital-based rehabilitation services
- **Maternity services** (obstetrics) covering hospital based birthing facilities i.e. where you would give birth to your baby and special care baby units

- **Women's healthcare** (gynaecology) services covering inpatient surgery where you would need an overnight hospital stay
- **Children and young people's healthcare services** (urgent and emergency paediatrics) specifically urgent and emergency care

NHS South Tyneside and Sunderland Partnership has a requirement to develop a robust level of knowledge and understanding on public perception of clinical services currently under review as part of the Path to Excellence programme (the Sustainable Transformation Partnership for the area).

NHS North of England Commissioning Support (NECS)

NHS North of England Commissioning Support (NECS) was engaged by the NHS South Tyneside and Sunderland partnership organisations to provide expert strategic advice and operational delivery for a programme of engagement and consultation to support the Path to Excellence reform programme.

NECS has significant experience in providing end to end service transformation and consultation, and adopt a continuous improvement approach to constantly learn and refine its activity. The NECS team has have strong links with communications professionals across the NHS nationally, and are able to draw upon those networks and experiences to bring that learning locally, and this has been a strong theme of the Path to Excellence programme. This is also in-line with the principle that consultations are a 'continuous dynamic dialogue' and are a self-correcting process. This allows organisations that are consulting with the public to change consultation processes in response to what is being heard about the process during the consultation period.

The Consultation Institute

NECS also have a strategic partnership with the independent Consultation Institute, who provide quality assurance reviews of consultation processes, external expertise, up to date advice on emerging case law and an assessment on the robustness of the consultation process to provide third party assurance and credibility to NHS institutions that good practice is being adopted.

NHS duty to consult

The objective of the consultation was to provide a range of engagement activity that allowed different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensured that feedback and dialogue was captured, which will be then be analysed and included in this final feedback report. All methods included data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring took place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its statutory duties to involve and consult, in line with the principles of 'Transforming

Participation' and the rights and pledges set out in the NHS Constitution, as well as the Empowering Communities principles for person centred care.

A key requirement is to meet the NHS England assurance framework, planning, assuring and delivering service change for patients. By doing so, it also provides a robust planning process and NHS local system assurance.

The consultation strategy and subsequent activity and resources were benchmarked against the resources and budget made available in Manchester for Health Devo, the Cumbria Success Regime and the Durham and Tees Better Health Programme. This included the communications and engagement expertise, experience and skill mix required and budget recommendations to deliver a safe engagement and consultation process.

Appointment of Independent Analysts

Social Marketing Partners (SMP) were appointed to provide independent analysis of and reporting on, the consultation feedback. The appointment of SMP was made by NECS through an NHS tendering process, using best practice supply chain procurement guidance.

At the outset, SMP engaged local partners and local authority scrutiny committee members in a co-production workshop to set the scope of the quantitative work and to consider the questions to be asked on the options that had been developed. SMP provided guidance on methodologies and the consultation survey questionnaires, which were approved by the governing partners.

SMP has also supported NECS in the delivery of consultation engagement through advice on standardising approaches for better analysis. To equip local VCS groups, SMP worked with NECS to develop a bespoke toolkit for focus group delivery which has been available online. This was supported by a webinar, open to all groups that expressed an interest in running a focus group session.

What happens next?

This analysis report produced by SMP will be used to inform the 'decision making process' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).

This feedback report will be published in a draft form in early December, presented to trust staff, Joint Health Overview and Scrutiny Committee (JHOSC) and at two public events.

The intention is to allow further public feedback on the draft before finalising the public consultation feedback report for consideration by the two clinical commissioning groups – NHS South Tyneside Clinical Commissioning Group (CCG) and NHS Sunderland Clinical Commissioning Group (CCG).

Between now and February next year, there will be a series of workshop sessions.

This includes the public feedback sessions, clinical workshops with members of the clinical services review group and workshops with the two CCG governing bodies culminating with an extra-ordinary meeting in common of the governing bodies of the two clinical commissioning groups in February 2018, held in public and at which the two CCGs will make their final decisions.

This allows the opportunity for any further comments that have been received from the public feedback sessions, and for other data or views to be considered as well as consideration of any alternative service models that may have been suggested through the public consultation.

NHS North England Commissioning Support (NECS)

The Path to Excellence

Consultation Analysis Report

socialmarketingpartners Ltd

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1 Path to Excellence Consultation Analysis Executive Summary

1.1 Introduction

The Path to Excellence public consultation considers the views of the public, service users, stakeholders, and staff on the potential ways in which delivery of some healthcare services might be reorganised for the future in South Tyneside and Sunderland.

The Path to Excellence (phase one) consultation ran for fourteen and a half weeks from July 5th to October 15th, 2017 (extended beyond the usual 12 weeks to take account of the summer holiday period.)

The 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.

The public consultation for the Path to Excellence programme is being led by the commissioners of local health services – NHS South Tyneside Clinical Commissioning Group (CCG) and NHS Sunderland CCG – who are responsible for planning and buying healthcare services on behalf of patients.

Working in partnership with South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust, who formed a strategic alliance in March 2016 known as 'South Tyneside and Sunderland Healthcare Group', all four NHS organisations are committed to delivering the best possible NHS services for the future through the Path to Excellence programme.

1.2 The Consultation

The consultation followed the principles of a 'continuous dynamic dialogue' and compensating methods were introduced when potential gaps in coverage were identified. The specific methods employed as part of the Path to Excellence consultation, and included in this analysis, were:

- A resident street survey, representative at the population level;
- An online and paper based consultation survey, available to all;
- A direct mail patient survey of a sample of service users, to reflect lived experience;
- Focus group sessions with protected characteristic and other equalities groups;
- Public, staff and stakeholder discussion events, including specific staff events; and
- Individual submissions; the consultation also received emails, letters, and phone calls, to ensure people were able to make contributions not limited to the methodologies listed above.

In addition, online and social media engagement was delivered locally linked to the Path to Excellence website.

Three launch events were also held in July, which were not included in the analysis as their nature as scene setting events was designed to introduce the process, highlighting the key issues and methods available to engage with in the consultation. The notes of these events together with Q&A were published on the Path to Excellence website at: https://pathtoexcellence.org.uk/public-consultation/feedback-section/

When considering the results, it is important to note:

- The street survey of residents of South Tyneside and Sunderland is representative at the population level, considering the views of all irrespective of current service use. This is the only statistically reliable response[1], but does not necessarily reflect the views of services users.
- The online and paper survey represents the views of those who are engaged, this is more likely to include the views of service users, carers, staff, and others with a direct interest in the services, but cannot be said to represent opinion from the entire population. This is very important opinion for that reason, but cannot be treated as being statistically reliable as respondents are self-selecting.
- The direct survey to people who had used services within the last two years is arguably the most representative of their views, and is a very important source of opinion, but this again cannot be treated as statistically reliable due to the self-selecting nature of the respondents and that the sample size of those responding was relatively small.

The total responses to the consultation, and the form they took, are shown below.

Resident street survey	805 interviews
Online and paper based consultation survey	496 responses
Direct mail patient survey (across three service areas)	324 responses

[1] Using 2016 Mid- Year Population Estimates for both boroughs. Across both populations the results are reliable to a confidence level of 95% with a confidence interval of +/-3.89 (for South Tyneside this 95% +/- 4.89 and Sunderland is 95% +/- 4.9.)

Focus groups	32 groups, 144 participants[2]
Public, staff and stakeholder events	19 events, 141 participants[2]
Staff Q&A events	12 groups, 174 participants
Phone, letter, email submissions	57submissions
Travel and Transport discussion group	1 event, 53 participants

In addition, In July 2017, as part of the Trusts' regular quarterly staff briefings, information about the consultation and potential options was shared and discussed with staff in both South Tyneside and Sunderland. A total of 197 staff attended these summer briefing sessions which were followed up by a detailed Q&A document, circulated to all staff across both Trusts to openly share feedback on the questions raised during the briefing sessions.

1.3 Online website and social media metrics

For the period of the consultation, online and social media were used extensively to engage the public and encourage participation in the consultation, led locally by NECS. The main active consultation period was 5th July – 15th October 2017 the following engagement was achieved[3].

1.3.1 Website

Pre-consultation and launch period (21st June – 5th July): Total site visits = 1,848
Consultation period (5th July – 15th October): Total site visits = 8,438 made up of:

- Unique visits = 6,261
- Direct = 2,619
- Organic = 1,402
- Social = 1,414
- Referral = 818
- Email = 9
- Repeat visits = 2,177

The website pages were viewed 15,335 times in total – meaning every visitor viewed on average two pages on the website each visit. People typically spent 2 minutes on the website and the most visited page during the consultation was the home page with 6,307 total views and 4,946 unique views. The most visited areas of care page were maternity and women's healthcare with 1,273 page views of which 1,082 were unique.

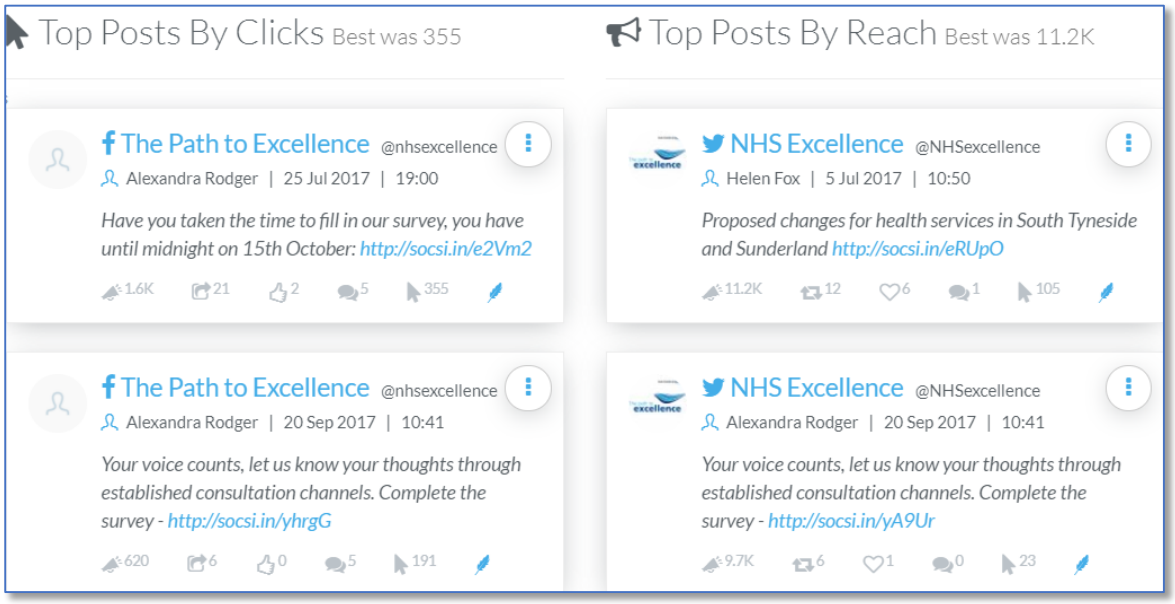
1.3.2 Social media

Consultation period (5th July – 15th October):

- Followers/connections: Facebook = 207 / Twitter = 129
- Average reach per day: Facebook = 60 / Twitter = 2,100

[2] Numbers completing event evaluation/monitoring forms, actual attendance could be higher. 28 groups provided feedback in time to be included for analysis
[3] *figures provided by NECS Communications and Engagement team*

- Brand sentiment: 65 positive messages (51.2%) / 41 neutral messages 32.3%) / 21 negative messages (16.5%)
- Post success varied and depending on the goal the best social outlet for reach is Twitter and the best source for link clicks is Facebook.



1.3.3 Media monitoring

Consultation period (5th July – 15th October):

Media coverage was achieved 36 times online and in the local papers with a total Reach for all coverage of 1,643,435 people.

Outlets included:

- Shields Gazette x 12
- Shields Gazette (online) x 5
- Sunderland Echo (Online) x 5
- Sunderland Echo x 4
- Hartlepool mail (online) x 4
- The Chronicle (online) x 3
- The Chronicle x 2
- The Journal x 1

1.4 Consultation Analysis

Social Marketing Partners (SMP) is an independent marketing, communications, engagement, and social research agency, commissioned to provide independent analysis and reporting of the consultation outputs, and also provided guidance on methodologies and the consultation survey questionnaires. Our 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.

The methods used to analyse the results were:

- **Quantitative Analysis:** the findings from the survey based consultation approaches (Resident street survey, online/paper consultation survey, and direct patient surveys) were each analysed separately to recognise the differences in the respondents and sampling approach.

The closed responses were analysed using industry standard proprietary statistical analysis software[4] with manual coding used for the free text responses to group them into themes reflective of the sentiment expressed.

- **Qualitative Analysis:** the findings from the discussion based consultation approaches (focus groups, public meetings, and individual submissions) are based on an approach where the data from the session notes is analysed and responses grouped into themes that most closely represent the views expressed[5]. This allows us to report the findings based on an accurate reflection of the sentiments expressed. Where quotes and comments are shown in the full report, these have been chosen to represent the centre of the sentiment expressed within that theme.

1.5 Quantitative Findings: Resident Street Survey, Online/Paper Consultation Survey, and Direct Patient Surveys

Considered in turn below are the summary findings from the resident street survey, online/paper based consultation survey, and the three direct patient surveys for the overall option preference and any difference of opinion between residents of South Tyneside and Sunderland:

- Stroke services;
- Maternity services and women's healthcare services: and
- Children and young people's healthcare services.

The details of the Options consulted upon can be found in Appendix One

Overall Preferred Stroke Services Option

Resident Street Survey: Respondents were asked the following question:

> *Using a scale of one to three please tell us which of the options for stroke services you feel is closest to meeting needs (1) and is farthest from meeting needs (3)*

Overall responses are shown in the following table.

	Closest to meeting needs		Farthest from meeting need	
Option 1	**59%**	(478)	**17%**	(139)
Option 2	**2%**	(19)	**25%**	(202)
Option 3*	**24%**	(190)	**40%**	(319)

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

[4] SPSS
[5] Our approach is based in the employment of Classic Grounded Theory.

From these results, it can be seen that:

- Most respondents believe Option 1 to be the 'closest to meeting needs' at 59% with only 17% answering that this was 'farthest from meeting needs';
- The fewest number of respondents (2%) believe Option 2 to be 'closest to meeting need' for stroke services.
- Option 3 attracted the most responses for being 'farthest from meeting needs' at 40%

Overall, Option 1 was the closest to meeting needs above options 2 and 3.

However, although Option 1 is agreed as the option to be highest ranked by all respondents, when compared by area of residence of respondent, the findings show Sunderland residents keener on this option (77%) than South Tyneside residents (62%) (see main report for detail).

Online/Paper Consultation Survey: Respondents to the online/paper consultation questionnaire were also asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 1 = 'closest meeting needs' and 3 = 'farthest from meeting needs'[6]

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**25%**	77	**19%**	59
Option 2	**7.5%**	23	**7%**	21
Option 3	**17%**	52	**23%**	68

**Calculations are based on the percentage of respondents (column totals), variances are explained by those who preferred not to say and consequently are not counted.*

From the table it can be seen that:

- Option 1 has the highest rating with 25% of the responses saying it was closest to meeting needs, though 19% said it was furthest from meeting needs; and
- Option 2 attracts the lowest rating in this respect (7.5%); and
- Option 3 is ranked as least likely to meet respondent's needs (22%%)

When considered by area of residence of respondents the data shows:

- In Sunderland Option 1 was most favourable whereas in South Tyneside Option 3 was thought to be 'closest to meeting needs';
- However, the preference for Option 1 in Sunderland was stronger (69%) than the preference for Option 3 in South Tyneside (45%) (see main report for detail).

[6] Note that questions in the Online/Paper Consultation Survey Analysis were not mandatory; respondents were able to skip this question. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

Direct Patient Survey: Respondents to the direct survey of current and recent patients and service users[7] were also asked to express rate which of the options being consulted on they had an overall preference for as shown in the table.

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**38%**	31	**12%**	10
Option 2	**1.2%**	1	**2.5%**	2
Option 3	**12%**	10	**15%**	12

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

From this it can be seen that:

- Option 1 has the highest rating with 38% of the responses saying it was closest to meeting needs; and
- Option 2 attracts the lowest rating in this respect at 1.2%; and
- Option 3 is ranked (just) as least likely to meet respondent's needs at 14.8%.

When considered by respondent's area of residence we can see that for the direct patient survey:

- Option 3 is the most favourable for South Tyneside respondents and
- Option 1 for Sunderland. However, results should be treated with caution as both 'prefer not to say' and 'other area' have been excluded, therefore numbers are low (see main report for detail).

1.6 Overall Preferred Option: Maternity Services and Women's Healthcare Services

Resident Street Survey: Respondents were all asked to rank the options against the question shown below.

> *Using a scale of one to two please tell us which of the options for maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**72%**	582	**15%**	118
Option 2	**15%**	118	**72%**	582

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

[7] Note that the overall numbers responding to this method for Stroke Services was low at n=81. In addition, respondents were able to skip this question if they wished therefore not all have answered every time. Therefore, results should be treated with caution.

From the results for the total sample responding to this question, it can be seen that:

- Most respondents believe Option 1 to be the 'closest to meeting needs' at 72% with only 15% answering that this was 'farthest from meeting needs'.

When considered by respondent's area of residence, although Option 1 is agreed as the option to be highest ranked by all respondents:

- Sunderland residents are keener on this option (95%); than
- South Tyneside residents (69%). (see main report for detail).

For this service area, responses were also considered in terms of those who are either pregnant or have a child under two years, as shown below.

	Closest to meeting needs				Farthest from meeting needs			
	Pregnant or child under 2				Pregnant or child under 2			
	Yes		No		Yes		No	
Option 1	**85%**	75	**83%**	502	**15%**	13	**17%**	105
Option 2	**15%**	13	**17%**	105	**85%**	75	**83%**	502

** 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.*

The results show that:

- Option 1 was closest to meeting needs irrespective of whether the respondent was pregnant/has a child under 2 years or not (85% and 83%)

Online/Paper Consultation Survey: Respondents to the online/paper consultation questionnaire were also asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 1 = 'closest meeting needs' and = 'farthest from meeting needs' [8]

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**35%**	108	**13%**	39
Option 2	**10%**	32	**38%**	118

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

From the table it can be seen that:

- Option 1 has the highest rating with 35% of the responses saying it was closest to meeting needs. 10% said it was furthest from meeting needs;
- A significant proportion chose not to respond to this ranking question.

When considered by residence of respondent we see that:

[8] Note that questions in the Online/Paper Consultation Survey were not mandatory and that respondents were able to skip this question if they wished. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

- Option 1 was most favourable in both South Tyneside and Sunderland areas at similar levels – 74% and 78% respectively (see main report for detail).

When responses are considered in terms of those who are either pregnant or have a child under two years as shown in the table below.

	Closest to meeting needs				Farthest from meeting needs			
	Pregnant or child under 2				Pregnant or child under 2			
	Yes		No		Yes		No	
Option 1	**78%**	21	**77%**	87	**29%**	10	**24%**	29
Option 2	**22%**	6	**23%**	26	**71%**	24	**76%**	94

** 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.*

Like the Resident Street Survey, these results show that:

- Option 1 was closest to meeting needs irrespective of whether the respondent was pregnant/has a child under 2 years or not (78% and 77%)

1.7 Overall Preferred Children and Young People's Healthcare Services Option

Resident Street Survey: Respondents were all asked to rank the options against the question shown below.

> *Using a scale of one to two please tell us which of the options for children and young people's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**80%**	644	**8%**	61
Option 2	**7.5%**	60	**80%**	643

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

From the results shown in the table, Option 1 is ranked as the proposal respondents feel most closely meets needs.

Although Option 1 is agreed as the option to be highest ranked by all respondents in the Resident Street Survey, when compared by residence of respondent the findings show:

- Sunderland residents are slightly keener on this option (95%); than
- South Tyneside residents (88%) (see main report for detail).

Online/Paper Consultation Survey: Respondents to the online/paper consultation questionnaire[9] were also asked to rate which of the options being consulted on they had an

[9] Note that questions in the Online/Paper Consultation Survey were not mandatory and that respondents were able to skip this question if they wished. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

overall preference for, expressed in terms of 1 = 'closest meeting needs' and 2 = 'farthest from meeting needs'

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**36%**	109	**13%**	39
Option 2	**12%**	36	**31%**	94

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

For all respondents to this question it can be seen that:

- A high proportion of respondents preferred not to respond to this ranking question.
- Of those who responded, there was a clear preference for Option 1 (36%.)

When considered by residence of respondents it can be seen that:

- Option 1 was most favourable over Option 2 in both South Tyneside and Sunderland areas at similar levels – 79% and 68% respectively (see main report for detail)..

Direct Patient Survey: Respondents to the direct survey of current and recent patients and service users were also asked to express rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest meeting needs' (1 = closest meeting needs and 2 farthest from meeting needs).

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**58%**	59	**7%**	7
Option 2	**7%**	7	**54%**	55

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

From the table it can be seen that:

- There is a strong preference for Option 1 for those who responded to this ranking question.

When considered against area of residence of respondent for those living in South Tyneside:

- Option 1 is strongly favoured in terms of meeting needs in the ranking exercise (93% ranking it 1, over Option 2).

For those living in Sunderland:

- Option 1 is also the most favourable in terms of meeting need for Sunderland residents responding to the direct survey, to a slightly lesser extent at 78% (see main report for detail).

1.8 Qualitative Findings: Focus Groups and Public, Staff and Stakeholder Meetings

1.8.1 Overall Concerns

- **The consultation itself**: There were concerns over the need for the consultation, which were directed at central policy makers and 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.

Equally the format of the consultation was felt to be too complex in language and the number/complexity of services/options being considered.

- **The apparent focus on Sunderland:** The rationale for consolidation of services was recognised, but essentially people remained unconvinced that the evidence presented justified the apparent downgrading of South Tyneside District Hospital. It was felt that the question of moving some services to South Tyneside was not considered fully enough.
- **Travel and transport:** People were very concerned over the travel and transport issues associated with the move of services from South Tyneside to Sunderland. Specific concerns involved the lack of direct public transport links, the additional travel time, the cost of car parking at Sunderland and the overall ability of Sunderland to cope with the additional patient and visitor cars.
- **Additional costs for those least able to afford them:** There was a continuous theme in the qualitative dialogue recognising that many of the communities of South Tyneside face significant economic and social deprivation. The main concerns lay around, transport costs, lack of direct public transport links, the prohibitive cost of public transport for those on low incomes. Overall there was a feeling that the proposals would have a greater negative impact on those living in deprived circumstances.
- **Travel and accessibility (specific needs):** Concerns were raised over the perceived lack of consideration of the specific transport needs of equalities and special interest groups. Specific concerns included: support for those with sensory and learning disabilities along with those with cognitive impairment to use complex public transport links, single parents travelling with children, and accessing new and unfamiliar surroundings when arriving at Sunderland.
- **Ambulance response times:** Concerns were raised over the ability of the North East Ambulance Service (NEAS) to respond to transfers of South Tyneside residents to Sunderland in a timely and safe manner, ensuring no one is put at risk by the additional time requirements.
- **Health and wellbeing:** There were concerns that the for each of the service areas and options, to a greater or lesser extent, a potential negative impact on the overall health, mental health and wellbeing of patients, service users, family, friends, and staff would result. This was felt to be as a combined result of travel and other issues associated with separation, loneliness, and isolation.
- **Status Quo and Financial Pressures:** The overarching view was that the only fair and equitable service provision option available is to leave things as they are and there was strong opposition in the groups to the implementation of all the options. Equally, there is a balancing view that the cuts in NHS funding are the driver for these changes. Achieving the best care that can be provided is seen as the most important factor.

- **Displacing Services:** Many felt the proposals would see increased patient and visitor numbers at other sites namely Queen Elizabeth Hospital Gateshead (QE) and the Royal Victoria Infirmary Newcastle (RVI) rather than at Sunderland and this impact was a point of concern for some.
- **What's the Point:** Many of the equalities and special interest groups felt that they were merely consulted as a 'tick box' gesture and were sceptical of the impact their contributions would have.
- **Trust:** For many of the equalities groups one of the biggest barriers is gaining trust in the service. The changes were felt to have a disproportionate effect on those with sensory or learning disabilities, cognitive impairment and people from BME backgrounds who find it difficult to establish this trust in new services and can find it particularly difficult to navigate a new environment with confidence, the common issue being communication and understanding.

1.8.2 Stroke Services

- **Quality of Care and a Centre of Excellence (Stroke):** The groups generally favoured the idea of a concentration of hyperacute and acute services in one area, recognising this provided a concentration of excellence in terms of skills, personnel, and equipment.
- **Inequalities:** All the proposed options for stroke services reorganisation saw South Tyneside having rehab services provided locally. Many participants viewed these local services as being inadequate and therefore the options were viewed as having the potential to result in future inequalities in service provision for South Tyneside residents.
- **Finances and reality:** Many, but not all, of the groups accepted the 'reality', as they perceived it, that the reorganisation was based on the national pressure on NHS finances and the need to do more with less. However, there was a genuine desire to understand if these were real savings that could be reallocated or simply reductions in running costs.

  Underpinning this was the recognition that the benefits of centralising the acute and hyperacute services in one area outweigh other issues. However, the overall savings, as cited in the consultation documentation, were felt to be relatively small.
- **Option preferences and the status quo:** 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 Sunderland Royal Hospital (SRH) and South Tyneside District Hospital (STDH) were the only equitable options, perhaps better defined as status quo plus.

1.8.3 Maternity Services and Women's Healthcare Services

- **Overall concerns:** The major concern voiced in most groups over the two proposed options was the lack of Consultants on site at STDH. Child birth is seen as not a simple,

prescriptive event for anyone and reducing services would be to the detriment of the residents of South Tyneside, introducing a perceived unnecessary and unacceptable risk.

Transporting a mother in labour independently to Sunderland was felt to have the potential for detrimental effects. People unfamiliar with Sunderland, its road systems and transport would struggle with transport and extra costs incurred which would in turn create more issues and problems.

Groups felt the proposed changes were unnecessary and would be confusing for people who were accessing the services. There was a general lack of confidence that the decision had not already been reached despite information provided to the contrary both verbally and in consultation documents.

- **Quality of Care and a Centre of Excellence:** Despite reservations about the lack of Consultant care at South Tyneside, the concentration of expertise on one site was felt to be a major benefit of the proposals.

  The overarching concern was the safety of mother and child, supported by a centre of excellence in Sunderland. However, this aspect of safety was questioned for South Tyneside in terms of the extreme pressure this will put Midwives under. They will be called upon to assess need and establish if a birth at the MLU was becoming higher-risk and will bear the responsibility for deciding on emergency transfer to Sunderland.

  There was a strong feeling that the downgrading of maternity services in South Tyneside would lead to an increase in home births in the borough. There was also concern at the loss of a Special Care Baby Unit (SCBU), particularly amongst recent mothers.

- **Ambulance response times**: Again, linked to the issues of safety, concern was expressed over the ability of the Ambulance Service to respond to pregnancies that become high risk/emergency very quickly. The specific concern was around transporting mothers in distress to Sunderland in time to be safe for both them and their baby.
- **Travel:** While the groups discussing the maternity options identified the concerns over travel discussed in the overall concerns, there were also specific concerns raised in relation to childbirth. These were mainly concerned with issues associated with travel to Sunderland from South Tyneside for higher-risk births at night time, particularly amongst communities where there are high levels of employment in the evening/night time economy, meaning partners are not always available.
- **Option preferences:** 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.

1.8.4 Children and Young People's Healthcare Services

- **Overall concerns*:*** Discussions in the groups highlighted several clear overall concerns with the proposed options. Children get sick 24 hours a day, seven days a week and an

appropriate inclusive service needs to reflect that an illness or condition that starts off not being an emergency with a child can quickly become a life-threatening.

The options were also felt to contribute to the general downgrading of services at South Tyneside, particularly for a group as vulnerable as children and young people.

- **Quality of care and a Centre of Excellence:** The groups felt the needs of children to be paramount in this dialogue; the options should focus on delivering safe care always and in the most efficient way.
- **Ambulance service response times:** There was a view that an increased number of ambulances would be needed to cover the transfer issues for children and young people between the 12 hour or nurse led services at South Tyneside to those in Sunderland.
- **Travel and transport:** Specific concerns were raised over the transport and travel and the appropriate care of children and young people when they are unwell. This was most specifically articulated around the issue of 'out of hours' for Option One either accessing adult A&E or travelling to Sunderland.
- **Access inequalities:** There was felt to be an inequity in access for parents, children, and young people through the changes in services in South Tyneside, specifically in terms of impacting on employment for parents and carers.

  The issue of access to an 8am to 8pm service was also highlighted in relation to younger children, where parent/carers felt that symptoms are generally only noticed later in the day – such as at bath time.
- **Health and Wellbeing:** There were concerns raised over the general health and wellbeing of children and young people based on a delay in care if people can't get to Sunderland and they decide to 'wait and see' if the issue will resolve itself overnight. This was felt to lead to more health problems for children and young people and to potentially put them at greater risk.
- **Option preferences:** The preferred option where consensus was reached was for Option 1 on the basis that there would at least be Doctors at STDH for twelve hours a day. However, the 8am-8pm service was universally unpopular and even Option 1 was felt to be a compromise which would ultimately lead to downgrading of service at South Tyneside.

1.9 Staff Group Feedback

1.9.1 Stroke Services

- **The Consultation and the Options:** There was a general concern that the documentation and wording of the options were heavily leading the decisions. There was a positive recognition of the fact that other factors such as cuts in NHS funding and including long term recruitment difficulties are the driver for these changes, however, there were

concerns that the options seemed to have been developed in isolation, without staff consultation and involvement in the early stages.

- **Costs:** There were comments about a lack of clarity about where the financial models come from, and until costs are understood it is difficult to become fully engaged.
- **Capacity at Sunderland:** There was a concern over the overall capacity of the facilities and staff at Sunderland to cope with the increased demand.
- **Rehab/Reablement:** Staff felt that while the service would benefit from the proposals, the major omission was consideration of the discharge support and service offers.
- **Safe Staffing:** Once the changes are implemented and the temporary measures lifted, staff queried whether the need to meet NICE safe staffing levels would have a negative impact on savings and asked whether this has already been considered.

1.9.2 Maternity Services and Women's Healthcare Services

- **The Impact on the community team**: The impact of the options on community teams do not appear to have been thought through, Option 1 is likely to see an increase in home births and increased risk for high risk women.
- **Midwife Led Units (MLU):** There was a general concern over recent history of MLU closures across the region, coupled with concerns over there being no specialist Doctors at STDH
- **Role of staff**: The pre-consultation business case was seen as not being specific about integration of community teams and the role of those who don't drive in this integration
- **Travel impact**: There were queries about the evidence base and concerns over 'facts' cited in the travel impact assessment:
- **Staff**: There was a general level of disquiet about the staffing implications of the proposals.

Children and Young People's Healthcare Services

- **Staff Consultation**: Some staff felt their opinions are neither listened to nor valued and that a third option put forward by staff for Paediatric A&E was not considered. Importantly, they felt that the reason for this was not communicated to them.
- **Identity**: The general feeling among staff was that South Tyneside District Hospital was being systematically downgraded and that with this comes a loss of identity as a hospital.
- **Transport:** The move to Sunderland was seen as of great concern for staff who will be required to travel and, more importantly, for the residents of South Tyneside. Many cannot afford to travel to Sunderland and this was felt to be likely to have a long-term impact on the health of local children where parents may delay care for financial reasons, especially at night time if closed between 8pm and 8am, leading to increased risk.
- **Adult A&E:** Staff felt strongly that children and young people should not have to be treated in adult A&E between 8pm and 8am, citing concerns over drunkenness,

violence, and aggression. They were particularly concerned over existing A&E staff being trained in paediatric medicine when the skills already exist in them.

- **Minor Health Conditions:** It was not clear what the pathway was for children presenting with minor issues, particularly out of hours.
- **Consultant review**: The need for consultant review ad how this is handled is not clearly explained in the options, leading to concerns over patient safety.
- **Evidence base and 24-Hour demand:** The overall evidence base to support the options was queried and the decision to close from 8pm to 8am. 8pm-12pm was highlighted by many respondents to be the departments busiest time.
- **Capacity**: Overall, along with other services, staff have concerns over the ability (capacity) of SRH to cope with the increased demand.

Alternative Solutions

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 offered, it was suggested that an option of focusing the main service provision and developing a centre of excellence in South Tyneside could have been included and considered.

1.10 Findings Summary

1.10.1 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 terms 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.'.

1.10.2 Preferred Option Stroke Services

- The **quantitative methodologies** reporting on preferences for the options indicate a **clear preference for Option 1** in most of the Reponses.
- 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'.

1.10.3 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.**

1.10.4 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 was felt to be a compromise and ultimately led to downgrading of service at South Tyneside.

2 The Path to Excellence Consultation

2.1 Introduction

The Path to Excellence public consultation considers the views of the public, service users, stakeholders, and staff on the potential ways in which some services might be reorganised for the future in South Tyneside and Sunderland.

The four local NHS organisations consulting on these options are:

- South Tyneside NHS Foundation Trust;
- City Hospitals Sunderland NHS Foundation Trust;
- NHS South Tyneside Clinical Commissioning Group (CCG); and
- NHS Sunderland Clinical Commissioning Group (CCG).

The proposed service changes are being consulted on because of national and local challenges for NHS services and are intended to ensure services continue to deliver safe, high quality care that will make the best use of resources and meet the needs of the population of South Tyneside and Sunderland now and in the future.

Through consultation on the service review options the NHS partners want to deliver long-term effective solutions to secure improved health outcomes across South Tyneside and Sunderland by:

- Providing a wide range of safe, high quality and accessible healthcare services;
- Making the best use of senior medical staff at all times;
- Providing value for money;
- Investing further in services that are of most benefit to patients sharing resources and services in areas where patient numbers are low.

The services included in this consultation, alongside the number of possible options offered for the delivery of healthcare across South Tyneside and Sunderland were:

- **Stroke services**; hospital-based care (acute) and hospital-based rehabilitation services – THREE OPTIONS;
- **Maternity services** (obstetrics) and **women's healthcare services** (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; and
- **Children and young people's healthcare** (urgent and emergency paediatrics) **services**; specifically, urgent and emergency care – TWO OPTIONS.

The details of the options being consulted on for the three services (Obstetrics and Gynaecology are treated as one), alongside the specific benefit and/or impact attached to them, which were shared with consultees, are found in Appendix One.

Social Marketing Partners (SMP) is an independent marketing, communications, engagement, and social research agency, commissioned to advise on the design of the consultation methodologies and to provide independent analysis and reporting of the consultation outputs. Our 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.

2.2 The Consultation Process

The consultation period ran for 14 and a half weeks from July 5th to October 15th, 2017, extended beyond the usual 12 weeks to take account of the summer holiday period. Delays in commencing were experienced due to the standstill period for public service consultation around the unexpected General Election in June 2017.

The consultation followed the principles of a 'continuous dynamic dialogue'[10] and compensating methods were introduced when potential gaps in coverage were identified. The specific methods employed as part of the Path to Excellence consultation and included in this analysis were:

- A **resident street survey**, representative at the population level;
- An **online and paper based consultation survey**, available to all;
- A **direct mail patient survey** of a sample of service users, to reflect lived experience;
- **Focus group sessions** with protected characteristic and other equalities groups;
- **Public, staff and stakeholder discussion events**, including specific **staff events**; and
- **Individual submissions**; the consultation also received emails, letters, and phone calls, to ensure people were able to make contributions not limited to the methodologies listed above.

Three launch events were also held in July to set the scene and highlight the various ways to engage with the consultation. In addition, online and social media engagement was delivered locally by NHS North of England Commissioning Support (NECS) linked to the Path to Excellence website resource, for which metrics and traffic have been collated.

A full breakdown of the consultation process, including reference to the activities delivered locally to meet equality and diversity requirements, is published separately by NECS, and can be found at https://pathtoexcellence.org.uk/wp-content/uploads/2017/12/Review-of-consultation-methodology-and-compliance-with-statutory-engagement.pdf

[10] Taken from the Consultation Institute's definition.

2.3 Methodologies

2.3.1 Resident street survey

A street survey was carried out across a number of locations in South Tyneside and Sunderland. Quotas were set to reflect demographics of the local populations separately for each area, using a sample size of 400 for each.

Screener questions were used to:

- Ensure only residents in each of the two areas were interviewed;
- Exclude certain professions who may bias the responses (i.e. market researchers, marketers, and NHS staff);
- Ask demographic questions to allow the interviewers to ensure all sample quota and equality monitoring requirements are met as intended

Street interviews were completed in several locations and the level of content in the final survey rendered interviews approximately 20 minutes.

The sample size of 400 for each area was chosen to produce a robust set of data at both South Tyneside and Sunderland levels individually to 95% confidence level (with a confidence interval of 5), giving a statistically significant output at a population level. A breakdown of the quota used and achieved can be found in Appendix Nine.

Interviewees were thanked and provided with a leaflet about the consultation but were not financially reimbursed for their time.

This was the only method which could provide statistically significant results at population level for each of the two areas, South Tyneside and Sunderland.

2.3.2 Online and paper based consultation survey

An online survey was developed to provide a tool for responses to the consultation, focused on opinions about the options under consideration in the three service areas and open to anyone to complete. A paper based version of this survey was also produced, distributed by the commissioners through various channels throughout the duration of the consultation period, including a postage paid reply.

The survey was accessible at the Path to Excellence website (https://pathtoexcellence.org.uk/) alongside all consultation documents, to which reference was made in the survey. In addition to service specific questions, a section asking questions about the process was added on the advice of NHS England.

Aside from initial screening for area, none of the questions were mandatory and therefore responders completed as much or a little as they wished. The survey provides a self-selecting sample and although the feedback is of value, outputs using this methodology are not robust statistically.

2.3.3 Direct mail patient survey

As an iterative development during the consultation period, it was decided that an additional adapted form of the online and paper based survey would be produced in order to gain feedback from patients with lived experience of the service areas under consultation.

A random sample of patients from the commissioning Trusts who had received a service within the previous year were selected anonymously and contacted using direct mail. A data approved external mailing agency was used to deliver the survey in August, with follow up during September.

Patients received surveys specific to the service they received which was postage paid reply. An online version was also available should this be the preference for completion.

The respondents to this methodology are also self-selecting and therefore feedback cannot be considered as statistically robust.

2.3.4 Focus group sessions

Independent interest groups and Voluntary and Community Sector (VCS)/third sector organisations were invited to hold focus group sessions and efforts were made to engage groups considered to have protected characteristics and encourage them to take part.
There has been a comprehensive Inequalities Assessment as part of this consultation, led by NECS, which can be found at

- Stroke Services: https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-Stroke-IIA-080617.pdf
- Maternity and Women's Healthcare Services: https://pathtoexcellence.org.uk/wp-content/uploads/2017/08/FINAL-OG-IIA-250617.pdf
- Children and Young People's healthcare Services: https://pathtoexcellence.org.uk/wp-content/uploads/2016/11/FINAL-IIA-Paeds-110617.pdf

A suite of tools was developed and provided to support groups to deliver focus groups, referencing established good practice in running and moderating focus groups. An online seminar was offered, followed by a specific dedicated period of support during 'Focus group fortnight' to CVS groups who expressed an interest. For each group delivered, a nominal financial reimbursement was given.
In total 32 focus group sessions took place, held at a variety of locations, dates and times across Sunderland and South Tyneside and an offer was made for a focus group to take place in Durham though this was not taken up. Reports were requested and returned in a standardised format and monitoring information was requested, though not a mandatory requirement.

The reports on a small number of focus groups could not be included in this analysis because the reports on them were not received or received after the cut-off date for

analysis. Where appropriate the ongoing Path to Excellence decision making process can consider these separately.

The feedback from the focus group sessions is the main source of feedback in the qualitative section of this report.

A breakdown of the focus group sessions can be found in Appendix Seven.

2.3.5 Public, staff and stakeholder discussion events

In addition to three launch events at the start of the consultation period, held in South Tyneside, Sunderland, and Durham, another 16 public events were held at a range of locations across South Tyneside and Sunderland, with one event being held in Durham. The events were designed to facilitate dialogue across a range of settings, in particular with the public, reflecting good consultation practice.

Launch events were not included in the analysis because they were intended as a means to socialise the consultation information, to provide an opportunity to ask questions and to highlight the various ways to engage with the consultation. The questions raised in these events have been published online and considered, with responses also being published online.

Events took place during the daytime and evening and were attended by a mix of staff and the public/patients as well as Elected Members and CVS staff. The format facilitated small group discussion of the options under consideration in the three service areas and where possible the expression of a preference. Though this was not always achieved and much of the feedback was in the form of questions for the consultation programme group, valuable comments relevant to the consultation were recorded and included in the qualitative analysis.

The verbatim feedback reports were compiled by NECS and published within 7 working days. All reports including Q&A responses are publicly available at www.pathtoexcellence.org.uk/public-consultation/feedback-section/

There was greater uptake for these events in South Tyneside; the breakdown of the events and attendances at them can be found in Appendix Eight.

2.3.6 Individual submissions

Opinions were invited by email, letter, or phone as an additional route to comment on the consultation options and present views, as an individual or group or representing an organisation. Submissions were received from a range of sources;

- Community and Voluntary Sector (CVS) organisations
- Elected representatives, members of parliament and political parties
- NHS organisations – including clinical networks and local NHS commissioner or provider organisations
- NHS staff groups including governors

- Trade unions and staff group representatives
- Patients and public

A list of submissions can be found within the relevant reporting section.

2.4 Responses

2.4.1 Response summary – all methodologies

The final response and participation numbers for each of the methodologies are summarised below.

Resident street survey	805 interviews
Online and paper based consultation survey	496 responses (cleaned data)
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
Individual submissions - Phone, letter, email	57 submissions
Travel and Transport discussion group	1 event, 53 participants

**Note that the analysis is based on only the 28 focus groups available for analysis at the deadline following the closing date.*

These figures represent the actual number of responses included in the analysis following a data cleaning process. This process excluded records which were unsuitable for analysis, such as those where a respondent has not completed responses to any questions or where hand writing is illegible. In this survey, the drop off numbers were significant for the online/paper based surveys. There could be a number of reasons for this – technical, personal or related to the survey content, though this information is not available to assess. As a 'self-selecting' method, it is the choice of the responder whether to continue or not at any point in the survey.

This 'drop off' in numbers is common in surveys of this nature and the cleaning process is part of good practice procedures to ensure the analysis process can be carried out effectively.

2.5 Demographics summary

Demographics were collected though were not mandatory. The resident street survey provides the most complete dataset. For other methods, demographics data received is reported but is incomplete in many categories, which is to be expected for self-completing methods.

Breakdowns are for the cleaned data used for analysis in each case.

2.5.1 Resident Street Survey demographics summary

- Number interviewed 805
- 50.6% (407 respondents) were from South Tyneside and 49.4% from Sunderland (398 respondents).
- 52.0% of the sample were female (419 respondents) and 47.6% male (383 respondents). The gender was not recorded for three individuals.
- The age distribution of respondents was fairly equal with similar proportions aged 18-24 years (14.5%; 117 respondents), 25-34 years (11.8%; 95 respondents), 35-44 years (17.9%; 144 respondents), 45-54 years (14.3%; 115 respondents), 55-64 years (18.9%; 152 respondents) and 65-74 years (13.4%; 108 respondents).
- 92.5% (745 respondents) stated that they were white British.
- When asked their religion, 49.7% (400 respondents) stated that they were Christian, whilst 39.9% (321 respondents) told us that they didn't have a religion.
- <1% (4 respondents) stated that they were currently pregnant.
- <1% (6 respondents) indicated that either they, their wife / partner / spouse was expecting a child.
- 12.0% (97 respondents) stated that they had a child less than two years of age.
- 9.4% (76 respondents) told us that they were planning to have a baby in the next two years.
- 11.7% (94 respondents) stated that they had a disability.

2.5.2 Online and paper based consultation survey demographics summary (

- Number responded 496 - post-data clean
- 11.7% (58 respondents) were from Sunderland and 45.8% (277 respondents) were from South Tyneside. Furthermore, 26.8% (133 respondents) did not provide their postcode and 15.7% (78 respondents) provided a postcode which was categorised as 'other' (including 31 individuals who provided a SR6 postcode which was categorised as other as this postcode is found in both areas and is therefore not attributable).
- 57.1% (283 respondents) stated that they were female and 12.5% male (62 respondents). 30.4% (151 respondents) did not disclose their gender.
- 1.6% (8 respondents) stated that they were currently pregnant.
- 9.3% (46 respondents) indicated that they had a child under the age of two years.

2.5.3 Direct patients survey demographics summary

Stroke (Number responded = 81)

- 35.8% (29 respondents) were from Sunderland and 40.7% (33 respondents) from South Tyneside. The remaining respondents did not provide their postcode (9.9%, 8 respondents) or were from an 'other' area (13.6%, 11 respondents).
- 53.1% (43 respondents) stated that they were female and 39.5% male (32 respondents). 8.6% did not specify their gender (7 respondents).

- No respondents indicated that they were currently pregnant, they or their wife/ partner/ spouse was currently pregnant, nor did they have a child under the age of two years.
- 25.5% (26 respondents) said that they had a child under the age of 24 months.
- 50.6% (41 respondents) stated that they had a disability.

Maternity (Number responded = 141)

- 26.2% (37 respondents) were from Sunderland and 51.1% (72 respondents) from South Tyneside. The remaining respondents did not provide their postcode (5.7%, 8 respondents) or were from an 'other' area (17.0%, 24 respondents, including *15 who gave a SR6 postcode which was non-attributable)*
- 96.5% (136 respondents) were female and 0.7% male (1 respondent). 2.8% (4 respondents) did not specify their gender.
- 5.0% (7 respondents) indicated that they were currently pregnant.
- Just one respondent (0.7%) stated that their wife / partner / spouse was currently pregnant.
- 55.3% (78 respondents) stated that they had a child under the age of two years.
- 12.1% (17 respondents) stated that they had a disability.

Children and Young People (Number responded = 102)

- 26.4% (27 respondents) were from Sunderland and 59.8% (61 respondents) from South Tyneside. The remaining respondents did not provide their postcode (4.9%, 5 respondents) or were from an 'other' area (8.8%, 9 respondents, including *7 who gave a SR6 postcode which was non-attributable)*
- 79.4% (81 respondents) stated that they were female and 14.7% male (15 respondents). 5.9% did not specify their gender (6 respondents).
- 3.9% (4 respondents) indicated that they were currently pregnant.
- 2.9% (3 respondents) told us that either they or their wife/ partner/ spouse was currently pregnant.
- 25.5% (26 respondents) said that they had a child under the age of 24 months.
- 3.9% (4 respondents) stated that they had a disability.

2.5.4 Focus group sessions

Number of groups = 32 (28 analysed)

Number of participants = 324

Demographics in relation to the targeted equalities groups can be found at Appendix Two.

2.5.5 Public, staff and stakeholder events, including staff Q&A events

Number of groups = 19 (including 3 x launch events which were not analysed),

Number of participants = 443

Number of staff Q&A events = 12 staff events, number of participants = 174

Demographic monitoring was unreliable as completions were low.

2.5.6 Individual submissions

Number of submissions = 57

Demographics were not collected for this method.

2.5.7 Online website and social media metrics

For the period of the consultation, online and social media were used extensively to engage the public and encourage participation in the consultation, led locally by NECS. The main active consultation period was 5th July – 15th October 2017 the following engagement was achieved[11]

Website

Pre-consultation and launch period (21st June – 5th July): Total site visits = 1,848

Consultation period (5th July – 15th October): Total site visits = 8,438 made up of

- Unique visits = 6,261
- Direct = 2,619
- Organic = 1,402
- Social = 1,414
- Referral = 818
- Email = 9
- Repeat visits = 2,177

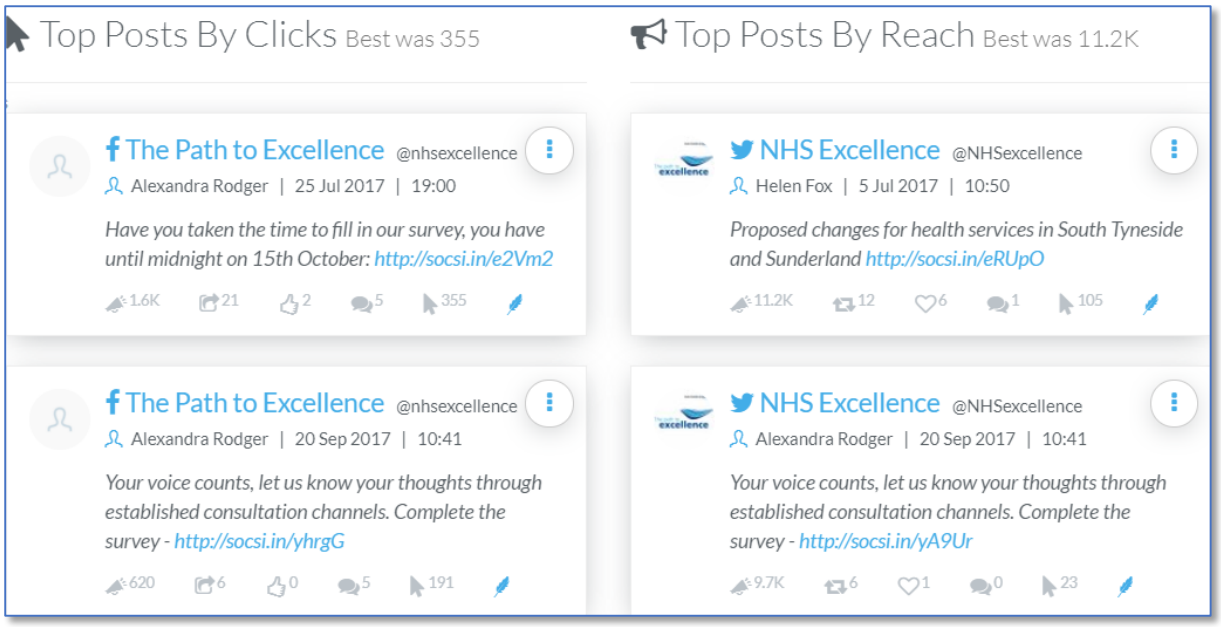
The website pages were viewed 15,335 times in total – meaning every visitor viewed on average two pages on the website each visit. People typically spent 2 minutes on the website and the most visited page during the consultation was the home page with 6,307 total views and 4,946 unique views. The most visited areas of care page were maternity and women's healthcare with 1,273 page views of which 1,082 were unique.

Social media

Consultation period (5th July – 15th October):

- Followers/connections: Facebook = 207 / Twitter = 129
- Average reach per day: Facebook = 60 / Twitter = 2,100
- Brand sentiment: 65 positive messages (51.2%) / 41 neutral messages 32.3%) / 21 negative messages (16.5%)
- Gender breakdown: Male 76.5% / Female 23.5%
- Post success varied and depending on the goal the best social outlet for reach is Twitter and the best source for link clicks is Facebook.

[11] *figures provided by NECS Communications and Engagement team*



Media monitoring

Consultation period (5th July – 15th October):

Coverage 36 times online and in the local papers with a total reach for all coverage is 1,643,435 / estimated value for all coverage is £77,122.98.

Outlets included:

- Shields Gazette x 12
- Shields Gazette (online) x 5
- Sunderland Echo (Online) x 5
- Sunderland Echo x 4
- Hartlepool mail (online) x 4
- The Chronicle (online) x 3
- The Chronicle x 2
- The Journal x 1

2.6 Consultation Analysis methodologies

2.6.1 Quantitative Analysis

The findings from the survey based consultation approaches were each analysed separately to recognise the differences in the respondents and sampling approach.

- Resident street survey;
- Online and paper consultation survey; and
- Direct patient surveys

The closed responses were analysed using industry standard statistical analysis software[12] with manual coding used for the free text responses to group them into themes reflective of the sentiment expressed. The analysis outcomes from the free text responses informed and were incorporated into the full qualitative reporting.

When considering the results, it is important to note:

[12] SPSS

- The street survey of residents of South Tyneside and Sunderland is representative at the population level, considering the views of all irrespective of current service use. This is the only statistically reliable response[13], but does not necessarily reflect the views of services users.
- The online and paper survey represents the views of those who are engaged, this is more likely to include the views of service users, carers, staff, and others with a direct interest in the services, but cannot be said to represent opinion from the entire population. This is very important opinion for that reason, but cannot be treated as being statistically reliable as respondents are self-selecting.
- The direct survey to people who had used services within the last two years is arguably the most representative of their views, and is a very important source of opinion, but this cannot be treated as statistically reliable again due to the self-selecting nature of the respondents and that the sample size of those responding was relatively small.

2.6.2 Qualitative Analysis

The findings from the discussion based consultation approaches (focus groups, public meetings, and individual submissions) are based on an approach where the data from the session notes is analysed and responses grouped into themes that most closely represent the views expressed[14]. This allows us to report the findings based on an accurate reflection of the sentiments expressed. Where quotes and comments are shown in the full report, these have been chosen to represent the centre of the sentiment expressed within that theme.

Throughout this report qualitative responses are based on manual coded themes.

2.7 Analysis Report Structure

This report sets out the results of the analysis using the following structure.

- ***Quantitative analysis*** is presented first, considering each service area in order, and presenting the responses to the options under consideration in each service area.

  Each method - **Resident Street Survey, Online/Paper Consultation Survey,** and **Direct Patient Surveys** - is considered in turn with key findings presented in tabular format and highlighted as narrative.

  The data is also analysed by area (South Tyneside/Sunderland) and/or where significant.

  There is a summary of key points across all methods for each service area and an overall quantitative analysis summary.

[13] Using 2016 Mid- Year Population Estimates for both boroughs. Across both populations the results are reliable to a confidence level of 95% with a confidence interval of +/-3.89 (for South Tyneside this 95% +/- 4.89 and Sunderland is 95% +/- 4.9.)

[14] Our approach is based in the employment of Classic Grounded Theory.

The process questions and a summary of the free text responses are also summarised, supported by Appendices.

- ***Qualitative analysis*** then presents the key themes arising from analysis across both **Focus Groups sessions** and **Public, Staff and Stakeholder events**.

  Service area specific themes are then presented separately and for each of the two methodologies. There is a summary of key points across all methods for each service area and an overall quantitative summary.

  Staff Q&A events and **Individual submissions** are treated separately later in the report and there is a separate section collating the comments from the **Travel and Transport discussion group**.

The analysis is based on all the information provided at the close of the consultation.

3 Quantitative Responses: Stroke Services

3.1 Introduction

The section considers the responses from the three quantitative consultation methods to the proposed options for stroke services. The options put forward for consultation were:

Option 1:	• Combine all hyperacute and acute stroke care at Sunderland Royal Hospital • Patients from both South Tyneside and Sunderland will have their continuing hospital based rehabilitation at Sunderland Royal Hospital before being discharged to their local community stroke teams who will provide any further rehabilitation and support locally
Option 2:	• Combine all hyperacute and acute stroke care at Sunderland Royal Hospital • After seven days, patients who live in South Tyneside can be moved to South Tyneside District Hospital for continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally • Sunderland patients will continue to receive their stroke rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally
Option 3:	• Combine all hyperacute stroke care at Sunderland Royal Hospital • After three days, patients who live in South Tyneside can be moved to South Tyneside District Hospital for their acute stroke care and continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally • Sunderland patients will continue to receive their acute stroke care and in hospital rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally

As previously noted, the Resident Street Survey is the only method for which results are significant at a population level.

There were two key questions asked in these surveys:

QUESTION 1: Using a scale of one to three please tell us which of the options for stroke services you feel is closest to meeting needs (1) and is farthest from meeting needs (3)

This is option ranking. Sections 3.2 - 3.4 report on the quantitative responses by method on the preferences of respondents when asked to choose which option is closest to or farthest away from meeting needs. Survey respondents were asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest

meeting needs', ranking options as 1, and which was least preferred or 'farthest from meeting needs', ranking 3.

Note: The rationale for this question was to require respondents to choose the option which they felt most suitable, in their opinion. The question was not mandatory, and respondents could opt out of responding if they choose to. Therefore, discussion of the results has primarily been limited to choices about which option was considered 'closest to meeting needs'.

QUESTION 2: Do you feel that Option [1, 2 or 3] for stroke services would meet your needs or the needs of people you care for or those of the group or organisation you represent?

This indicates the scale of favourability: Section 3.5 reports on the scale of support for each option. This question encouraged respondents to begin to consider their preferences about the options whereas the question above requires a clearer choice to be made once all the options have been considered. Answer choices were presented as:

I feel this option will fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly meet needs	I feel this option will fully meet needs	Don't Know / Prefer not to say

This is reported for the Resident Street Survey and the Online/Paper Consultation Survey only. It is also reported by area for the Online/Paper Consultation Survey.

Note: For all other data this breakdown is not presented. Because of the low numbers involved, results would be likely to be a coincidence and therefore we would have no confidence in them.

3.2 Resident Street Survey Analysis

3.2.1 Overall Preferred Stroke Service Option (Resident Street Survey)

Overall as a total sample, responses to this question are shown below:

Q *Using a scale of one to three please tell us which of the options for stroke services you feel is closest to meeting needs (1) and is farthest from meeting needs (3)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**59%**	478	**17%**	139
Option 2	**2%**	19	**25%**	202
Option 3*	**24%**	190	**40%**	319

*All % figures shown as a percentage of all survey respondents. *Variances are explained by those who preferred not to say, and consequently are not counted*

From the results for the total sample, it can be seen that:

- Most respondents believe Option 1 to be the 'closest to meeting needs' at 59% with only 17% answering that this was 'farthest from meeting needs';
- The fewest number of respondents (2%) believe Option 2 to be 'closest to meeting need' for stroke services.
- Option 3 attracted the most responses for being 'farthest from meeting needs' at 40%

Overall, Option 1 was the closest to meeting needs above options 2 and 3 and this was a significant difference.

3.3 Stroke Service Option preferences by Area (Resident Street Survey)

Preferences for the options being consulted on were also considered by area – South Tyneside and Sunderland separately.

Q *Using a scale of one to three please tell us which of the options for stroke services you feel is closest to meeting needs (1) and is farthest from meeting needs (3)*

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**61%**	190	**77%**	288	**37%**	107	**9%**	32
Option 2	**2%**	6	**3%**	13	**14%**	41	**44%**	161
Option 3	**37%**	116	**20%**	74	**49%**	142	**48%**	177

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other area and consequently are not counted.*

For respondents living in South Tyneside:

- Option 1 is the most favoured in terms of meeting needs in the ranking exercise with 61% ranking it 1, with 37% citing Option 3.

- Option 2 is the significantly lower ranked of the three in terms of meeting need at 2%.
- Option 3 is the option felt to be farthest from meeting respondent needs with 49% ranking it third.

For respondents living in Sunderland:

- Option 1 is significantly more favourable in terms of meeting need with 77% ranking it 1.
- Option 2 is least favoured with 3% ranking it 1.
- Option 3 is the option felt to be farthest from meeting the needs of respondents in Sunderland with 48% ranking it 3.

Therefore, although Option 1 is agreed as the option to be highest ranked by all respondents, when compared together the findings show Sunderland residents keener on this option (77%) than South Tyneside residents (62%).

3.3.1 Stroke Service Option Preferences by Age (Resident Street Survey)

Preferences were considered by Age:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**75%**	79	**68%**	55	**65%**	79	**72%**	74	**72%**	89	**67%**	58	**67%**	40
Option 2	**3%**	3	**2%**	2	**6%**	7	**3%**	3	**1%**	1	**2%**	2	**2%**	1
Option 3	**23%**	24	**30%**	24	**29%**	35	**25%**	26	**27%**	34	**30%**	26	**32%**	19

	Farthest from meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**15%**	15	**24%**	19	**25%**	30	**19%**	19	**19%**	23	**23%**	19	**21%**	12
Option 2	**33%**	33	**26%**	20	**29%**	35	**38%**	37	**28%**	33	**29%**	24	**34%**	19
Option 3	**52%**	53	**50%**	39	**46%**	55	**43%**	42	**53%**	62	**48%**	40	**45%**	25

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

The breakdown of responses to the question on which option is preferred by age show that:

- Option 1 is the clear and significant preferred option, irrespective of age.
- Option 2 is the least popular choice by respondents either as that 'closest to' or 'furthest from' meeting needs across all age ranges.
- Option 3 is felt to be least likely to meet needs for all age ranges

It is also worth noting that there are no significant variations in opinion across the age ranges.

3.3.2 Stroke Service Option Preferences by Sex (Resident Street Survey)

Turning to consider any difference in opinion based on the sex of the respondent it can be seen that:

	Female		Male	
Option 1	**68%**	240	**71%**	236
Option 2	**3%**	9	**3%**	10
Option 3	**29%**	102	**26%**	88

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

From these results we can see that:

- Option 1 is ranked equally among women and men as most likely to meet needs;
- Option 2 is least likely to meet needs, ranked equally by both sexes.

3.4 Online/Paper Consultation Survey Analysis

3.4.1 Overall Preferred Stroke Services Option (Online/Paper Consultation Survey)

Respondents to the online/paper consultation questionnaire were also asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 1 = 'closest meeting needs' and 3 = 'farthest from meeting needs'

Note that questions in the Online/Paper Consultation Survey Analysis were not mandatory and that respondents were able to skip this question if they wished. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**25%**	77	**19%**	59
Option 2	**7.5%**	23	**7%**	21
Option 3	**17%**	52	**23%**	68

**All % figures shown as a percentage of all survey respondents. variances are explained by those who preferred not to say, and consequently are not counted*

From the data available, for all respondents it can be seen that:

- Option 1 has the highest rating with 25% of the responses saying it was closest to meeting needs, though 19% said it was furthest from meeting needs; and
- Option 2 attracts the lowest rating in this respect (7.5%); and

- Option 3 is ranked as least likely to meet respondent's needs (22%%)

Of most note are the high levels of 'no response/prefer not to say', which represents respondents who chose not to answer this question in this method, rendering the sample size and therefore reliability low.

3.4.2 Stroke Service Option preferences by Area (Online/Paper Consultation Survey)

Options were analysed by area for this method.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**38%**	25	**69%**	22	**52%**	37	**17%**	5
Option 2	**17%**	11	**16%**	5	**13%**	9	**17%**	5
Option 3	**45%**	30	**16%**	5	**35%**	25	**66%**	19

** calculations are based on the percentage of respondents in each area (column totals), variances are explained by those who preferred not to say/other area and consequently are not counted.*

The data shows that:

- In Sunderland Option 1 was most favourable whereas in South Tyneside Option 3 was thought to be 'closest to meeting needs;
- However, the preference for Option 1 in Sunderland was stronger (69%) than the preference for Option 3 in South Tyneside (45%).

3.4.3 Stroke Service Option preferences by Age (Online/Paper Consultation Survey)

From the online/paper consultation survey responses considered by age:

- Option 1 is preferred by those aged 25 and above, apart from the 35-44 age bracket and collectively, over 45's preference for Option 1 is significant.
- Option 3 is least preferred by all but the 35-44 age bracket.
- Individually, respondents split by age bracket produces low numbers and therefore are unreliable.

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**0%**	0	**50%**	10	**35%**	11	**68%**	23	**54%**	14	**57%**	4	**86%**	6
Option 2	**50%**	1	**20%**	4	**16%**	5	**18%**	6	**12%**	3	**0%**	0	**0%**	0
Option 3	**50%**	1	**30%**	6	**48%**	15	**15%**	5	**35%**	9	**43%**	3	**14%**	1

** The calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

3.4.4 Stroke Service Option Preferences by Sex (Online/Paper Consultation Survey)

Turning to consider any difference in opinion based on the sex of the respondent it can be seen that:

- Option 1 is most likely to meet needs of both sexes, however men rated this more likely than women (f50%, m64%)
- Option 2 is least likely to meet needs in both cases

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**50%**	50	**64%**	16	**38%**	36	**41%**	11
Option 2	**16%**	16	**8%**	2	**14%**	13	**11%**	3
Option 3	**34%**	34	**28%**	7	**48%**	46	**48%**	13

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

° Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

3.5 Direct Patient Survey Analysis

3.5.1 Overall Preferred Stroke Service Option (Direct Patient Survey)

Respondents to the direct survey of current and recent patients and service users were also asked to express rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest meeting needs' (1 = closest meeting needs and 3 farthest from meeting needs).

Note that the overall numbers responding to this method for Stroke Services was low at n=81. In addition, respondents were able to skip this question if they wished therefore not all have answered every time. Therefore, results should be treated with caution.

Q *Using a scale of one to three please tell us which of the options for stroke services you feel is closest to meeting needs (1) and is farthest from meeting needs (3)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**38%**	31	**12%**	10
Option 2	**1.2%**	1	**2.5%**	2
Option 3	**12%**	10	**15%**	12

**All % figures shown as a percentage of all survey respondents. Variances are explained by those who preferred not to say, and consequently are not counted.*

From these preferences it can be seen that:

- Option 1 has the highest rating with 38% of the responses saying it was closest to meeting needs; and
- Option 2 attracts the lowest rating in this respect at 1.2%.

3.5.2 Stroke Service Option preferences by Area (Direct Patient Survey)

When considered by area - South Tyneside and Sunderland - responses show.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**38%**	6	**94%**	17	**73%**	8	**10%**	1
Option 2	**6%**	1	**0%**	0	**9%**	1	**10%**	1
Option 3	**56%**	9	**6%**	1	**18%**	2	**80%**	8

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

For respondents living in South Tyneside:

- Option 3 is the most favoured in terms of meeting needs in the ranking exercise (56% ranking it 1).
- Option 2 is the significantly lower ranked of the three in terms of meeting need (6%)
- Option 1 is the option felt to be farthest from meeting respondent needs with 73% ranking it as 3.

For respondents living in Sunderland:

- Option 1 is the most favourable in terms of meeting need for Sunderland residents responding to the direct survey (94% ranking it 1).
- No respondents favour option 2
- Option 3 is the option felt to be farthest from meeting the needs of respondents in Sunderland (80% ranking it 3)

From this we can see that for the Direct patient survey, Option 3 is the most favourable for South Tyneside respondents and Option 1 for Sunderland. However, results should be treated with caution as both 'prefer not to say' and 'other area' have been excluded, therefore numbers are low.

3.5.3 Stroke Service Option Preferences by Age (Direct Patient Survey)

Given the nature of this survey – sent directly to recent or current and recent patients of stroke services, a high number of responses from younger people were not expected. The youngest age of respondents is 35.

	Closest to meeting needs									
	35-44		45-54		55-64		65-74		75+	
Option 1	**100%**	2	**0%**	0	**50%**	3	**93%**	13	**65%**	11
Option 2	**0%**	0	**0%**	0	**0%**	0	**0%**	0	**6%**	1
Option 3	**0%**	0	**100%**	1	**50%**	3	**7%**	1	**29%**	5

	Farthest from meeting needs									
	35-44		45-54		55-64		65-74		75+	
Option 1	**0%**	0	**100%**	1	**50%**	2	**17%**	1	**60%**	6
Option 2	**0%**	0	**0%**	0	**0%**	0	**0%**	0	**20%**	2
Option 3	**100%**	2	**0%**	0	**50%**	2	**83%**	5	**20%**	2

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

From the direct survey responses by age we see:

- Very low response numbers;
- In general Option 1 is preferred; and
- Option 3 is felt to be least likely to meet the needs of respondents.

3.5.4 Stroke Service Option Preferences by Sex (Direct Patient Survey)

Turning to consider any difference in opinion based on the sex of the respondent:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**50%**	14	**64%**	17	**38%**	7	**11%**	3
Option 2	**16%**	1	**8%**	0	**14%**	1	**4%**	1
Option 3	**34%**	5	**28%**	5	**48%**	6	**22%**	6

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

From the preferences it can be seen that:

- Option 1 is ranked as most likely to meet needs with men more likely (64%) to provide this response than women (50%);

- Option 2 attracts the least rankings overall for both sexes;
- Option 3 is least likely to meet needs.

3.5.5 Stroke Service Options scale of meeting need

Respondents were asked to indicate to what extent the options meet their need in the Resident Street Survey:

Q *Do you feel that Option [1, 2 or 3] for stroke services would meet your needs or the needs of people you care for or those of the group or organisation you represent?*

Stroke Services (Resident Street Survey)

	Option 1		Option 2		Option 3	
Fully/slightly meet needs	**63%**	510	**34%**	272	**27%**	217
Neither	**4%**	33	**11%**	89	**13%**	108
Fully/slightly fail to meet needs	**24%**	195	**44%**	354	**48%**	383
Don't know	**8%**	66	**11%**	85	**12%**	93
No response	**0%**	1	**1%**	5	**0.5%**	4

The feedback overall suggests that only Option 1 is considered to either fully or slightly meet needs (63%) more than it would fully/slightly fail to meet needs, selected by 24%. More respondents considered Options 2 and 3 to fail fully or slightly to meet needs (44% and 48% respectively) than fully or slightly meet needs (34% and 13% respectively).

Though Option 1 has seen to meet needs for 63% of respondents overall, there were significant? differences in the responses of South Tyneside and Sunderland residents.

Stroke Services (Resident Street Survey) by area

	Option 1				Option 2				Option 3			
	South Tyneside		**Sunderland**		**South Tyneside**		**Sunderland**		**South Tyneside**		**Sunderland**	
Fully/slightly meet needs	**41%**	168	**86%**	342	**23%**	90	**66%**	264	**29%**	117	**67%**	266
Neither	**5%**	20	**3%**	13	**17%**	70	**5%**	19	**22%**	88	**5%**	20
Fully/slightly fail to meet needs	**40%**	164	**8%**	31	**42%**	170	**26%**	102	**29%**	117	**25%**	100
Don't know	**13.5%**	55	3%	11	18%	75	2.5%	10	20%	83	2.5%	10
No response	**0%**	0	0%	1	0.5%	2	1%	3	0.5%	2	0%	2

- Option 1 was favoured as slightly or fully meeting needs by 86% of Sunderland residents but only 41% of South Tyneside; a similar proportion to those in South Tyneside who felt

it failed or slightly failed to meet needs (40%).

- For Option 2, 66% Sunderland residents agree that this option meets their needs fully/slightly vs failing to meet needs (26%) whereas South Tyneside residents respond conversely, with 42% citing fully/slightly fails to meet needs vs 22% fully/slightly meets needs.
- Option 3 shows broadly similar levels of meeting/failing to meet needs across the two areas.

Respondents were also asked to indicate to what extent the options meet their needs in the Online/Paper Consultation Survey

Stroke Services (Online/paper Consultation Survey)

	Option 1		Option 2		Option 3	
Fully/slightly meet needs	**28%**	85	**21%**	64	**23%**	70
Neither	**7%**	22	**11%**	33	**9%**	27
Fully/slightly fail to meet needs	**62%**	191	**54%**	166	**51%**	156
Don't know	**3%**	10	**7.8%**	24	**12%**	38
No response	**0%**	0	**6.8%**	21	**5.5%**	17

- In all cases for this method, the options were felt to fail fully/slightly to meet needs more than they fully/slightly met needs.

3.6 Stroke Services Quantitative Analysis Summary

The quantitative methodologies reporting on preferences, where given, for the options indicate a clear preference for Option 1 in most of the data analysed. In terms of a least preferred option, this is option 3.

Whilst there is variance in the scale of favourability towards the options, the most favourable option is not affected by whether the respondent is male or female.

This result also holds across age ranges.

There are some differences of note in relation to area; the most marked difference in preference is when considering the respondents from South Tyneside or Sunderland; both groups cite Option 1 as that which most meets their needs in the Resident Street Survey and the Online/Paper Consultation Survey, though the strength of support for this is stronger in Sunderland than South Tyneside.

This is also reflected when asked about whether the option meets or fails to meet needs in the self-selecting Online/Paper Consultation Survey where for Option 1, South Tyneside residents report this option as failing to meet needs in similar numbers to meeting needs.

4 Quantitative Responses: Maternity (obstetrics) and Women's Healthcare Services (gynaecology)

4.1 Introduction

The section considers the responses from the three quantitative consultation methods to the proposed options for Maternity and women's healthcare services. The options put forward for consultation were:

Maternity (obstetrics) and women's healthcare services (gynaecology) Option 1:	• Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births • Developing a free-standing midwifery-led unit at South Tyneside District Hospital for low risk births • The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged • Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals • Single special care baby unit at Sunderland Royal Hospital
Maternity (obstetrics) and women's healthcare services (gynaecology) Option 2:	• Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births • The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged • Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals • Single special care baby unit at Sunderland Royal Hospital

As previously noted, the Resident Street Survey is the only method for which results are significant at a population level.

There were two key questions asked in these surveys:

QUESTION 1: Using a scale of one to three please tell us which of the options for maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)

This is option ranking. Sections 4.2 - 4.4 report on the quantitative responses by method on the preferences of respondents when asked to choose which option is closest to or farthest

away from meeting needs. Survey respondents were asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest to meeting needs', ranking options as 1, and which was least preferred or 'farthest from meeting needs', ranking 2.

Note: The rationale for this question was to require respondents to choose the option which they felt most suitable, in their opinion. The question was not mandatory, and respondents could opt out of responding if they choose to. Therefore, discussion of the results has primarily been limited to choices about which option was considered 'closest to meeting needs'.

QUESTION 2: Do you feel that Option [1 or 2] for maternity and women's healthcare services would meet your needs or the needs of people you care for or those of the group or organisation you represent?

This indicates the scale of favourability: Section 4.5 reports on the scale of support for each option. This question encouraged respondents to begin to consider their preferences about the options whereas the question above requires a clearer choice to be made once all the options have been considered. Answer choices were presented as:

I feel this option will fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly meet needs	I feel this option will fully meet needs	Don't Know / Prefer not to say

This is reported for the Resident Street Survey and the Online/Paper Consultation Survey only. It is also reported by area for the Online/Paper Consultation Survey.

Note: For all other data this breakdown is not presented. Because of the low numbers involved, results would be likely to be a co-incidence and therefore we would have no confidence in them.

4.2 Resident Street Survey Analysis

4.2.1 Overall Maternity and Women's Healthcare Services Preferred Option (Resident Street Survey)

Overall as a total sample, responses to this question are shown below:

Q *Using a scale of one to two please tell us which of the options for maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**72%**	582	**15%**	118
Option 2	**15%**	118	**72%**	582

**All % figures shown as a percentage of all survey respondents. variances are explained by those who preferred not to say, and consequently are not counted*

From the results for the total sample responding to this question, it can be seen that:

- A strong majority of respondents believe Option 1 to be the 'closest to meeting needs' at 72% with only 15% answering that this was 'farthest from meeting needs';

4.2.2 Maternity and Women's Healthcare Services Option preferences by Area (Resident Street Survey)

Preferences for the options being consulted on were also considered by area – South Tyneside and Sunderland separately.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**69%**	226	**95%**	356	**31%**	101	**5%**	17
Option 2	**31%**	101	**5%**	17	**69%**	226	**95%**	356

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

For respondents who gave a response to this question living in South Tyneside:

- Option 1 is the most favoured in terms of meeting needs in the ranking exercise with 69% ranking it 1.

For respondents living in Sunderland:

- Option 1 is significantly more favourable in terms of meeting need with 95% ranking it 1.

Therefore, although Option 1 is agreed as the option to be highest ranked by all respondents in the Resident Street Survey, when compared together the findings show Sunderland residents keener on this option (95%) than South Tyneside residents (69%).

4.2.3 Maternity and Women's Healthcare Services Option preferences by Age (Resident Street Survey)

Preferences were considered by Age:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**87%**	89	**87%**	71	**81%**	101	**85%**	88	**75%**	97	**87%**	79	**88%**	52
Option 2	**13%**	13	**13%**	11	**19%**	24	**15%**	16	**25%**	33	**13%**	12	**12%**	7

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

From this breakdown we can see that:

- for those who made a choice, Option 1 is the clear favourite across all age ranges

4.2.4 Maternity and Women's Healthcare Services Option Preferences by Sex (Resident Street Survey)

Turning to consider any difference in opinion based on the sex of the respondent it can be seen that:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**81%**	294	**86%**	288	**19%**	71	**14%**	46
Option 2	**19%**	71	**14%**	46	**81%**	294	**86%**	288

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted*

° No respondents indicated sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

- Option 1 is ranked equally highly among women (81%) and men (86%) as most likely to meet needs;

4.2.5 Maternity and Women's Healthcare Services Option Preferences by Pregnancy/child under 2 (Resident Street Survey)

For this service area, responses were considered in terms of those who are either pregnant or have a child under two years:

	Closest to meeting needs				Farthest from meeting needs			
	Pregnant or child under 2				Pregnant or child under 2			
	Yes		No		Yes		No	
Option 1	**85%**	75	**83%**	502	**15%**	13	**17%**	105
Option 2	**15%**	13	**17%**	105	**85%**	75	**83%**	502

The results show that:

- Option 1 was closest to meeting needs irrespective of whether the respondent was pregnant/has a child under 2 years or not (85% and 83%)

4.3 Online/Paper Consultation Survey Analysis

4.3.1 Overall Preferred Maternity and Women's Healthcare Services Option (Online/Paper Consultation Survey)

Respondents to the online/paper consultation questionnaire were also asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 1 = 'closest meeting needs' and 2 = 'farthest from meeting needs'

> Note that questions in the Online/Paper Consultation Survey were not mandatory and that respondents were able to skip this question if they wished. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

Using a scale of one to two please tell us which of the options for maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**35%**	108	**13%**	39
Option 2	**10%**	32	**38%**	118

**All % figures shown as a percentage of all survey respondents. Variances are explained by those who preferred not to say, and consequently are not counted*

From the data available, for all respondents to this question it can be seen that:

- Option 1 has the highest rating with 35% of the responses saying it was closest to meeting needs and 10% said it was furthest from meeting needs;
- A significant proportion chose not to respond to this ranking question.

Of most note are the high levels of 'no response/prefer not to say', which represents respondents who chose not to answer this question in this method, rendering the sample size and therefore reliability, low.

4.3.2 Maternity and Women's Healthcare Services Option preferences by Area (Online/Paper Consultation Survey)

Options were analysed by area for this method.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		**Sunderland**		**South Tyneside**		**Sunderland**	
Option 1	**74%**	55	**78%**	21	**28%**	26	**20%**	5
Option 2	**26%**	19	**22%**	6	**72%**	66	**80%**	20

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

The data shows that of those:

- Option 1 was most favourable in both South Tyneside and Sunderland areas at similar levels – 74% and 78% respectively.

4.3.3 Maternity and Women's Healthcare Services Option preferences by Age (Online/Paper Consultation Survey)

From the online/paper consultation survey responses considered by age:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	40%	2	81%	26	86%	25	61%	19	89%	16	67%	2	80%	4
Option 2	60%	3	19%	6	14%	4	39%	12	11%	2	33%	1	20%	1

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

The feedback tells us that:

- There is a strong preference for Option 1 by those aged 25 and above

4.3.4 Maternity and Women's Healthcare Services Option Preferences by Sex (Online/Paper Consultation Survey)

Turning to consider any difference in opinion based on the sex of the respondent:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	77%	80	75%	15	27%	33	22%	4
Option 2	23%	24	25%	5	73%	90	78%	14

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

When analysing the responses by sex for the Online/Paper Consultation Survey, we can see that for the male and female respondents who have chosen to answer this question.

- Option 1 is favoured to similar levels – 77% and 75% respectively.

4.3.5 Maternity and Women's Healthcare Services Option Preferences by Pregnancy/Child under 2 (Online/Paper Consultation Survey)

For this service area, responses were considered in terms of those who are either pregnant or have a child under two years:

	Closest to meeting needs				Farthest to meeting needs			
	Pregnant or child under 2				Pregnant or child under 2			
	Yes		No		Yes		No	
Option 1	**78%**	21	**77%**	87	**29%**	10	**24%**	29
Option 2	**22%**	6	**23%**	26	**71%**	24	**76%**	94

** 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.*

Like the Resident Street Survey, these results show that:

- Option 1 was closest to meeting needs irrespective of whether the respondent was pregnant/has a child under 2 years or not (78% and 77%)

4.4 Direct Patient Survey Analysis

4.4.1 Overall Preferred Maternity and Women's Healthcare Services Option (Direct Patient Survey)

Respondents to the direct survey of current and recent patients and service users were also asked to express rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest meeting needs' (1 = closest meeting needs and 3 farthest from meeting needs).

For this method, the survey was sent directly to recent or current patients and therefore all respondents were women.

Note that the overall numbers responding to this method for Stroke Services was low at n=141. In addition, respondents were able to skip this question if they wished therefore not all have answered every time. Therefore, results should be treated with caution.

Q: *Using a scale of one to two please tell us which of the options for Maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)*

	Closest to meeting needs		Farthest from meeting needs	
Option 1	**47%**	66	**8.5%**	12
Option 2	**11%**	16	**43%**	61

**All % figures shown as a percentage of all survey respondents, variances are explained by those who preferred not to say, and consequently are not counted*

From these preferences it can be seen that:

- Option 1 has the highest rating with 47% of the responses saying it was closest to meeting needs, with 11% favouring Option 2.
- A significant proportion chose not to respond to this ranking question.

4.4.2 Maternity and Women's Healthcare Services Option preferences by Area (Direct Patient Survey)

Responses were considered by area – South Tyneside and Sunderland.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**92%**	36	**67%**	16	**10%**	4	**25%**	5
Option 2	**8%**	3	**33%**	8	**90%**	35	**75%**	15

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

For respondents to this ranking question living in South Tyneside:

- Option 1 is strongly favoured in terms of meeting needs in the ranking exercise (92% ranking it 1, over Option 2).

For those who responded and live in Sunderland:

- Option 1 is also the most favourable in terms of meeting need for Sunderland residents responding to the direct survey, to a slightly lesser extent at 67%

The feedback should be treated with caution though as for this data numbers are low.

4.5 Maternity and Women's Healthcare Services Option Preferences by Age (Direct Patient Survey)

This method engaged current or recent patients of maternity and women's healthcare services. The breakdown by age can be seen:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	4	100%	37	86%	15	75%	5	71%	3	100%	1	33%	1	100%
Option 2	0	0%	6	14%	5	25%	2	29%	0	0%	2	67%	0	0%

	Farthest from meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	0	0%	4	10%	5	25%	0	0%	0	0%	2	67%	0	0%
Option 2	3	100%	36	90%	15	75%	3	100%	2	100%	1	33%	1	100%

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

The breakdown of responses to the question on which option is preferred by age show that:

- The biggest age bracket responding to this question was 25-34, followed by 35-44
- Option 1 is the clear and significant preferred option, irrespective of age, apart from age bracket 65-74 but the number in this bracket is too low to be reliable.

4.5.1 Maternity and Women's Healthcare Services Option Preferences by Pregnancy/Child under 2 (Direct Patient Survey)

For this service area, responses were considered in terms of those who are either pregnant or have a child under two years:

	Closest to meeting needs				Farthest from meeting needs			
	Pregnant or child under 2				Pregnant or child under 2			
	Yes		No		Yes		No	
Option 1	**84%**	48	**75%**	18	**13%**	7	**21%**	4
Option 2	**16%**	9	**25%**	6	**87%**	46	**79%**	15

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say and consequently are not counted*

Like the other methods, these results show that:

- Option 1 was closest to meeting needs irrespective of whether the respondent was pregnant/has a child under 2 years or not (84% and 75%)

4.6 Maternity and Women's Healthcare Services Options scale of meeting need

Respondents were asked to indicate to what extent the options meet their need in the Resident Street Survey:

Q *Do you feel that Option [1 or 2] for maternity and women's healthcare services would meet your needs or the needs of people you care for or those of the group or organisation you represent?*

4.6.1 Maternity and Women's Healthcare Services (Resident Street Survey)

	Option 1		Option 2	
Fully/slightly meet needs	**69%**	559	**59%**	476
Neither	**4%**	31	**8%**	61
Fully/slightly fail to meet needs	**15.5%**	125	**20%**	164
Don't know	**11%**	89	**12.5%**	101
No response	**0%**	1	**0%**	3

The feedback overall suggests that Option 1 and Option 2 are both considered to either fully or slightly meet needs (69% and 59% respectively).

There were significant differences in the responses of South Tyneside and Sunderland residents.

4.6.2 Maternity and Women's Healthcare Services by Area (Resident Street Survey)

	Option 1				Option 2			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Fully/slightly meet needs	**49%**	199	**91%**	360	**32%**	132	**86%**	344
Neither	**5%**	22	**2%**	9	**12%**	50	**3%**	11
Fully/slightly fail to meet needs	**28%**	114	**3%**	11	**35%**	141	**6%**	23
Don't know	**18%**	72	**4%**	17	**21%**	84	**4%**	17
No response	**0%**	0	**0**	1	**0%**	0	**1%**	3

- Option 1 was favoured as slightly or fully meeting needs by 90% of Sunderland residents but only 49% of South Tyneside;
- For Option 2, 86% Sunderland residents agree that this option meets their needs fully/slightly whereas for South Tyneside residents the opinion is equally split - 32% cite that it fully/slightly meets needs vs 35% fully/slightly fails to meet needs.

Respondents were also asked to indicate to what extent the options meet their needs in the Online/Paper Consultation Survey:

4.6.3 Maternity and Women's Healthcare Services (Online/Paper Consultation Survey)

	Option 1		Option 2	
Fully/slightly meet needs	**28%**	87	**10%**	32
Neither	**5%**	16	**4.5%**	14
Fully/slightly fail to meet needs	**58%**	180	**69%**	213
Don't know	**4%**	11	**5%**	15
No response	**5%**	15	**11%**	35

- In all cases for this method, the options were felt to fail fully/slightly to meet needs more than they fully/slightly met needs.

4.7 Maternity and Women's Healthcare Services Quantitative Analysis Summary

These quantitative methodologies consider preferences for the options under consultation. In most cases, there is a preference for Option 1 over Option 2 in the ranking question. This Option remains the most popular when considered in terms of the two areas, South Tyneside and Sunderland, although Sunderland favours Option 1 more strongly than South Tyneside residents.

In terms of the extent to which the options meet needs, Option 1 was strongly favoured as slightly or fully meeting needs Sunderland residents but less so by those in South Tyneside;

For Option 2, Sunderland residents strongly state that this option meets their needs fully/slightly however for South Tyneside residents the opinion is equally split between

meeting and failing to meet needs.

In the Online/Paper Consultation Survey, neither option was supported as fully/slightly meeting needs with respondents citing fully/slightly fails to meet needs in larger numbers.

It is noted that there is a significant number of respondents choosing not to answer the ranked response question.

5 Quantitative Responses: Children and Young People's Healthcare (urgent and emergency paediatrics) Services

5.1 Introduction

The section considers the responses from the three quantitative consultation methods to the proposed options for Children and Young People's Healthcare (urgent and emergency paediatrics) Services. The options put forward for consultation were:

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

As previously noted, the Resident Street Survey is the only method for which results are significant at a population level.

There were two key questions asked in these surveys:

QUESTION 1: Using a scale of one to three please tell us which of the options for maternity and women's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)

This is option ranking. Sections 5.2 - 5.4 report on the quantitative responses by method on the preferences of respondents when asked to choose which option is closest to or farthest away from meeting needs. Survey respondents were asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest meeting needs', ranking options as 1, and which was least preferred or 'farthest from meeting needs', ranking 2.

Note: The rationale for this question was to require respondents to choose the option which they felt most suitable, in their opinion. The question was not mandatory, and respondents could opt out of responding if they choose to. Therefore, discussion of the results has primarily been limited to choices about which option was considered 'closest to meeting needs'.

QUESTION 2: Do you feel that Option [1 or 2] for maternity and women's healthcare services would meet your needs or the needs of people you care for or those of the group or organisation you represent?

This indicates the scale of favourability: Section 5.5 reports on the scale of support for each option. This question encouraged respondents to begin to consider their preferences about the options this option whereas the question above requires a clearer choice to be made once all the options have been considered. Answer choices were presented as:

I feel this option will fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly meet needs	I feel this option will fully meet needs	Don't Know / Prefer not to say

This is reported for the Resident Street Survey and the Online/Paper Consultation Survey only. It is also reported by area for the Online/Paper Consultation Survey.

Note: For all other data this breakdown is not presented. Because of the low numbers involved, results would be likely to be a co-incidence and therefore we would have no confidence in them.

5.2 Resident Street Survey Analysis

5.2.1 Overall Children and Young People's Healthcare Services Preferred Option (Resident Street Survey)

Overall as a total sample, responses to this question are shown below:

Q: Using a scale of one to two please tell us which of the options for children and young people's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)

	Closest to meeting needs		Farthest from meeting needs	
Option 1	80%	644	8%	61
Option 2	7.5%	60	80%	643

**All % figures shown as a percentage of all survey respondents - variances are explained by those who preferred not to say, and consequently are not counted*

From the results for the total sample responding to this question, it can be seen that:

- Option 1 is ranked as the proposal respondents feel most closely meets needs

5.2.2 Children and Young People's Healthcare Services Option preferences by area (Resident Street Survey)

Preferences for the options being consulted on were also considered by area – South Tyneside and Sunderland separately.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**88%**	294	**95%**	350	**13%**	42	**5%**	19
Option 2	**13%**	42	**5%**	18	**87%**	293	**95%**	350

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas, and consequently are not counted.*

For respondents who gave a response to this question living in South Tyneside:

- Option 1 is the most favoured in terms of meeting needs in the ranking exercise with 88% ranking it 1.

For respondents living in Sunderland:

- Option 1 is more favourable in terms of meeting need with 95% ranking it 1.

Therefore, although Option 1 is agreed as the option to be highest ranked by all respondents in the Resident Street Survey, when compared together the findings show that Sunderland residents are slightly keener on this option (95%) than South Tyneside residents (88%).

5.2.3 Children and Young People's Healthcare Services Option Preferences by Age (Resident Street Survey)

Preferences were considered by Age:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**91%**	97	**94%**	78	**93%**	114	**94%**	100	**89%**	116	**90%**	81	**93%**	54
Option 2	**9%**	10	**6%**	5	**7%**	9	**6%**	6	**11%**	15	**10%**	9	**7%**	4

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

- From this breakdown we can see that for those who made a choice, Option 1 is strongly favoured across all age ranges.

5.2.4 Children and Young People's Healthcare Services Option Preferences by Sex (Resident Street Survey)

Turning to consider any difference in opinion based on the sex of the respondent it can be seen that:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**92%**	335	**91%**	307	**8%**	28	**10%**	33
Option 2	**8%**	28	**9%**	32	**92%**	334	**90%**	307

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*
°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

- Option 1 is ranked equally highly among women (92%) and men (91%) as most likely to meet needs;

5.3 Online/Paper Consultation Survey Analysis

5.3.1 Overall Preferred Children and Young People's Healthcare Services Option (Online/Paper Consultation Survey)

Respondents to the online/paper consultation questionnaire were also asked to rate which of the options being consulted on they had an overall preference for, expressed in terms of 1 = 'closest meeting needs' and 2 = 'farthest from meeting needs'

Note that questions in the Online/Paper Consultation Survey were not mandatory and that respondents were able to skip this question if they wished. Therefore, not all respondents answered this ranking question and the numbers tend to be low and therefore less reliable.

Q *Using a scale of one to two please tell us which of the options for children and young people's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)*

	Closest to meeting needs		Farthest from meeting needs		No response/prefer not to say	
Option 1	**36%**	109	**13%**	39	**51%**	154
Option 2	**12%**	36	**31%**	94	**57%**	172

**All % figures shown as a percentage of all survey respondents. Variances are explained by those who preferred not to say, and consequently are not counted*

From the data available, for all respondents to this question it can be seen that:

- A high proportion of respondents preferred not to respond to this ranking question

- Of those who responded, there was a clear preference for Option 1 (36% closest to meeting needs)

5.3.2 Children and Young People's Healthcare Services Option Preferences by Area (Online/Paper Consultation Survey)

Options were analysed by area for this method.

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**79%**	69	**66%**	17	**28%**	23	**30%**	7
Option 2	**21%**	18	**32%**	8	**72%**	59	**70%**	16

** calculations are based on the percentage of respondents living in in each area (column totals). variances are explained by those who preferred not to say/other areas, and consequently are not counted.*

The data shows that of those who responded to this question from the two areas:

- Option 1 was most favourable over Option 2 in both South Tyneside and Sunderland areas at similar levels – 79% and 68% respectively.

5.3.3 Children and Young People's Healthcare Services Preferences by Age (Online/Paper Consultation Survey)

From the online/paper consultation survey responses considered by age:

	Closest to meeting needs													
	18-24		25-34		35-44		45-54		55-64		65-74		75+	
Option 1	**0%**	0	**82%**	28	**80%**	32	**70%**	23	**75%**	15	**40%**	2	**83%**	5
Option 2	**100%**	3	**18%**	6	**20%**	8	**30%**	10	**25%**	5	**60%**	3	**17%**	1

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

The feedback tells us that:

- There is a strong preference for Option 1 by those aged 25 and above;
- Treated separately age bracket numbers are low therefore not reliable;
- Although the 18-24 age bracket all prefer option 2, this amounts to only 3 respondents and therefore is not reliable.

5.3.4 Children and Young People's Healthcare Services Option Preferences by Sex (Online/Paper Consultation Survey)

Turning to consider any difference in opinion based on the sex of the respondent:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**78%**	91	**61%**	14	**78%**	29	**47%**	9
Option 2	**22%**	25	**39%**	9	**22%**	8	**53%**	10

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

When analysing the responses by sex for the Online/Paper Consultation Survey, we can see that for the male and female respondents who have chosen to answer this question.

- Option 1 is favoured to similar levels by both men and women – 78% and 61% respectively.

5.4 Direct Patient Survey Analysis

5.4.1 Overall Preferred Children and Young People's Healthcare Services Option (Direct Patient Survey)

Respondents to the direct survey of current and recent patients and service users were also asked to express rate which of the options being consulted on they had an overall preference for, expressed in terms of 'closest meeting needs' (1 = closest meeting needs and 2 farthest from meeting needs).

Note that the overall numbers responding to this method for Children and Young People's Healthcare Services was low at n=102. In addition, respondents were able to skip this question if they wished therefore not all have answered every time. Therefore, results should be treated with caution.

Q Using a scale of one to two please tell us which of the options for children and young people's healthcare services you feel is closest to meeting needs (1) and is farthest from meeting needs (2)

	Closest to meeting needs		Farthest from meeting needs		No response/prefer not to say	
Option 1	**58%**	59	**7%**	7	**35%**	36
Option 2	**7%**	7	**54%**	55	**39%**	40

**All % figures shown as a percentage of all survey respondents*

From these preferences it can be seen that:

- There is a strong preference for Option 1 for those who responded to this ranking question.

5.4.2 Children and Young People's Healthcare Services Option Preferences by Area (Direct Patient Survey)

Responses were considered by area – South Tyneside and Sunderland:

	Closest to meeting needs				Farthest from meeting needs			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Option 1	**93%**	38	**78%**	14	**8%**	3	**25%**	4
Option 2	**7%**	3	**22%**	4	**93%**	37	**75%**	12

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas, and consequently are not counted.*

For respondents to this ranking question living in South Tyneside:

- Option 1 is strongly favoured in terms of meeting needs in the ranking exercise (93% ranking it 1, over Option 2).

For those who responded and live in Sunderland:

- Option 1 is also the most favourable in terms of meeting need for Sunderland residents responding to the direct survey, to a slightly lesser extent at 78%

The feedback should be treated with caution though as for this data numbers are low.

5.4.3 Children and Young People's Healthcare Services Option Preferences by Age (Direct Patient Survey)

The breakdown by age for those who responded to this question can be shown:

	Closest to meeting needs											
	16-18		18-24		25-34		35-44		45-54		55-64	
Option 1	**100%**	1	**0%**	0	**93%**	25	**93%**	25	**73%**	8	**0%**	0
Option 2	**0%**	0	**0%**	0	**7%**	2	**7%**	2	**27%**	3	**0%**	0

	Farthest from meeting needs											
	16-18		18-24		25-34		35-44		45-54		55+	
Option 1	**0%**	0	**0%**	0	**8%**	2	**8%**	2	**30%**	3	**0%**	0
Option 2	**100%**	1	**0%**	0	**92%**	23	**92%**	24	**70%**	7	**0%**	0

** calculations are based on the percentage of respondents in each age range (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*

The breakdown of responses to the question on which option is preferred by age show that:

- Option 1 is the clear and significant preferred option, irrespective of age, though numbers are low and therefore less reliable.
- The lack of younger people responding to the Survey despite being a Children and Young People's Services survey is likely to be because the direct mailing was sent to parents registered on behalf of their child.

5.4.4 Children and Young People's Healthcare Services Option Preferences by Sex (Direct Patient Survey)

Turning to consider any difference in opinion based on the sex of the respondent:

	Closest to meeting needs				Farthest from meeting needs			
	Female		Male		Female		Male	
Option 1	**91%**	48	**85%**	11	**10%**	5	**15%**	2
Option 2	**9%**	5	**15%**	2	**90%**	44	**85%**	11

** calculations are based on the percentage of respondents of each sex (column totals), variances are explained by those who preferred not to say, and consequently are not counted.*
°Note that no respondents signalled a sex other than male/female in this sample though 'Transgender' and 'other 'were offered as alternatives.

From the preferences it can be seen that:

- Option 1 is similarly favoured by both females and males responding (91% and 85% respectively)

5.5 Children and Young People's Healthcare Services Options scale of meeting need

Respondents were asked to indicate to what extent the options meet their need in the Resident Street Survey:

Q *Do you feel that Option [1 or 2] for children and young people's healthcare services would meet your needs or the needs of people you care for or those of the group or organisation you represent?*

5.5.1 Children's and Young People's Healthcare Services (Resident Street Survey)

	Option 1		Option 2	
Fully/slightly meet needs	**65%**	520	**30%**	238
Neither	**6.5%**	52	**6%**	49
Fully/slightly fail to meet needs	**19%**	**154**	**55.5%**	447
Don't know	**10%**	77	**8%**	67
No response	**0%**	2	**0%**	4

The feedback overall suggests that for Children and Young People's Healthcare Services:

- Option 1 is considered to fully/slightly meet meets for 65% of respondents to this question, over Option 2 at 19%
- Conversely, Option 2 is reported to fully/slightly fail to meet needs for 55% of respondents compared with 30% who state it fully/slightly meets needs.

When considered against area, for those who responded to this question:

5.5.2 Children's and Young People's Healthcare Services by Area (Resident Street Survey)

	Option 1				Option 2			
	South Tyneside		Sunderland		South Tyneside		Sunderland	
Fully/slightly meet needs	**46%**	186	**84%**	334	**13.5**	55	**46%**	183
Neither	**9%**	38	**3.5%**	14	**8%**	34	**4%**	15
Fully/slightly fail to meet needs	**29%**	117	**9%**	37	**65%**	264	**46%**	183
Don't know	**16%**	66	**3%**	11	**13%**	54	**3%**	13
No response	**0%**	0	**0%**	2	**0%**	0	**1%**	4

- Option 1 was favoured as slightly or fully meeting needs by 84% of Sunderland residents but only 46% of South Tyneside, with 29% fully/slightly failing to meet needs
- For Option 2, the proportion of Sunderland residents who report that this option meets their needs fully/slightly and fails to meet their needs fully/slightly is the same at 46%.
- However, for South Tyneside residents 65% feel this Option 2 fully/slightly fails to meet needs vs only 13% who see it as fully/slightly meeting needs.

Respondents were also asked to indicate to what extent the options meet their needs in the Online/Paper Consultation Survey:

5.5.3 Children's and Young People's Healthcare Services (Online/Paper Consultation Survey)

	Option 1		Option 2	
Fully/slightly meet needs	**30.5%**	92	**16%**	49
Neither	**7%**	20	**7%**	23
Fully/slightly fail to meet needs	**58%**	176	**66%**	198
Don't know	**3%**	10	**6%**	17
No response	**1%**	4	**5%**	15

Again, here we see:

- Option 1 is thought to fully/slightly fail to meet needs (58%) more than meets needs (30%)
- Option 2 is also thought to fully/slightly fail to meet needs (66%) more than meets needs (16%)

5.6 Children and Young People's Healthcare Services Quantitative Analysis Summary

In the quantitative methods, for Children and Young People's Healthcare Services, Option 1 is in the majority of cases the preferred option. There is no significant difference in this when considered by age or sex and the option is strongly favoured in both South Tyneside and Sunderland areas.

However, when asked to what extend the Options meet needs in the Resident Street Survey, Option 1 is seen to fully/slightly meet needs over Option 2 in Sunderland whereas in South Tyneside, Option 2 is considered to meet needs as oppose to Option 1, which is more commonly seen as failing to meet needs.

In the Resident Street Survey, both Options 1 and 2 are supported as meeting needs but there is greater support for Option 1 meeting needs in Sunderland than in South Tyneside.

Neither option is favoured in the Online/Paper Consultation Survey, with respondents favouring 'fails to meet needs' in both cases.

6 Quantitative Analysis: Process Questions

6.1 Introduction

All survey respondents were asked to give their opinion on the appropriateness of the criteria that are intended to be used to assess the proposed options and to help inform the recommendations to the CCGs making the final decisions.

The criteria are listed below and are intended to ensure that the 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

Respondents were firstly asked to rate each criterion on a scale of 1 to 10 (where 10 is strongly agree) to what extent they agreed that the criteria are appropriate to use as part of the decision-making process.

Secondly, using a scale of 1 to 10 (where 10 is most important), respondents were asked to rate the importance of each in the decision-making process.

This section of the survey was optional. Due to the high number who did not respond, responses are calculated as a proportion of those that answered each question.

6.2 Findings: Quantitative Process Questions

6.2.1 Criteria felt to be most appropriate to use in the decision-making process

Across most of the quantitative samples, high quality and safe was considered to be the most appropriate criteria to use in the decision-making process. This was also the case when looking at the split of respondents by area.

The overall results from each of the quantitative methodologies show that affordable is considered the least appropriate criteria to use in the decision-making process. This again was also observed when looking at the split of respondents by area.

6.2.2 Criteria felt to be most important in the decision-making process

The results from the quantitative methodologies when looking at both the overall results and split of respondents from each area, suggest that high quality and safe is perceived to be the most important factor to use in the decision-making process, and affordable the least important.

6.2.3 Additional Criteria suggestions

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

- 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
- Sustainability, justifiable, appropriate, practical, and desirable

Note: Full breakdowns of the responses to both questions in each survey method by area can be found in Appendix Six.

7 Overall Options Preferences by Quantitative Method

In collating the responses to all quantitative methods, it is important to recognise that the results of the different methodologies cannot be amalgamated. Each methodology is different with differing response levels and statistical reliability. Therefore, each methodology is presented separately, by service area, as a representation of overall options preference.

7.1 Stroke Services

7.1.1 Stroke Services – all respondents

	Resident Street Survey				Online/paper				Direct Patient Survey			
	Closest to meeting needs		Farthest to meeting needs		Closest to meeting needs		Farthest to meeting needs		Closest to meeting needs		Farthest to meeting needs	
Option 1	**59%**	478	**17%**	139	**25%**	77	**19%**	59	**38%**	31	**12%**	10
Option 2	**2%**	19	**25%**	139	**8%**	23	**7%**	21	**1%**	1	**3%**	2
Option 3	**24%**	190	**40%**	319	**17%**	52	**23%**	68	**12%**	10	**15%**	12

*All % figures shown as a percentage of all survey respondents, including those who preferred not say

Considering all three methods together, Option 1 is the most popular across all methods. However, Option 1 is most popular for respondents to the Resident Street Survey, followed by the Direct Patient Survey, with the Online/Paper Consultation Survey respondents offering the lowest level of support.

7.1.2 Stroke Services by area

Stroke Services – South Tyneside respondents

	Resident Street Survey				Online/paper				Direct Patient Survey			
	Closest to meeting needs		Farthest to meeting needs		Closest to meeting needs		Farthest to meeting needs		Closest to meeting needs		Farthest to meeting needs	
Option 1	**61%**	190	**37%**	107	**38%**	25	**52%**	37	**38%**	6	**73%**	8
Option 2	**2%**	6	**14%**	41	**17%**	11	**13%**	9	**6%**	1	**9%**	1
Option 3	**37%**	116	**49%**	142	**45%**	30	**35%**	25	**56%**	9	**18%**	2

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

Stroke Services – Sunderland respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**77%** 288	**9%** **32**	**69%** 22	**17%** 5	**94%** 17	**10%** 1
Option 2	**3%** 13	**44%** 161	**16%** 5	**17%** 5	**0%** 0	**10%** 1
Option 3	**20%** 74	**48%** 177	**16%** 5	**66%** 19	**6%** 1	**80%** 8

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

From this comparison by area of residence we can see:

- Option 1 is the preferred for both South Tyneside and Sunderland;
- However, Sunderland residents are more likely to state preference (77%) when compared with people living in South Tyneside (61%)

7.2 Maternity Services and Women's Healthcare Services

7.2.1 Maternity Services and Women's Healthcare Services – all respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**72%** 582	**15%** 118	**35%** 108	**13%** 39	**47%** 66	**9%** 12
Option 2	**15%** 118	**72%** 582	**10%** 32	**38%** 118	**11%** 16	**43%** 61

*All % figures shown as a percentage of all survey respondents, including those who preferred not say

Considering all three methods together, it can be seen that as per Stroke Services Option 1 is the most popular across all methods. Similarly, Option 1 is most popular for respondents to the Resident Street Survey, followed by the Direct Patient Survey, with the Online/Paper Consultation Survey respondents offering the lowest level of support.

7.2.2 Maternity Services and Women's Healthcare Services - by area

Maternity Services and Women's Healthcare Services – South Tyneside respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**69%** 226	**31%** 101	**74%** 55	**28%** 26	**92%** 36	**10%** 4
Option 2	**31%** 101	**69%** 226	26% 19	**72%** 66	**8%** 3	**90%** 35

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

Maternity Services and Women's Healthcare Services – Sunderland respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**95%** 356	**5%** 17	**78%** 21	**20%** 5	**67%** 16	**25%** 5
Option 2	**5%** 17	**95%** 356	**22%** 6	**80%** 20	**33%** 8	**75%** 15

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

From this comparison by area of residence we can see:

- Option 1 is the preferred for both South Tyneside and Sunderland;
- However, Sunderland residents are more significantly likely to state preference (95%) when compared with people living in South Tyneside (69%)

7.3 Children and Young People's Healthcare Services

7.3.1 Children and Young People's Healthcare Services - all respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**80%** 644	**8%** 61	**36%** 109	**13%** 39	**58%** 59	**7%** 7
Option 2	**8%** 60	**80%** 643	**12%** 36	**31%** 94	**7%** 7	**54%** 55

*All % figures shown as a percentage of all survey respondents, including those who preferred not say

Considering all three methods together, it can be seen that as per the other services areas, Option 1 is the most popular across all methods. Again Option 1 is most popular for respondents to the Resident Street Survey, followed by the Direct Patient Survey, with the Online/Paper Consultation Survey respondents offering the lowest level of support.

7.3.2 Children and Young People's Healthcare Services – by area

Children and Young People's Healthcare Services – South Tyneside respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**88%** 294	**13%** 42	**79%** 69	**28%** 23	**93%** 38	**8%** 3
Option 2	**13%** 42	**87%** 293	**21%** 18	**72%** 59	**7%** 3	**93%** 37

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

Children and Young People's Healthcare Services – Sunderland respondents

	Resident Street Survey		Online/paper		Direct Patient Survey	
	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs	Closest to meeting needs	Farthest to meeting needs
Option 1	**95%** 350	**13%** 42	**66%** 17	**30%** 7	**78%** 14	**25%** 4
Option 2	**5%** 18	**87%** 293	**32%** 8	**70%** 16	**22%** 4	**75%** 12

** calculations are based on the percentage of respondents living in in each area (column totals), variances are explained by those who preferred not to say/other areas and consequently are not counted.*

From this comparison by area of residence we can see:

- Option 1 is the preferred for both South Tyneside and Sunderland;
- However, Sunderland residents are more likely to state preference (95%) when compared with people living in South Tyneside (88%)

8 Quantitative Key Themes from Open Text Responses

In each of the quantitative methodologies (online and paper consultation, direct patient, and street survey) respondents were asked to comment for each option on:

- What do you like about this option?
- What don't you like about this option?

These questions were asked of all respondents, against all options for all services, though responses were not mandatory.

The outcomes from this exercise have informed and largely reflect the further analysis of the qualitative discussions reported in the Qualitative Findings section below, which form the substantive qualitative content of the consultation analysis[15].

The individual responses have been grouped into themes using the same grounded theory approach as applied to the qualitative discussions.

Appendix Five provides a breakdown of the themes taken from these questions, collated across all quantitative methodologies, to provide an indication of the key feedback in each theme.

[15] *Note that the free text responses in qualitative analysis do not provide the opportunity for discussion of the options and issues in depth, as is possible for the qualitative analysis methods and therefore whilst valid and analysed, are most appropriately viewed as additional information.*

9 Qualitative Findings: Public, Staff and Stakeholder Meetings

In total nineteen public consultation events were organised, delivered, and attended by the public as well as NHS staff, Community and Voluntary Sector (VCS)/Third Sector organisations and elected members. This includes three 'launch' events which set the scene and gave information about the consultation.

Only one event, organised in Sunderland as a Q&A session, was not attended by anyone, and was therefore not reported.

A breakdown of events is shown in Appendix Eight of this report.

9.1 Meeting Records

All meetings were supported by the communications and engagement team from NECS. Events were facilitated by NECS alongside volunteers from local health organisations, including NHS staff and HealthWatch volunteers who acted as table facilitators and note takers. Staff working at the public events had received facilitation training as part of the programme, which was delivered in partnership with experts from The Consultation Institute, in order to provide a good environment on tables for all participants to express their views.

In line with good event practice, staff working at the events were fully briefed and received an event pre-brief document, were asked to arrive early to be briefed in advance of the event, and stayed behind afterwards to take part in a debrief. This ensured that key learnings were taking forward into the next events, and staff were able to share their experiences in order to improve subsequent events again to continuously improve to provide the best safe environment for people to participate.

All notes were recorded in a pro forma template and were published within seven working days on the programme website to allow time for checking by meeting participants. The pro-forma templates were provided to SMP for analysis and reporting.

- **Analysis Caveat:** The issues developed in this section are based on the reports provided to us and we make no guarantee of the accuracy of the content we reviewed. Where responses are quoted these are based on the reports provided.

9.1.1 Summary of key issues across all service areas

ABILITY TO COPE (ESTATES AND FACILITIES)

The extent to which the options will have a detrimental impact on the fabric of Sunderland Royal Hospital (SRH) was a commonly occurring theme across all three service areas, in the case of this quote in relation to maternity and gynaecology department facilities.

"Sunderland will see increased demand – will quality be maintained?"

"Have we got room in Sunderland?"

STAFFING

The most important question asked around staffing related to the confidence that the capacity to deal with the increased demand existed or will be able to be put in place in Sunderland to deal with the proposed service change options.

"Sunderland numbers are at capacity and to deliver to South Tyneside services as well?"

"Why are staff and services moving to Sunderland, and not the other way around?

What will happen to existing staff under the proposed changes:

"Will all jobs be open to all staff, Sunderland and South Tyneside; or will just Sunderland staff be safe"

"What happens to non-medical staff; porters, admin, and ward clerks?"

The groups recognised the struggle to recruit staff and the low numbers in South Tyneside, making staff skill development and service quality an issue, and a consequent concern at the perceptions that the plans are *"…a comment on South Tyneside staff care and performance."*

The feeling was also that waiting times are likely to increase with a detrimental impact on both patients and staff.

Ambulance staff were also considered in the discussions.

"…huge impact on NEAS – how will they manage both staff and facilities?"

THE ADDITIONAL COSTS (DEPRIVATION)

The group discussions identified the well understood local issues of low car ownership and high levels of poverty in South Tyneside and felt that this would increase the potential for detrimental impact of moving services from South Tyneside to Sunderland.

"…this could cause health problems. It's difficult if you have no resources and are in some hospital miles away from your family…"

The cost of parking, fuel, and the physical trauma of travel was raised with a special reference on the people who live in the most deprived areas of South Tyneside who will have to access services in Sunderland. A high percentage of those without a car said this was worse for them when considering the costs and availability of public transport when there are no direct buses to Sunderland Royal Hospital, and taxis are too expensive for lower income families facing multiple disadvantages.

There is of course the overarching concern amongst this group, and others, of coping with travel demands in an urgent situation.

"Public transport; when emergency happens, it is unpredictable…"

This led to speculation that moving services to Sunderland would lead to an increase in calls to the Ambulance Service from deprived areas due to the simple economics of the situation.

"…they can't afford a taxi, so the only other option is to call an ambulance…"

TRAVEL AND TRANSPORT

Setting aside the issues of specific disadvantage, the groups identified a general and significant concern over distance between Sunderland and South Tyneside and the time it will take to travel. This was heightened by concerns expressed over the travel times used in the impact assessment, with the belief being that these were not based in reality; unless as a 'blue light' journey, and even then, there was scepticism.

"…the consultation document says 12 minutes from South Tyneside to SRH…not realistic…"

"…e.g. page 94, 6 minutes, is this a misprint?"

Concerns were also raised in the groups over the public transport figures being used.

"…the stats on metro stations being within 800m of the hospital are incorrect – its more than a mile and a half…"

All of which undermined faith in the process, again aggravated by the real difficulties faced by public transport users in the journey between South Tyneside and Sunderland, particularly the issues faced in making connecting buses, with no direct route available.

"You can't get a direct bus from South Tyneside to Sunderland Royal Hospital"

There were also requests that this issue was addressed as part of the service reorganisation by provision of regular transport, provided by the NHS, between the two sites.

"Will transfers be put on?"

Another area of concern in the public meetings was the extent to which the safety of patients, family and other visitors was considered in the formulation of the options and the in the potential implementation. This was felt to be particularly important for vulnerable groups.

"…late night travel… not safe for children…if...discharge late night/early morning…"

"…issue for lone mothers with siblings, how will they get there through the night with no transport?"

Parking was highlighted as a concern at the Sunderland hospital site with a strong message that *"…additional needed at Sunderland…"* to cope with an increase in patient numbers resulting from the proposed service reorganisation. The cost of the parking was also

"…can you put something like a temporary parking pass for the duration of treatment…like Q?"

One very major concern around the issues associated with travel and transport is the view that this consultation cannot influence transport providers and patients and relatives will be faced with service change with no real public transport options.

> *"…new bus services are under review (Stagecoach)…this link service is being removed!"*

There was also an opinion that the travel difficulties between South Tyneside and Sunderland would result in the transfer of demand to other areas, specifically Gateshead and Newcastle.

> *"…from Hebburn you would go to Gateshead not Sunderland…"*

> *"…the public want the best on their doorstep…people want to go where they have always gone…"*

AMBULANCE SERVICE

A large strand of discussion was around the provision of ambulances by the North-East Ambulance Service (NEAS) and the perceived uncertainty of their support for the options, sparked by the lack of published information about this at the events. The key issue was:

> *"…can NEAS cope…have the got the capacity for the transfers implied in the options?"*

> *"… NEAS are not guaranteeing transfer times…will they be able to guarantee adequate coverage?"*

THE CONSULTATION PROCESSES

There was widespread criticism of the Path to Excellence consultation exercise, much of it directed towards Government policies outside South Tyneside and Sunderland that are viewed as driving these changes. These are described below:

> *"Government cuts driving this…we know Government cuts are having this effect"*

> *"Finance, it's about money…will the saved money be invested into the NHS?"*

There were also strongly voiced concerns that staff had not been involved in developing the options and being consulted

> *"…which clinicians were involved in the options development?"*

> *"Staff (Paediatrics A&E) were not involved in the process"*

> *"Staff don't feel consulted"*

This was coupled with very strong concerns that third options put forward by staff for maternity and paediatric services were not in final cut, leading to staff feeling their opinions were not listened to or valued. This suggestion was, at its simplest:

> *"There should be an Option 3 – where clinicians rotate"*

CRITICISM OF THE OPTIONS

There were many comments about why it appears that South Tyneside District Hospital was being downgraded, and concerns over the apparent lack of supporting evidence presented in the meetings:

> *"…services are all moving to Sunderland, why not South Tyneside?"*
>
> *"…will anything be moving from Sunderland to South Tyneside?"*

There were also concerns raised over the financial modelling of the options:

> *"Where does the extra funding come from?"*
>
> *"…why does Option 1 cost more but Options 2 generate savings?"*
>
> *"Option 1 costs are misleading…don't make sense; how can it close at night, save money and still run at a loss?"* (Paediatric Services)

The overall impact of all the service changes together were felt to be detrimental to South Tyneside:

> *"If Option 2 is chosen for both Maternity and Children and Young people's services it would be worse effect on South Tyneside…"*

9.1.2 Summary of key Issues: Stroke Services

Discussions focused on the Stroke Services options produced the following key themes:

COMMENTS ON CONSULTATION/OPTIONS

There was general confusion about what the options will mean in practice and how the benefits and costs had been generated.

> *"…not sure where the additional investment would come from for Options 2/3 or where savings in Option 1 would be invested…"*

Additionally, there were comments on the apparent lack of NEAS involvement in the assessment and the fact that they had not published their assessment of the travel times, and implications of the various options.

CAPACITY AT SUNDERLAND

The transfer of hyper acute and acute stroke services to Sunderland led to discussions in all groups of the issues around the fabric and facilities of Sunderland Royal Hospital to cope with the consequential increase in capacity:

> *"Does size of stroke ward need to increase?"*

This also prompted discussion of the staffing levels in Sunderland.

> *"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?"

URGENCY OF RESPONSE – THE 'GOLDEN HOUR'

There were very specific concerns around the ability of the proposed service rearrangement to meet stroke victim's need for treatment in the so-called golden hour[16].

"…the first hour, the 'Golden hour' is important…"

"In Stroke, the first 30 minutes is really important…"

This was also linked to the ambulance service responses for stroke victims, not only in terms of ensuring they are in hospital receiving treatment within the golden hour, but also that any additional transfer time does not result in a worse outcome for the patient.

"What about the added stress in the increase of travel when people are having a stroke?"

SPECIALIST CARE

The importance of providing stroke patients with specialist care was recognised and viewed as being a very positive element of the options for rearranged services.

"…specialist care is crucial and overrides travel issues as it impacts on recovery…"

However, there was a contrary concern that the travel burdens, if too repetitious could actually have a negative impact on stroke patients.

"…need to avoid…unnecessary transfer for specialist care…"

"Transferring patients back and forth after three or five days would be bad treatment…"

A general query was raised in the groups around the way in which people having a transient ischaemic attack (TIA) or 'mini-strokes', which though felt to be less serious are still serious and it is not apparent how they are dealt with in the options presented.

"…what will be the position for people having TIAs… what is the treatment pathway?"

This was also queried in terms of services for younger stroke patients, which while recognised as being rarer than in older people is perhaps more distressing because of that.

"…what services are offered to younger stroke survivors?"

There was a real concern that stroke patients are offered Rehab and reablement closer to their home, irrespective of the hospital in which they received care.

"…how can the relevant discharge services and care plans be co-ordinated?"

[16] The term *golden hour* is used to designate the hour immediately following the onset of stroke symptoms. Stroke patients have a much greater chance of surviving and avoiding long-term brain damage if they arrive at hospital and receive treatment within that first hour.

The issue of the length of stay before transferring out of Sunderland for South Tyneside patients, was welcomed. There were, however, specific concerns over the options which cited specific three or seven-day time windows, as being arbitrary and not taking account of individual care needs

"…the days should be specific to the patient and decided by a consultant…"

MENTAL WELLBEING OF PATIENTS

There was a widespread recognition in the groups of the need to consider the mental health impact for patients:

- In the case of increased patient numbers, and associated staff, etc:

  "…could affect Sunderland patients if numbers went up..."

- Where patients who have had a Stroke, know family/friends can't visit so often due to the distance from their home, and the effect this could have on their mental wellbeing:

  "…older people who end up on a Stroke unit at Sunderland…how do elderly relatives visit patients further away?"

9.1.3 Summary of Key Issues: Maternity and Women's Healthcare Services

Discussions focused on the Maternity and Women's Healthcare Services options produced the following key themes:

LOW TO HIGH RISK BIRTHS

The most prevalent concern was for mothers in South Tyneside in circumstances where there was an emergency for a woman classified as being a low risk birth:

"…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?"

This prompted further concerns that the move to another hospital during birth could be unrealistic; there was a specific concern around Option One if emergency transfers are required, specifically for caesarean sections and should this involve a significant journey to receive care;

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

"…the need for C-sections can change quickly…is there capacity/space at Sunderland for an emergency?"

With the lack of a SCBU at South Tyneside there were concerns over neonatal transfers too.

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

SCBU

There was widespread confusion about impact of no option to include a Special Care Baby Unit SCBU at South Tyneside;

"…what options were considered and rejected for SCBU?"

"…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…"

MLUs

Concerns about midwife led units were widely expressed:

"…do they work?"

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

"Most Midwifery Units end up being closed..."

However, some parents expressed contrary and more favourable views on an MLU option?

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

Travel

There was a feeling that the issues of traveling to Sunderland could introduce bonding and breastfeeding issues between mother and child:

"Travelling to Sunderland and having to breastfeed – nightmare…"

Additionally, it was felt by some that the travel issues could increase the number of home births, sometimes not in the woman or their child's best interests:

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

Options: Observations and Comment

There were a number of general comments about all of the options:

"…with no consultant led option at South Tyneside, women will choose to go to a specialist"

"Post-natal depression considerations are not made clear…"

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

There were also specific comments from the groups on the specific options

Option One:

"…monitoring equipment is a lot more advanced to pick up issues during labour…"

"…saves £1.3Million, goes a long way to budgets cuts…."

"This won't work as its dangerous unless transport issue is resolved…"

"…unsafe and unfair…"

"Only positive is financial saving…"

"Might increase the homebirth rate…"

"Should increase the consultant care and so improve Quality of Care…"

"There will be more patient choice…"

Option Two:

"People from South Tyneside are being robbed in option…"

"Option 2 not liked, especially as there are no births in South Tyneside…"

"…site transfer and discharge issues…"

LOCAL TRADITION

While it is paramount that all the options provide a safe service, many South Tyneside women are proud. There are traditional and specific cultural issues which might mitigate against choosing to give birth in Sunderland:

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

"…don't want a Sunderland baby…"

SPECIFIC (CONTENTIOUS?) CARE ISSUES

There were specific concerns around the offer of terminations for women:

"…how would these work for South Tyneside…"

And, concerns over the professional pressures the options might have on midwives, particularly in the MLU:

"…could be at risk if can't offer the correct care, medical insurance?"

9.1.4 Summary of Key Issues: Children and Young People's Healthcare (Urgent and Emergency Paediatrics) Services

Discussions focused on the Children and Young People's Healthcare Services options produced the following key themes:

TIME (8 TO 8?)

There was general confusion in the groups over what will happen with an 8pm closing time with a number questioning the decision to close at 8PM. Young people responding also assumed that they would be more likely to require services at night:

After hours, who will look after paediatric patients who walk in with no trained

paediatric staff?

"…head injury patients arriving at 6PM need a six-hour observation – what happens then?"

"Out of hours – what happens?"

"…children may arrive late and still need care…"

"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?"

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

COMMUNICATIONS/INFORMING THE PUBLIC

Communicating the change will be important for the service to ensure children and young people get the right care, when they need it.

'People still turn up at Jarrow walk in centre…"

"How will the public know there's no children's A&E? What if they are visiting on holiday?"

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

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

CAPACITY

Does Sunderland have capacity for additional children?

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

SPECIALIST A&E/SPECIALIST NEEDS AND SAFETY

There were very specific concerns around the level of care offered to children and young adults when the specialist paediatric services could be closed

"…after 8pm would children have to mix with Adult A&E and deal with/be faced with drunkenness and aggression etc."

There were also concerns over the safety of the option in promoting the best care for children and young people

"…the only choice is to wait for 8 am if you can't afford to travel…"

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

SPECIALIST EMERGENCY

Emergency Paeds Dental service not involved

No day surgery can happen if not general anaesthetics

COMMENTS ON THE OPTIONS

There were general, in the most part not very positive, comments on both options:

In both options, children need to be seen by consultants

Feeling like everything is going to Sunderland

Travel at night without access to a car

Is 8AM-8Pm the right times? When do kids have accidents?

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

3rd options – could stay open 8pm-8am staffed by APNs (currently happening)

Option One

Specific comments on Option One, included:

"…more straightforward for parents to understand…"

"Potential training base – all experts in one place…"

"I want Option 1 if this is what we must choose from, to retain what we already have…"

Option Two

"…more like a walk-in centre."

"…confusion in access?"

"This feels a backward step…"

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

10 Focus Groups

The Equalities Impact assessment activity conducted by the Path to Excellence programme identified those protected characteristic and other equalities groups most likely to be affected by the proposed service changes. Recognising some of the difficulties NHS organisations face in reaching these groups the programme adopted an asset based approach, engaging with third sector and interest groups in South Tyneside and Sunderland to support people who may face barriers to taking part in the consultation.

32 focus groups were convened, moderated, and reported by Voluntary and Community Sector (VCS)/third sector partners across South Tyneside and Sunderland, though only 28 were reported for analysis. Originally planned for September/October but running into November, the groups reached as far as possible the identified target groups likely to be affected by the proposed service changes. The dates and details of the focus groups are shown in Appendix Seven.

We are also aware of other groups convened and moderated with a specific focus on BME groups, however reports of these events have not been provided to the consultors. We understand these to have been for reasons of genuine difficulties, unfortunately we are unable to include these in the analysis to meet agreed reporting deadlines for the decision makers and scrutineers. Therefore, 28 of the 32 groups were included in this analysis.

10.1.1 Format of meetings

Each of the groups ran for a maximum of 1.5 hours and were conducted against an approved semi-directive moderator's script, providing the main lines of enquiry along with guidance on running the groups, including prompting for depth responses.

To support the delivery of Focus Group sessions, Voluntary and Community Sector (VCS)/third sector group moderators were provided with access to training to support them in running the groups and with a report template along with guidance on completion.

All groups used a standardised feedback template, which form the basis of our analysis.

The pattern of discussion in the focus groups tended to be upon general issues around access to service rather than the specific options. Therefore, we present the results from these groups as a discussion of the broad themes around common issues for consideration by the consultors, reflecting the diverse opinion and ability of the groups. The highest volume of consideration is given to the common and general issues, echoing the records.

- **Analysis Caveat:** The issues developed in this section are based on the reports provide to us and we make no guarantee of the accuracy or independence of the content we reviewed. Where responses are quoted these are based on the reports provided.

10.1.2 Summary of key issues across all service area discussions

Each of the focus groups considered all or some of the proposed options for service change – depending on the interest and purpose of the group/organisation being consulted - there were differing opinions expressed based on:

- The specific needs of the respondent group (specifically learning disability, sensory disability, cognitive impairment, disability, English not a first language and, single parents);
- The social implications of the options;
- The costs to the individual both financial and time implied in the options.

These are discussed throughout in each of the specific service areas, however, it is clear from the review that there are several issues that are common to all, which in summary are:

WHY THE ENHANCED FOCUS ON SUNDERLAND ROYAL HOSPITAL; WHERE'S THE EVIDENCE, CAN IT COPE?

There is a continuous theme in the groups' dialogue which questions:

- The fundamental rationale of consolidation of service, in many cases recognising the benefits, but still essentially unconvinced by the evidence as presented to them, particularly in the commonly held view that South Tyneside Hospital performance is the better of the two;
- The ability of estates and facilities (car parking, general hospital estates/roads and hotel services) at Sunderland Royal Hospital (SRH) to cope with the cumulative increase in demand implicit in all the options;
- The impact on clinical and other staff at SRH coping with increased demand from the proposed service rearrangements, with specific concerns over stress and morale, along with concerns for Paramedics and other North-East Ambulance Service (NEAS) ambulance staff, described as *'valuable and scarce resources'*.
- The proposed options were all felt to focus on a downgrading of services at South Tyneside District Hospital (STDH). The general feeling across the groups was that this – irrespective of service under consideration –was likely to foster health inequalities. The common rationale for this opinion was:

  'most people will put off going to Sunderland until it becomes a major issue… more health problems'

The feeling was that the case for Sunderland Royal Hospital had not been successfully made and there was equal justification for some or all of the services to be centred on South Tyneside District Hospital.

TRAVEL AND ACCESS (SPECIFIC NEEDS)

Participants in the groups with specific needs highlighted the specific issues around transport and accessibility, summarised as:

- The extra travel demands put on patients and family/friends of travelling from South Tyneside to Sunderland (with recognised poor public transport links) present significant if not surmountable difficulties for those with additional needs. The view was that for any of the current options to be provided without extra transport support leads to inequalities in service provision.
- Transport is difficult for stroke survivors at any time and this will be much worse for those from South Tyneside who may have to access services in Sunderland;
- Accessibility of new services and unfamiliar surroundings are particularly challenging for those with sensory/cognitive impairment, again without additional support in place they are inequitable.

These concerns cover the opinion expressed by groups representing:

- Physical disability;
- Learning disability;
- Sensory disability;
- Single parent families;
- BME communities, particularly where English is not spoken as a first language;
- Cognitive impairment; and
- Low incomes from disadvantaged areas all expressed opinions

AMBULANCE RESPONSE TIMES

The groups expressed specific concern over the ability of the ambulance service to respond to emergency situations, specifically the 'blue light' travel time to Sunderland from South Tyneside, citing;

- Concerns from stroke survivors on the likely impact of delivering hyperacute care within the so-called 'golden hour' in which the extent of recovery of the individual is largely determined;
- For maternity services the issues around labour, which can go wrong quickly and at any time, and the capacity of the transfer from South Tyneside quickly enough to ensure the safety of mother and child.
- For children and young people's urgent and emergency services there are specific concerns from South Tyneside residents about emergency transfers to Sunderland in cases outside the 8-to-8 window or where the 24-hour nurse led service can't deal with the emergency.

This is coupled with a further concern over the additional pressure this puts on ambulance services and their crews dealing with these service changes.

Note: NEAS have subsequently provided a statement detailing the impact on Ambulance services which is available to the

STATUS QUO AND FINANCIAL PRESSURES

The overarching view is that the only fair and equitable service provision is to leave it the same and there was strong opposition in the groups to all the implementation of all the

options. Equally, there is a balancing view that the cuts in NHS funding are the driver for these changes and the best care that can be provided is the most important, if not ideal, factor.

HEALTH AND WELLBEING

Each group, considering each of the service areas, to a greater or lesser extent highlighted the potential negative impact on the overall health and wellbeing of patients, service users, family, friends, and staff. These involved:

- The pressure of additional travel, impacting on mental health;
- Isolation of patients whose friends and family find it difficult to make the journey from South Tyneside to Sunderland on a regular basis;
- The burden on physical and mental health of friends, family and carers resulting from the increased travelling required to visit Sunderland from South Tyneside; and
- The pressure on all staff in delivering these service changes, which the groups feared would lead to resourcing crises.

SHIFTING SERVICE TO OTHER AREAS

The groups indicated they felt the intention of changes in service options was to redirect patients to Sunderland from South Tyneside. However, it was identified that this ignored the local geography, preferences *("we don't mix well with Mackems"),* and road networks and, perhaps, introduced an unintended or unconsidered consequence of the changes resulting in patient flow to other areas. Respondents from South Tyneside cited the difficulties with traffic on the A19 and the availability of services closer to home:

> *"QE and RVI [17]are easier to get to than SRH –I wouldn't even think of going to Sunderland"*

TRAVEL AND TRANSPORT: THE FINANCIAL & TIME BURDEN PLACED ON THOSE WHO CAN LEAST AFFORD IT

Again, irrespective of service the proposals require extra travel time for all, of concern amongst the representatives of the equalities groups were:

- The lack of direct public transport links to Sunderland from South Tyneside;
- The prohibitive cost of public transport for those on low incomes;
- The impact of having to use public transport for single parents with children;
- Difficulties for people who do not speak English as their first language in using public transport;
- Difficulties in travelling to Sunderland from South Tyneside at night, particularly in the case of BME groups with a high prevalence of evening/night workers.

[17] QE = Queen Elizabeth Hospital, Gateshead, and RVI = Royal Victoria Infirmary, Newcastle

TRUST

For many of the equalities groups one of the biggest barriers is gaining trust in the service. The changes were felt to have a disproportionate effect on those with sensory or learning disabilities, cognitive impairment and people from BME backgrounds who find it difficult to establish this trust in new services and particularly difficult to navigate a new environment with confidence. The common issue being communication and understanding.

TRAVEL AND TRANSPORT: AN ADDITIONAL TIME AND COST BURDEN ON THOSE WHO CAN LEAST AFFORD IT

The issue of travel and transport related to the options came up in all groups, irrespective of their interest area, highlighting the problems and an overall lack of additional transport. support in the options presented. The major concerns were:

- The cost of additional public transport for those on low incomes;
- The burden placed on people from the additional travel requirements and potential for consequential impacts on physical and mental health; and
- The difficulties associated with public transport for those with additional needs, summarised in one group as:

> *"Extra and complex humanitarian demands on people with additional needs travelling from South Tyneside to Sunderland"*

Specific issues included:

- Single parents travelling on public transport with young children, in terms of cost and managing them over a long journey;
- Navigating a more complex street system in Sunderland for drivers from South Tyneside;
- The increased costs for drivers from South Tyneside, in fuel, wear and tear and parking charges in travelling to Sunderland.

THE CONSULTATION PROCESSES AND EVIDENCE BASE

There was widespread discussion of the consultation processes themselves, the presentation of the options and the language used to describe them, as:

- The option descriptions are all the same or very similar, the favourite in all of them is Sunderland, with South Tyneside facing service reduction in all of them. Equally the options are presented in such a way that it is clear the way the groups feel they are expected to express a preference. From one of the groups it is described as *'loading the dice'*
- The overall format of the consultation is too complex in its language and the number of services and options being considered. This was particularly true for the groups where English is not their first language, those with learning disability or cognitive impairment and the time pressured, parents specifically.
- There were observations, particularly from stroke survivors, that:

> *"…the options had been loaded to make you have to choose the best of a bunch of*

unacceptable options and that there was no evidence to show that these options were necessary for consideration."

Concluding that the case presented to the groups offered no supporting evidence that options were an improvement in the *"duty of care the NHS has to the residents of South Tyneside."*

- **What's the point:** While some groups were welcoming of the opportunity to be consulted on the options, there were a range of specific and sometimes heated opinions on this matter, notably:
  - Young people who feel their opinions are overlooked;
  - Disability groups who feel they are a 'tick box' consultee for the local authority and NHS organisations whenever there is an issue;
  - Single mothers who feel they have been consulted in the past on different issues only to have their views ignored.

  Overall, while continuing to support consultation the view is increasingly 'what's the point' in contributing.

10.1.3 Summary of key issues: Stroke Services

Overall comments

Overall the groups recognised that financial pressure and the need for modern services led to the need for a concentration of hyperacute and acute stroke services in one place, with 24-hour, seven days a week access to specialist skills, care and equipment. Stroke survivors were delighted to be consulted on this issue. Despite this, it was also clear that this acceptance comes with several qualifications, namely:

- The move to Sunderland of the hyperacute and acute services is likely to cause extra pressure on the Ambulance Service and Paramedics, which could have serious consequences for staff if this additional pressure is not supported;
- The perceived lack of hyperacute and acute stroke care at South Tyneside in a time sensitive intervention, would disadvantage residents in receiving care to minimise long term damage in the so-call golden hour; and
- Public transport from South Tyneside to Sunderland is a major issue described as *'geographical nightmare'*, overall the view was that adding extra travel distance without focussed support is unacceptable. However, participants in the Sunderland coalfields area stated they were used to travelling some distance to SRH anyway, and *"…failed to see why additional travel should or would be an issue…"* (Stoke Survivors)

Quality of Care and a Centre of Excellence (Stroke)

The groups generally favoured the idea of a concentration of hyperacute and acute services in one area, recognising this provided a concentration of excellence in terms of skills, personnel, and equipment.

"…we agree with the clinical people...we've already moved stroke care from South Tyneside to Newcastle and Sunderland…that can cover everything at the same time…" (BME group, South Shields)

"…the centralisations of services is far better than having a few mediocre services…" (Stroke Survivor's Carer, Sunderland)

INEQUALITIES

The main issues related to service inequalities were associated with all three options for stroke services reorganisation – namely that South Tyneside would only have rehab services provided locally. These were viewed by many participants as being inadequate and were therefore considered to result in inequalities in service provision for South Tyneside residents.

FINANCES AND REALITY

Many, but not all, of the groups accepted the 'reality' as they perceived it that the reorganisation was based on the national pressure on NHS finances and the need to do more with less. However, there was a genuine desire to understand if these were real savings that could be reallocated or simply reductions in running costs.

"What happens to the savings?"

"Are the savings put into nurses and doctors for South Tyneside?"

Underpinning this was the recognition that the benefits of centralising the acute and hyperacute services in one area outweigh other issues. However, the overall savings were felt to be relatively small.

"Savings of £510,00 does not seem significant for such a change."

OPTION PREFERENCES AND THE STATUS QUO

Option 1 was the preferred option for stroke services in the minority of cases where the groups were able to agree, mainly based on the cost saving element. But, those that did agree did so with the caveat that "dice heavily loaded" in favour of Option 1.

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.

10.1.4 Summary of key issues: Maternity and Women's Healthcare Services

OVERALL CONCERNS

The major concern voiced in most groups over the two proposed options was the lack of Consultants on site at South Tyneside District Hospital. This was based on the assertion that child birth is not a simple, prescriptive event for anyone and reducing services would be to the detriment of the residents of South Tyneside, introducing a perceived unnecessary and unacceptable risk.

The time it takes to independently transport a mother in labour to Sunderland could have major detrimental effects. People unfamiliar with Sunderland, its road systems and transport would struggle with transport and extra costs incurred which would in turn create more issues and problems.

The groups were also concerned about the proposed changes and felt that they were unnecessary and would be confusing for people who were accessing them. There was a general lack of confidence that the decision had not already been reached despite information provided to the contrary both verbally and in consultation documents.

Quality of Care and a Centre of Excellence

The groups felt that, despite previously expressed reservations about the lack of Consultant care at South Tyneside, the concentration of expertise on one site was a major benefit of the proposals.

> *"Best care is most important"*

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

The overarching concern is the safety of mother and child, supported by a centre of excellence in Sunderland. However, this aspect of safety was questioned for South Tyneside in terms of the extreme pressure this will put Midwives under; they will be called upon to assess need and to establish if a birth at the MLU was becoming higher-risk and have responsibility for deciding if this requires emergency transfer to Sunderland.

There was a strong feeling that the downgrading of maternity services in South Tyneside would lead to an increase in home births in the borough. There was also concern at the loss of a Special Care Baby Unit (SCBU), particularly amongst recent mothers.

> *"…my baby was in the SCBU (at STDH) we need that here; I'd be scared if it wasn't close..."*

Ambulance Response Times

Again, linked to the issues of safety concern was expressed over the ability of the Ambulance Service to respond to pregnancies that become high risk/emergency very quickly. The specific concern was around transporting mothers' in distress to Sunderland in time to be safe for both them and their baby.

Travel

While the groups discussing the maternity options identified the concerns over travel discussed in the overall concerns there were specific concerns raised in relation to childbirth. This was mainly concerned with issues associated with travel to Sunderland from South Tyneside for higher-risk births at night time, particularly amongst communities where there are high levels of employment in the evening/night time economy, meaning partners are not always available.

> *"Travel from South Shields to Sunderland to give birth during night time will be very*

hard, time consuming and expensive" (BME group)

Option Preferences

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.

10.1.5 Summary of Key Issues: Children and Young People's Healthcare (Urgent and Emergency Paediatrics) Services

Overall Concerns

Discussions in the groups highlighted the following overall concerns with the proposed options

- Children get sick 24 hours a day, seven days a week and an appropriate inclusive service needs to reflect that. The groups highlighted a consistent concern that an illness or condition that starts off not being an emergency with a child can quickly become life-threatening
- As with the other services there was concern over the general downgrading of services at South Tyneside, particularly for a group as vulnerable as children and young people.

Quality of Care and a Centre of Excellence

The groups felt the needs of children to be paramount in this dialogue, the options should focus on delivering safe care always and in the most efficient way. For many this was unclear under the proposals, particularly for services in South Tyneside, this confusion summed up as:

"…don't understand, if you go and nurse can't diagnose you would you be transferred to Sunderland?" "...wasted time, there and back and then sent to Sunderland…"

Ambulance Service Response Times

There was a view that an increased number of ambulances would be needed to cover the transfer issues for children and young people between the twelve hour or nurse led services at South Tyneside to those in Sunderland.

Travel and Transport

There were several specific concerns raised over the issues of transport and travel in the care of children and young people, notably:

What decision should be made about taking a 'poorly' child to South Tyneside at 18:50 "how would the 8pm cut-off be managed, where should I go?"

"How would the proposed service accommodate, and support families from South

Tyneside who have complex issues with transport, financial hardship, and lack of knowledge of the area?"

Access Inequalities

There was felt to be an inequity in access for parents, children, and young people through the changes in services in South Tyneside, specifically in terms of impacting on employment:

"More time off work as I'll need to go between 8am and 8pm'

The issue of access to an 8am to 8pm service was also highlighted for younger children, where symptoms are generally only noticed later in the day:

"…don't usually notice a rash until bath time…"

Health and Wellbeing

There were concerns raised over the general health and wellbeing of children and young people based on a delay in care if people can't get to Sunderland and they decide to 'wait and see' if the issue will resolve itself. This was felt to lead to *"more health problems for kids"* and ultimately it *"…might put kids in danger if you waited"*

Option Preferences

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 was felt to be a compromise and ultimately led to downgrading of service at South Tyneside.

10.1.6 Impact on Equalities Groups of the Proposals

In addition to the discussions, participants at each of the focus group were asked to complete a monitoring form. As well as the standard demographics and satisfaction inquiries participants were asked the following question to help assess the impact of the options on the representative equalities groups:

Q *Can you think of any way in which the proposals in the Path to Excellence consultation will affect you more than other people?*

Where answers were provided[18], it is possible to group these impacts around five major areas of concern, which broadly support the overall thematic concerns of the focus groups:

- Impacts upon the family, for single parents, caused by moving service from South Tyneside to Sunderland;
- Concerns related to the proposed options relate to specific present and future need from representatives of the equalities groups;
- Developing trust in the new services and demonstrating respect for the specific needs of the community with additional needs;

[18] It is important to note the relatively small response rate from the overall group attendance; however, these provide an insight to be investigated in the consultation dialogue.

- The impact on the overall health and wellbeing – their mental health included – of the equalities groups represented in discussions;
- Representatives of the equalities groups resident in South Tyneside are more likely to be concerned about the additional travel burdens placed on them by the proposed move of services to Sunderland. This is largely due to a reliance on public transport, which presents complex challenges including, but not limited to, confidence, ability and communication.

The grouped comments[19], leading to these themes are shown below:

FAMILY IMPACTS:

- As a single parent if I had to stay overnight in Sunderland it would be impossible regarding childcare/visits. I would not see my daughter and if it was a prolonged stay this would be awful.

FUTURE AND PRESENT NEEDS – SPECIFIC CONCERNS OVER THE OPTIONS:

Reponses show a real concern for the ability of the proposed service changes on their specific needs, now and in the future:

- At any time, I could have a stroke and require gynaecology services.
- Because I am pregnant, and nobody can predict what labour will look like but in case of any emergency the women and baby are at risk.
- I am a carer of a stroke patient.
- As recently had to use emergency services.
- I am a single parent with 3 children on a low income.
- I have young children who may be affected to the changes

TRUST AND RESPECT:

- Need to be more 'deaf aware' and be more flexible to the deaf community. We are human beings.

HEALTH AND WELLBEING:

- I have long term health problems and anxiety and travelling to Sunderland would make this worse.

TRAVEL AND TRANSPORT:

- If everything goes to Sunderland it will make getting my children to hospital harder (one is disabled, I always have to take both children along)
- Lack of funds and transport.
- Transport
- Travelling would create anxiety as I'm nervous about medical appointments anyway.
- Unable to drive. Restricted walking.
- Distance to travel and lack of transport (affordable).

[19] Reported as verbatim from the anonymised data provided to SMP.

10.2 Travel and Transport Discussion Group

In line with the principles of consultation as a continuous dialogue, the consultors recognised the importance of the issues around travel and transport arising in public groups convened a specific discussion on the issues. This event took place on the 4th of October 2017 and was attended by 52 people.

The discussions mainly, but not exclusively, focused around public transport and the use of taxis. The broad themes emerging from these discussions were:

ACCESSIBILITY

Discussion focused around the issues faced by people with physical disabilities using public transport to get to hospital for appointments and treatment.

> *"…lady in a wheelchair…took…4 hours to travel by bus from Whitburn to Sunderland. Not all the busses were wheelchair accessible and those who did had no space…either being used by another person or by someone with a pram..."*

> *"… how is a wheelchair user expected to get to hospital in the middle of the night – there are no wheelchair friendly taxis and the metro is not wheelchair friendly. She has a family and is concerned that if her daughter is rushed to hospital in an ambulance she is unable to travel with her as the wheelchair won't fit.*

There were also concerns raised around the provision of ambulance transfers for people with additional needs.

> *"…(he) needed 2 people to take him to hospital for an appointment. He rang NEAS and was told there would be two people to take him but not to bring him back and because of this he missed his appointment…"*

EXISTING AND EXTRA BUS AND METRO PROVISION

There was a major issue identified in the lack of direct bus services from STDH to SRH, which will have an impact on ability to travel by public transport.

> *"…need a direct bus service, the direct service needs to be reinstated. The bus service from South Tyneside to Sunderland goes all through the borough and is not currently going to Park Lane. A bus operator needs to provide the service…"*

> *"…Want to go direct without changing, we need several buses on a borough wide basis – not just one bus service, that will take too long…"*

> *"…need a direct bus service from Sunderland to South Tyneside hospital…"*

There were also concerns around using the Metro system to get to hospital.

> *"Metro system is very unreliable – how will sick people cope?"*

> *"…concern about Metro safety at stations…"*

There was a genuine desire to understand the role of the operator providing public transport and the extent to which they had been involved in the process so far.

"We want to know what the bus companies have to say…"

Tempered with a healthy level of scepticism around the issue of the same operators being 'for profit' organisations:

"…public transport operators will be richer but residents poorer."

Parents also felt there was an issue for them in terms of Paediatric services moving to Sunderland and the likelihood of high volumes travelling at the same time on public transport without the capacity to deal with them.

"…only 2 prams on a bus at one time… wheelchair priority over prams…access to buses?"

PRIVATE TRANSPORT (TAXIS)

It was acknowledged that taxis offered the most flexible means of getting to hospital for those without their own car or access to other means of transport. It was also acknowledged that the

"…people can't afford to get taxis..."

"Taxi fares are £11 a day and £16 after 10pm..."

This was particularly difficult for people with low incomes.

People who are unemployed won't use them for transfers.

It was also commented on that while there is existing support for people who need to use taxis this is a limited facility which could be useful if more widely available.

The taxi card facility is not for everyone.

OUT OF HOURS?

The relocation of services from South Tyneside to Sunderland was particularly troubling when considering the need to travel at night for those lacking their own transport.

This centred around general concern about night time discharge or completion of treatment and being unable to return to their own home, again coupled to concerns over cost of other forms of transport.

"Overnight we need a 24-hour patient mini bus service to take people back to their home…"

This was particularly troubling for those with children who have additional needs requiring care in the night.

"…how do you get a child who is disabled from one place to another overnight?"

Ambulance Service Responses

The overall comments around the Ambulance Service focused on the perceived lack of concrete information around their responses to the proposals and the difficulty in making any informed input into the consultation.

> *"…there is not clear evidence re NEAS to consult properly…"*

> *"Discussions with NEAS have been taking place for over a year and we are still no further forward."*

It was also noted that the Path to Excellence is a phased process, with concern raised over the effect of additional change on NEAS services. The worry was that this had not been accounted for in planning or cost saving calculations.

> *"…this is just the first phase – what will happen when more trusts come together – what will the overall impact on NEAS be across the region…"*

Service specific issues were also raised, in particular the ability of ambulances to respond to Strokes and ensure the patient is treated within the 'golden hour'.

> *"Stroke: does the 12-minute transfer time include the time you wait for a blue light ambulance?"*

Passenger Transport Service (PTS) ambulances were also seen as an issue, particularly for those reliant on them and needing to attend appointments at short notice.

> *"…booking PTS ambulance - need 5 days' notice…"*

Parking

The first and most common comment made around parking was the cost, seen as a major barrier to access for patients, family, and visitors.

> *"Car parking fees should be abolished or there should be a system to get a free slot if you are a regular visitor."*

> *"Stop parking charges for all staff and patients."*

This was also supported by several suggestions of practical solutions to the issue, mostly focused on aiding staff parking to help families and visitors.

> *Staff to use multi-story car park which is separate to patients – also safer as they will leave through a separate entrance…free up space for patient parking.*

Cost (particularly for those on low incomes)

The most notable concern in this area was the affordability of transport for those on low incomes, particularly those living in areas of deprivation.

> *"…high unemployment/poverty in South Tyneside – people can't afford to get taxis…"*

Furthermore, the proposed move to Sunderland of services from South Tyneside was felt to add worries about the cost of transport in already difficult time. A specific example was given in relation to Stroke services.

> *"…how does someone get to hospital to visit their loved ones when they are dying in the middle of the night? There is no public transport and taxis are expensive…"*

This issue was also discussed in relation to Maternity services.

> *"…women can't afford to go home currently from maternity at South Tyneside…"*

This is linked to the discussions around support for transport needs and the need to overcome any attached stigma to ensure those who need it most are able to access help with transport.

> *"…parents don't apply for free school meals so how will they apply for transport help..."*

This was extended to cover all patient travel needs.

> *Patient transport should not be means tested, but be available to those who genuinely need it.*

Additional Burdens on Relatives and Friends

The most significant issue was in relation to immediate family, partners and the additional pressure travelling from South Tyneside to Sunderland will put on them.

> *"…neighbour's husband…suffered a stroke and had been taken to Sunderland hospital – where he later died. She spent all day travelling back and forward to Sunderland from South Shields to visit her husband and then come back to see to her dog. This took her all day and cost her a fortune. She would have had a much better quality of life if her husband had been in South Tyneside and someone could have looked after her dog, taking the pressure off her..."*

This was also extended to include the wider family, the need to visit and the potential isolation of patients if this is not possible.

> *"…how will anyone without a car (family/visitors) get back to South Shields from Sunderland…"*

The group recognised this burden to include both time and money, resources in very short supply for many people.

> *"…Cleadon Park to Sunderland bus station £3 and takes 78 minutes…"*

Travel and Transport Analysis Concerns

There was some scepticism of the validity of the field testing used in the transport impact assessment and the assumptions contained around travel times.

> *Is the field testing late at night/overnight?*

> *"(I) dispute 20-minute time to SRH from South Shields. There are lots of bus changes and this is particularly difficult for mums with kids. Whiteleas takes 3 buses, Hebburn 2/3 buses – therefore, not 20 minutes with lots of bus connections…"*

In some cases, people involved in the qualitative discussions held the perception that evidence was not available on the travel and transport issues during the consultation period, despite its publication and widespread availability. Consequently, some respondents felt meant decisions were being made without having the facts available.

> *Evidence will appear later, and public won't get a chance to have a say – will the consultation be extended?*

ALTERNATIVE SOLUTIONS

The group did offer several practical suggestions to address the travel issues, which were:

Provision of travel advice at both hospitals to support travellers

> *"…travel plan coordinators at SRH and STDH…"*

The adoption of more community focused, not-for-profit solutions to transport issues.

> *"…community transport/subsidised shuttle bus…"*

The use of technology as an alternative to travelling such as telemedicine:

> *"Stroke consultants do video inks in SRH so why can't we do that in STDH?"*

10.3 Staff Q&A events

Consultation groups were held to provide the staff in the services impacted by the options put forward in the Path to Excellence consultation with the opportunity to contribute to the consultation process. In total twelve clinician led briefing sessions were conducted in either South Tyneside District Hospital (STDH) Lecture Theatre of Sunderland Royal Hospital (SRH) Lecture Theatre.

These briefing sessions were attended by 174 members of staff from the three services the subject of Phase 1 consultations. The details of these sessions are shown below.

Service	Date and Venue	Staff Attending
Stroke Services	26th September 2017, STDH	13
	29 September 2017, STDH	8
	20 September 2017, SRH	7
	20 September 2017,	19
Maternity and Gynaecology Services	21 September 2017, STDH	31
	22 September 2107, STDH	21
	8 September 2017, SRH	10

	20 September 2017, SRH	9
Paediatrics Services	27 September 2017, STDH	13
	3 October 2017, STDH	26
	8 September 2017, SRH	10
	28 September 2017, SRH	7
	TOTAL	**174**

The overall sentiment of the staff groups, irrespective of the service focus of the discussion, was reflected in the following points:

- Concern/disapproval that as a group they had not been involved in the pre-consultation stages of this exercise. The feeling was their expertise and experience had been overlooked and where they had
- A real uncertainty over the security of jobs and anxiety over an unknown, not fully described, new job role with undetermined risk and protections.
- There is a reliance on a responsive ambulance service, staff feel this has not been confirmed which makes meaningful discussion difficult, if not impossible.

> *Recent experience of a request for an 8-minute ambulance transfer which took 45 minutes.*
>
> *NEAS response and risk assessment hasn't been shared – asking for comment with the full facts*

10.3.1 Stroke Services

Consultation Process and the Options

There was a general concern that the documentation and wording of the options were heavily leading the decisions.

> *All the documentation seems to support Option1 – are staff being told this is the only option*

Operational Reality?

While there was a positive recognition of the fact that other realities than individual fault are drivers for these changes, including long term recruitment difficulties. However, there were concerns that the options seemed to have been developed in isolation, without staff consultation and involvement in the early stages.

> *None of the senior therapy staff were involved in the early stages of preparing the consultation*
>
> *Can staff put forward their own options?*

COSTS

It is not clear where the financial models come from, and until costs are understood it is difficult to become fully engaged.

CAPACITY AT SUNDERLAND

There was a concern over the overall capacity of the facilities and staff at Sunderland to cope with the increased demand.

REHAB/REABLEMENT

Staff felt that while the service would benefit from the proposals, the major omission was consideration of the discharge support and service offers.

> *"Care packages are influencing length of stay, dependent on borough…"*

SAFE STAFFING

Once the changes are implemented and the temporary measures lifted will the need to meet NICE safe staffing levels have a negative impact on savings or has this been considered?

PRACTICAL ISSUES

There were a number of practical issues not fully explained or explored in the options such as:

> *"if we get a suspected stroke via ambulance in ED but the diagnosis is not stroke would the patient be repatriated back to South Tyneside?"*

> *"Would patients from South Tyneside have to move to STDH even if they chose not to?*

10.3.2 Children and Young People's healthcare Services

STAFF CONSULTATION

Some staff feel their opinions are neither listened to nor valued and that a third option put forward for Paediatric A&E was not considered. More importantly, they feel that the reason for this was not communicated to them.

IDENTITY

The general feeling among staff was that South Tyneside District Hospital was being systematically downgraded and with this comes a loss of identity as a hospital.

TRANSPORT

The move to Sunderland was of great concern, for staff who will be required to travel and more importantly for the residents of South Tyneside. Many cannot afford to travel to Sunderland and this was felt to be likely to have a long-term impact on the health of local children where parents will delay care for financial reasons.

ADULT A&E?

Staff felt strongly that children and young people should not have to be treated in adult A&E between 8pm and 8am, citing concerns over drunkenness, violence, and aggression. They were particularly concerned over existing A&E staff being trained in paediatric medicine when the skills already exist in them.

MINOR ISSUES

It was not clear what the pathway was for children presenting with minor health conditions, particularly out of hours.

CONSULTANT REVIEW

The need for consultant review and how this would be handled is not clearly explained in the options, leading to concerns over patient safety.

EVIDENCE BASE AND 24-HOUR DEMAND

The overall evidence base to support the options was queried and the decision to close from 8pm to 8am. 8pm-12pm was highlighted by a number of respondents to be the departments busiest time.

CAPACITY

Overall, along with other services, staff have concerns over the ability (capacity) of SRH to cope with the increased demand.

10.3.3 Maternity and Women's Healthcare Services

THE IMPACT ON COMMUNITY TEAMS

In terms of the impact of the options on community teams, staff feel that this does not appear to have been thought through and that Option 1 is likely to see an increase in home births and increased risk for high risk women.

MIDWIFE LED UNITS (MLU)

There was a general concern over recent history of MLU closures across the region, coupled with concerns over no specialist Doctors being at STDH

> *Low risk is a retrospective diagnosis. You can't foresee complications.*

Evidence for locating MLU in South Tyneside

> *"You cannot compare it to an affluent area…we have higher levels of deprivation and morbidity"*
>
> *"…Option 1 is nonsense and just to make Joe public reassured that they have a unit. Why would we put our staff through that when we know they don't work…"*
>
> *"Many women will come to a high-risk unit because they think they'll get better care…"*

However, some midwives supported the MLU

"If there is a MLU at STDH, I would want it to be successful, however Im aware they are under pressure. I support a MLU, but it will be important to have excellent transport."

ROLE OF STAFF

Pre-consultation business case, not specific about integration of community teams and the role of those who don't drive in this integration

"…we need to get away from seeing ourselves as two separate units and have staff working across both sites…"

TRAVEL IMPACT

Query evidence base and concerns over 'facts' cited in the travel impact assessment:

"…need to be clear about transfer times and we don't have that detail yet from NEAS..."

STAFF

There is a general level of disquiet about the staffing implications of the proposals:

"…most midwives are wondering about their jobs. We need to know how many midwives will be needed…"

"…some…are terrified of working in a free standing MLU – will midwives be given a choice of where they work?

11 Individual Submissions

11.1 Introduction

To ensure as fair an opportunity as possible was given for all to provide a contribution to the Phase 1 Pathway to Excellence consultation direct communications were accepted and actively encouraged. In total 57 submissions to the consultation were received from the following:

- Health Scrutiny and HealthWatch organisations;
- NHS Organisations;
- VCS Organisations – including national organisations;
- Patients and public;
- NHS staff groups including governors;
- Trade unions and staff groups
- Elected representatives, Members of parliament and political parties.

The detailed submissions were collected centrally by NECS during the consultation period and are available to consider in the ongoing decision-making process. The summary of these responses, and broad emerging themes are discussed in turn in the remainder of this section.

11.2 Health Scrutiny and Healthwatch organisations

Submissions were received from:

- HealthWatch South Tyneside
- HealthWatch Sunderland
- South Tyneside and Sunderland JHOSC
- South Tyneside Council
- Sunderland Health and Wellbeing Board
- Durham County Council

11.2.1 HealthWatch

CONSULTATION PROCESS

The level of involvement by the programme team and the appointment of an independent assessor (the Consultation Institute) was welcomed, but there were criticisms of the process, namely:

- Easy Read versions being available late *(Note: Easy Read versions were made available in September)*
- Comment that they considered uptake at consultation events to be low despite proactive publicity
- The perception that minority groups were involved late, and a request for a detailed breakdown of representation and attendance;

OPTIONS

There was support for the options, with the caveat that travel, and access were major issues in all.

DOWNGRADING SOUTH TYNESIDE HOSPITAL

There is concern STDH is being downgraded which causes concerns for the future.

TRAVEL AND TRANSPORT

There are concerns over the impact of the travel times and availability of public transport. There are also concerns over the ability of NEAS to support the proposed options.

11.2.2 Health Scrutiny

Responses from the scrutiny function of the local authorities gave support for the consultation process, with specific concerns around:

- The impact on local authority social care budgets through frequent NHS changes
- Assurances that dialogue is happening between the other STP footprints in the region
- Consideration of the need to retain a SCBU at South Tyneside
- Enhancement of rehabilitation services
- Assurances from NEAS on their capacity to support these changes
- Consideration of the availability of specialist paediatric nurses out of hours at STDH

- Transport and travel issues being addressed
- Service safety is paramount
- The ability of SRH to cope with increased demand is considered
- The future of STDH is considered in this consultation and beyond, including MLU viability
- Staffing issues and delivery models are fully developed
- A review of the consultation process and logistics is conducted

All have qualified their interim position with a request for a further presentation of the final results of the consultation before any decision is made.

11.3 NHS Organisations

Submissions were received from the following NHS organisations – including clinical networks and local NHS commissioner or provider organisations:

- Child Health Network, NHS England
- City Hospitals Sunderland NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- Maternity Clinical Advisory Group - NHSE
- Newcastle Gateshead CCG
- Newcastle upon Tyne Hospitals NHS Foundation Trust
- North of England Clinical Networks
- Northern Neonatal Transport Service (NNeTS)
- Northumberland CCG
- Screening and Immunisation - NHSE
- South Tyneside NHS Foundation Trust
- NTWD LMS Board
- North East Ambulance Service (NEAS)

All NHS organisations recognise the clinical and workforce issues driving the changes and support the principles and recognise the safety of the options, with specific concerns around:

- Ambulance Response Times; and
- The sustainability of MLUs and a need to learn from elsewhere.

Both NEAS and NNeTS have provided detailed submissions on their capacity and capability to meet the changes in the Options being consulted on. This will be considered in decision-making.

11.4 Voluntary and Community Sector (VCS)/Third Sector Organisations – Including National Organisations

Responses to the consultation were submitted directly from the following organisations from the community and voluntary sector, either locally or nationally, with an interest in the process. Submissions were received from:

- Alzheimer's Society
- Hearing Loss UK
- South Tyneside TEN young carers
- Stroke Association
- Young Parents Pathway - Places for People Living+

The observations and requests related to the Path to Excellence Phase 1 consultation were:

- The incorporation of dementia assessment in new Stroke care services;
- Travel and transport impacts in both cost and time in all service proposals
    - The impact on young carers
    - The impact on young people and families
- Concerns over the proposed Stroke services
    - Transport for carers (public transport between sites is poor).
    - Access to carer support services in South Tyneside (i.e. mechanism put in place to familiarise Sunderland staff with South Tyneside services).
    - Ensuring effective discharge planning is in place to support people going back home in South Tyneside.
    - Need to ensure good communication between South Tyneside and Sunderland Community Stroke Team services.
- Ensuring safety and safeguarding in the proposed changes

11.5 Patients and Public

A total of fourteen responses to the consultation were received from patients and members of the public. These are presented as broad themes, recognising the commonality in the discussions.

11.5.1 Detailed Technical Responses

Submissions included very detailed and comprehensive analysis of the proposals, supported by petitions opposing the options proposed for service reorganisation on the grounds they represent a fundamental downgrading of South Tyneside District Hospital and the local community.

The petition supporting this response attracted 30,692 signatures.

These responses have been received directly and are being considered by the CCG.

11.5.2 Summary of Key Themes

TRANSPORT

The majority of submissions focused on the transport difficulties in making the journey from South Tyneside to Sunderland. The two main issues were cost for those who could least afford it and the lack of any direct connection by public transport.

These submissions contained various suggestions for improving this situation from reinstating bus services to an NHS shuttle bus between the two sites.

WHY SUNDERLAND?

A small number focused on the suggestion that instead of moving services to Sunderland, instead they should move to South Tyneside.

AMBULANCE RESPONSE TIMES

Concerns were raised over the increased ambulance transfer times to Sunderland for South Tyneside residents and the worry over a detrimental impact this will have on care.

TRUST

A small number of submissions focussed on a lack of trust in the services provided by South Tyneside District Hospital, offering support for the move to Sunderland Royal Hospital.

COMMUNITY AND SOCIAL CARE

There was some criticism of the consideration of hospital care without considering changes in community care and rehabilitation along with the availability and cost of social care.

SHIFTING SERVICES TO OTHER AREAS

A feeling was expressed that for communities in South Tyneside, that moving services to Sunderland would instead see people seeking care at Gateshead or Newcastle, which have better transport links.

11.6 NHS Governors and Staff

Submissions were received from

- Joanne Proffitt, Community Stroke Team, South Tyneside NHS Foundation Trust
- Fiona Kerr South, Tyneside Paediatric ED
- Melanie Soutar, Matrix Young People's Service
- Alan Roulston, Professor Emeritus in Disability and Long-Term Conditions. Former Co-Chair of NIHR Research for Patient Benefit (North East)
- Graeme Howe South Tyneside NHS Foundation Trust Governor

The main concern of this group was the impact of changes to travel and transport in the proposals which will have a very negative impact on services and safety if no mitigation is taken.

11.7 Trade unions and staff group representatives

Submissions were received for consideration in the consultation from:

- Royal College of Midwives
- South Tyneside NHS Foundation Trust Delivery Suite Manager
- Sunderland Trades Union Council
- Unison

- Unite
- Gateshead and South Tyneside Local Medical Committee

The RCM wholly endorsed Option 1 as *being "…in keeping with the latest evidence-based guidelines and maternity policy; Option 2 contravenes these and would be a disservice to the women and families of the region…"* However, in summary, whilst there is support from the RCM, other trade union and staff group representatives commonly oppose the changes on:

- Workforce issues;
- Safety grounds;
- Lack of meaningful engagement of staff in the consultation process;
- Capacity issues at Sunderland;
- The long-term impact on South Tyneside.

These are presented as well thought out and reasoned arguments that will be considered in the final decision-making process

11.8 Elected representatives, Members of parliament and political parties.

Submissions were received from:

- Millfield Branch Labour Party
- South Shields Constituency Labour Party
- South Tyneside Labour Group
- Sunderland Central Constituency Labour Party
- Stephen Hepburn MP Jarrow Constituency
- Emma Lewell-Buck South Shields MP
- South Tyneside Green Party

Overall the proposals were opposed by MPs who cited the interests of their constituents as being seriously disadvantaged by these proposals, both as patients and staff.

The constituency parties also expressed strong opposition but were supportive of the work of local trade unions and community activists to represent their views.

12 Summary of Findings

Consideration of the analysis shows that:

1. 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
2. There are a range of overall concerns expressed about the options available by respondents in qualitative discussions.

Each of these areas is discussed in turn below.

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.'.

Preferred Option Stroke Services

- The **quantitative methodologies** reporting on preferences for the options indicate a **clear preference for Option 1** in most of the Reponses.
- 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.**

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.

13 Appendix One: Detailed Consultation Options for All Services

OPTION	OPTION DETAIL	IMPACT
Stroke Services		
Stroke Option 1:	• Combine all hyperacute and acute stroke care at Sunderland Royal Hospital • Patients from both South Tyneside and Sunderland will have their continuing hospital based rehabilitation at Sunderland Royal Hospital before being discharged to their local community stroke teams who will provide any further rehabilitation and support locally	• This option would deliver the greatest clinical improvements • It would fund more therapy staff to improve recovery • It would be a more appealing working arrangement to help recruit medical staff • Local clinics for people who have a mini stroke (TIA) would be at both hospital sites • Visitors of 240-300 South Tyneside patients each year (less than 1% of the population) will experience additional travel • £510,000 savings would be possible **This option is preferred by the clinical teams.**
Stroke Option 2:	• Combine all hyperacute and acute stroke care at Sunderland Royal Hospital • After **seven days,** patients who live in South Tyneside can be moved to South Tyneside • District Hospital for continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally • Sunderland patients will continue to receive their stroke rehabilitation care at Sunderland Royal Hospital before being discharged to their	• Working arrangements would be less appealing to staff • Would still present difficulties in ensuring adequate doctor cover • Mini stroke or transient ischaemic attack (TIA) clinics would be available at Sunderland Royal Hospital as there would not be enough medical staff to provide clinics at both hospitals • Visitors of 240-300 South Tyneside patients will experience additional travel for seven days • No savings would be made to invest in more clinical improvements • This would require an additional investment of £431,000 **This option is not preferred by the clinical teams**

	local community stroke rehabilitation team for support locally	
Stroke Option 3:	• Combine all hyperacute stroke care at Sunderland Royal Hospital • After **three days,** patients who live in South Tyneside can be moved to South Tyneside District Hospital for their acute stroke care and continuing in hospital rehabilitation before being discharged to their local community stroke rehabilitation team for support locally • Sunderland patients will continue to receive their acute stroke care and in hospital rehabilitation care at Sunderland Royal Hospital before being discharged to their local community stroke rehabilitation team for support locally	Working arrangements would be less appealing to staff • Would still present difficulties in ensuring adequate doctor cover • Mini stroke or transient ischaemic attack (TIA) clinics would be available at Sunderland Royal Hospital as there would not be enough medical staff to provide clinics at both hospitals • Visitors of 240-300 South Tyneside patients will experience additional travel for seven days • No savings would be made to invest in more clinical improvements • This would require an additional investment of £431,000 **This option is not preferred by the clinical teams**
Maternity (Obstetrics) and Women's Healthcare (Gynaecology) Services		
Obstetrics and Gynaecology Option 1	• Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births • Developing a free-standing midwifery-led unit at South Tyneside District Hospital for low risk births	• Women with a low risk pregnancy would have four birthing choices (home birth, freestanding midwifery-led unit (MLU), alongside midwifery-led care and consultant-led unit) • All women with higher-risk pregnancies would give birth at Sunderland Royal Hospital • Approximately 320 women from South Tyneside would give birth at the freestanding MLU at South Tyneside each year

	• The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged • Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals • Single special care baby unit at Sunderland Royal Hospital	• Approximately 460 women from South Tyneside with high-risk pregnancies would give birth at Sunderland Royal Hospital. A further 520 may choose to give birth at Gateshead or Newcastle • £1.13 million savings would be achieved.
Obstetrics and Gynaecology Option 2	• Retaining a consultant-led maternity unit at Sunderland Royal Hospital and continuing to provide alongside midwifery-led care for low risk births • The provision of community midwifery care, including all community antenatal and postnatal care will remain unchanged • Providing inpatient gynaecology surgery from Sunderland Royal Hospital while continuing to provide day-case operations and outpatients consultations at both South Tyneside District and Sunderland Royal Hospitals • Single special care baby unit at Sunderland Royal Hospital	• Women with a low risk pregnancy would have three birthing choices (home birth, alongside midwifery-led care and consultant-led unit) • There would be no provision to give birth in South Tyneside District Hospital, home birth would remain a choice for low risk women in South Tyneside • All women with higher-risk pregnancies would give birth at Sunderland Royal Hospital • Around 780 South Tyneside women would give birth at Sunderland Royal Hospital and 520 may choose to give birth at Gateshead or Newcastle each year • There would be no provision to give birth in South Tyneside District Hospital, home births would still be possible

		• An investment of around £300,000 would be needed to increase space • £1.16million savings would be achieved
Obstetrics and Gynaecology Option 1 & 2	**N/A**	• Women from Sunderland and parts of County Durham could choose to continue to give birth at Sunderland Royal Hospital • Antenatal and out of hospital postnatal care would take place locally • Dating scans and consultation appointments would be available at both hospitals • A single special care baby unit at Sunderland Royal Hospital would continue to serve South Tyneside and Sunderland communities • All gynaecology care requiring an overnight stay would take place at Sunderland Royal Hospital • Around 400 women from South Tyneside would receive gynaecology care at Sunderland Royal Hospital with approximately 200 women receiving care at Gateshead or Newcastle • Routine day case gynaecology surgery would be available at both hospitals • Visitors from South Tyneside would experience additional travel to Sunderland Royal Hospital or Gateshead. There is no clinically preferred option

Children and Young People's Healthcare Services		
Children and Young People's Healthcare 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	• Eight out of ten patients from South Tyneside would continue to be treated locally • Approximately 3,000 patients from South Tyneside who need urgent and emergency care overnight would be treated at Sunderland Royal Hospital each year, with approximately 400 treated at Gateshead or Newcastle • It would be possible to provide more specialised children's outpatients clinics in South Tyneside • Would cost approximately £370,000
Children and Young People's Healthcare Services 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	• Six out of ten patients from South Tyneside would continue to be treated locally • Around 6,600 patients from South Tyneside needing specialist treatment would be treated at Sunderland Royal Hospital each year with approximately 700 of those treated at Gateshead or Newcastle • It would be possible to provide more specialised children's outpatients clinics in South Tyneside • Savings of £220,000 would be made
Children and Young People's Healthcare	N/A	• Provide locally accessible 7-day urgent and emergency children's services at South Tyneside and Sunderland during peak times of need

Services Option 1 & 2		• Offer specialised care at Sunderland Royal Hospital for more seriously ill children and young people • Would improve the quality and experience of care. • Would involve some additional travel for families of South Tyneside patients requiring more specialist care or urgent treatment • Sunderland and some County Durham patients would access urgent and emergency children's care at Sunderland Royal Hospital There is no clinically preferred option.

14 Appendix Two: Targeted Equality Focus Groups Demographics

14.1 Introduction

The Equalities Impact assessment activity conducted by the Path to Excellence programme identified those protected characteristic and other equalities groups most likely to be affected by the proposed service changes.

32 focus groups were convened and moderated by Voluntary and Community Sector (VCS)/third sector partners across South Tyneside and Sunderland, though only 28 were reported for analysis. Originally planned for September/October but running into November, the sessions reached as far as possible the identified target groups likely to be affected by the proposed service changes.

To understand the extent to which the focus groups were representative of the protected characteristics groups and additional targeted special interests (people living in deprived neighbourhoods, people over 65, teenage mothers) participants at each group were invited to complete an equality monitoring form. The results of which are shown below.

14.2 General Demographics

Do you consider yourself Disabled	
Blank/No Response	18
No	95
Rather not say	2
Yes	30
Grand Total	**145**

Are you Currently Pregnant	
Blank/No Response	22
No	113
Rather not say	7
Yes	3
Grand Total	**145**

Partner/Spouse Currently Pregnant	
Blank/No Response	34
No	100
Rather not say	10
Yes	1
Grand Total	**145**

Do you currently have a child of less than 24 months	
Blank/No Response	14
No	118
Rather not say	1
Yes	12
Grand Total	**145**

Sex	
Blank/No Response	6
Female	117
Male	22
Grand Total	**145**

Sexuality	
Blank/No Response	13
Bisexual	4
Gay	8
Heterosexual or straight	113
Lesbian	4
Rather not say	3
Grand Total	**145**

Race	
Blank/No Response	10
Asian/British Asian: Bangladeshi	20
Asian/British Asian: Chinese	2
Asian/British Asian: Indian	6
Asian/British Asian: Pakistani	1
Black/British Black: African	5
Mixed race: Asian & White	10
Mixed Race: Black & White	3
Other (please specify)	13
Rather not say	4
White: British	67
White: European	3
White: Irish	1
Grand Total	**145**

Religion	
Blank/No Response	137
Atheist	1
Catholic	1
CofE	1
Hindu	4
Jehovah's Witness	1
Grand Total	**145**

Age	
Blank/No Response	17
16 to 17	4
18 to 24	7
25 to 34	26
35 to 44	20
45 to 54	24
55 to 64	25
65 to 74	13
75 or older	9
Grand Total	**145**

14.3 Living in a Deprived Neighbourhood

Using the first three characters of the postcodes provided on the monitoring form[20] and using a look-up table provided by the NECS Informatics team the approximate Index of Multiple Deprivation (IMD) scores, 1-10 with 1 being highest level of deprivation.

From the table below, it can be seen the bulk of participants are from areas in the top third most deprived areas in England.

IMD Score	Total
1	19%
2	22%
3	12%
4	9%
5	8%
6	3%
7	6%
8	5%
9	6%
10	8%
Grand Total	**100%**

[20] Only the first three characters were asked for and recorded to prevent identifiability to individual address.

15 Appendix Three: Equalities Groups – Key Issues from the Focus Groups

In the main report, a narrative of the main themes from the focus groups is presented. This appendix concentrates on the specific issues reported by the targeted equalities groups.

It is worth pointing out that the general themes of support and concerns echo those of the qualitative discussions with the general population of South Tyneside and Sunderland. However, where the groups did report specific concerns these are shown below as broad themes with a range of generalise supporting comments.

Loss of Independence (Sensory Disabilities)

- Being deaf strips away independence of individuals when dealing with NHS, which has a domino effect on other areas of life
- difficulties faced by the Deaf Community in accessing and being appropriately supported in accessing NHS services be they emergency, elected procedures, or routine appointments.

Specific Support Needs (Physical, Sensory and Learning Disabilities and Cognitive Impairment)

- Lack of signers and other interpretation is a very complex area and there are many different systems and technologies available that allow a more inclusive experience for a deaf person. However, the participants were concerned that these technologies would not be available, nor had they been considered in the costings.
- Specific Support Needs (Cognitive Impairment – Stroke Victims)
- The change to a new and unfamiliar environment without any navigation support is a major fear.

Isolation

- There are some very specific issues (e.g. isolation, mental health, travelling, trust and appropriate interaction) that need to be addressed
- All groups based in South Tyneside reported a real concern that being in hospital in Sunderland would isolate them from friends and family, removing an important support network leading to a fear of isolation and the impact that would have on their health.

Travelling Distances

- A significant concern for all participants from South Tyneside were the difficulties anticipated in travelling to Sunderland, particularly for those reliant on public transport.
- Amongst these concerns was that of communication and understanding when people face significant difficulties in this area and concern that without additional and specific

Age: Missing Goldilocks

Young people feel they are overlooked and older people feel they are forgotten, the concern is that only those in the 'Goldilocks' age group, not too old and not too young are heard and consequently, they feel a potential for their needs not to be considered. This was a source of concern and felt to have a detrimental impact.

Over Consulted, Mostly Not Heard

There was a feeling that NHS bodies and local authorities only consult with equalities groups as a 'tick box' exercise. The concern was that irrespective of the opinion shared their views would not be considered, leading to concerns over inequalities of access to the new service provision discussed in the options.

Women from a BME Background

The concern was of disproportionate impact on women of a BME background from South Tyneside, due to:

- A lack of confidence to attend services in Sunderland and to engage with the hospital when things go wrong
- Language barriers in accessing changed and unfamiliar services
- Travel issues at night when partners work evenings/nights

Single Parents Travelling with Children

Concern was also expressed over a feeling of disproportionate impact on single parents living in South Tyneside and reliant on public transport. The relocation of women's services and paediatric A&E was viewed as very difficult for parents dealing with more than one child, one of whom could be ill or if a mother, unwell themselves. This is of course tied in with wider concerns over childcare.

16 Appendix Four: Individual submissions

From (name)	Organisation (if applies)
Robert Tinnion	Northern Neonatal Transport Service (NNeTS)
Graeme Howe	South Tyneside NHS Foundation Trust Governor
Dr. K. Megson	Gateshead and South Tyneside Local Medical Committee
Cllr. John Robinson	Durham County Council
Roger Nettleship	Save South Tyneside Hospital Campaign
Peter Moore	Stroke Association
Dr. Stuart Huntley	North of England Clinical Networks
Anne Hill	South Tyneside NHS Foundation Trust Delivery Suite Manager
AR	Patient/public
Alan Roulstone	Professor Emeritus in Disability and Long-Term Conditions. Former Co-Chair of NIHR Research For Patient Benefit (North East)
Vicci McGurk	Maternity Clinical Advisory Group - NHSE
Neil Hawkins	Newcastle Gateshead CCG
Melanie Soutar	Matrix Young People's Service
John Anglin	South Shields Constituency Labour Party
Julie Bloomfield	Screening and Immunisation - NHSE
Paul Baldasera	South Tyneside Council
Simone Gray	South Tyneside Labour Group
Dave Telford	Unite
Stephen Hepburn	MP Jarrow Constituency
Angela Allen	Young Parents Pathway - Places for People Living+
Joanne Proffitt	Community Stroke Team, South Tyneside NHS Foundation Trust
Paul Baldasera	South Tyneside and Sunderland JHOSC
Karen Graham	Sunderland Health and Wellbeing Board
Dave Allan	Sunderland Trades Union Council

Jan Pyrke	Healthwatch South Tyneside
Fiona Kerr	South Tyneside Paediatric ED
Emma Lewell-Buck	South Shields MP
Laura Murrell	Sunderland Central Constituency Labour Party
Clare Williams	Unison
Shirley Ford	South Tyneside Green Party
MP	Patient/public
MF	Patient/public
DR	Patient/public
PB	Patient/public
Anonymous via HealthWatch Sunderland	
KF	Patient/public
MW	Patient/public
Members	Millfield Branch Labour Party
Dr. Alistair Blair	Northumberland CCG
Members	Royal College of Midwives
Wendy Hunter	Alzheimer's Society
SP	Patient/public
Susan Watson	Gateshead Health NHS Foundation Trust
SR	Patient/public
Karen Ahmed	South Tyneside TEN young carers
SM/HF	Patient/public
AR	Patient/public
Alan Patchett	HealthWatch Sunderland
Ken Bremner	City Hospitals Sunderland NHS Foundation Trust
Ken Bremner	South Tyneside NHS Foundation Trust
Dr. Robin Mitchell	Child Health Network, NHS England
Dr. S.N. Sturgiss	Newcastle upon Tyne Hospitals NHS Foundation Trust
Dr. Andrew Beeby	NTWD LMS Board
Rebecca Miller	Hearing Loss UK
Richard Upright Viki Murrary	Sunderland Central Constituency Labour Party
EH	Patient/public
Mark Cotton	North East Ambulance Service

Note: Submissions from patients/public show initials only

17 Appendix Five: Key Themes of Open Text Analysis from Quantitative Methods

17.1 Introduction

In each of the quantitative methodologies (online and paper consultation, direct patient, and street survey) respondents were asked to comment for each option on:

- What do you like about this option?
- What don't you like about this option?

These questions were asked of all respondents, against all options for all services. Discussed in turn below are the responses for:

- Stroke services;
- Maternity and women's healthcare services; and
- Children and young people's healthcare services (urgent and emergency paediatric care.)

The individual responses are grouped into themes using the same grounded theory approach as applied to the qualitative discussions[21]. The outcomes from this exercise have informed and largely reflect the further analysis of the qualitative discussions reported in the main body of the report.

17.2 Stroke Services

Stroke Services Option 1 - What do you like about this option?

- A Centre of Excellence with specialised staff and equipment
- Meets the needs of Sunderland residents
- Improved clinical care
- Funding for more staff including therapy staff
- The option savings make this a more affordable option
- Good reputation and easy access to Sunderland Royal Hospital

Stroke Services Option 1 – What don't you like about this option?

- Lack of stroke services at South Tyneside District Hospital / service focused on care at Sunderland Royal Hospital
- Distance / time required for patients/visitors of ST to travel to Sunderland

[21] *Note: the same themes have sometimes emerged in responses to different questions and therefore are reported each time they appear, which means themes can be duplicated across the service areas.*

- Increased demand placed on Sunderland Royal Hospital and ambulance service
- Both hospitals need stroke services
- Parking issues at Sunderland Royal Hospital
- Poor rehabilitation after stroke / discharge planning
- Negative comment about consultation and options

Stroke Services Option 2 - What do you like about this option?

- All services and facilities under one roof at Sunderland Royal Hospital / continuous care / covers all stroke needs
- Extra services / facilities available at South Tyneside District Hospital
- Good service available at Sunderland Royal Hospital
- Patient moved back to STDH after 7 days / faster turnovers of patients
- Good reputation and easy access to Sunderland Royal Hospital

Stroke Services Option 2 - What don't you like about this option?

- Negative impacts of option
- Concern with patients being transferred to South Tyneside District Hospital after 7 days
- Distance /time required for patients/visitors of South Tyneside to travel to Sunderland
- Lack of stroke services at South Tyneside District Hospital / service focused on care at Sunderland Royal Hospital
- Both hospitals need stroke services
- Negative comment about consultation and options
- Difficult option to achieve following temporary move

Stroke Services Option 3 - What do you like about this option?

- Extra services / facilities available at South Tyneside
- All services and facilities under one roof / continuous care / covers all stroke needs
- Good service available in Sunderland
- Patient able to return to South Tyneside after 3 days / faster turnovers of patients

Stroke Services Option 3 - What don't you like about this option?

- Negative impacts of option
- Concern with patients being transferred back to South Tyneside after 3 days
- Distance / time required for patients/visitors of South Tyneside to travel to Sunderland
- Lack of stroke services at South Tyneside District Hospital / service focused on care at Sunderland Royal Hospital
- Negative comment about consultation and options
- Both hospitals need stroke services

17.3 Maternity Services and Women's Healthcare Services

Maternity Services and Women's Healthcare Services Option 1 - What do you like about this option?

- Services / facilities available at both hospitals
- All maternity needs covered / full range of maternity services
- Option gives patients a choice
- Services under one roof at Sunderland Royal Hospital
- NHS savings
- Availability of consultants for high risk pregnancies / in case of emergency
- Availability of SCBU at Sunderland Royal Hospital
- Consistency of care
- Local antenatal and postnatal care available
- Women's healthcare / gynaecology

Maternity Services and Women's Healthcare Services Option 1 - What don't you like about this option?

- No consultant at ST / only MLU at ST / concern about complications occurring and being transferred
- Overcrowding / ability of Sunderland Royal Hospital and ambulance service to cope
- Inconvenience / extra travel for South Tyneside patients and families
- Lack of choice for high risk pregnancies / forced to travel further
- Services focus on Sunderland Royal Hospital / not enough services in South Tyneside
- No SCBU at South Tyneside
- No gynaecology inpatient facility at South Tyneside
- Inefficiencies / patient confusion with services being located over two hospitals
- Parking issues at Sunderland Royal Hospital
- Negative comment about consultation and options
- Viability of midwife led units
- Priority should be patient, not money

Maternity Services and Women's Healthcare Services Option 2 - What do you like about this option?

- All maternity needs covered / sounds good / full maternity service
- Services under one roof at Sunderland Royal Hospital
- Availability of consultants for high risk pregnancies / in case of emergency
- Good patient choice / options

- NHS savings
- Maternity services / facilities available at both hospitals
- Gynaecology services available at both hospitals
- Local antenatal and postnatal care available
- Option like / same as Option 1
- Low risk option to give birth at STDH / option for home birth
- Availability of SCBU at Sunderland Royal Hospital
- Consistency of care

Maternity Services and Women's Healthcare Services Option 2 - What don't you like about this option?

- No maternity service or MLU at South Tyneside District Hospital / unable to give birth in South Tyneside
- Overcrowding / ability of Sunderland Royal Hospital and ambulance service to cope with extra demand
- Patient (and family) required to travel to give birth / unsafe for mothers to travel further than necessary
- Lack of choice for high risk pregnancies / forced to travel further
- Investment needed
- No SCBU at South Tyneside
- No gynaecology inpatient service at South Tyneside District Hospital
- Lack of maternity services in South Tyneside makes having a home birth too dangerous
- Option not fair / good for South Tyneside residents
- Women / babies lives put at risk
- Parking issues at Sunderland Royal Hospital
- Comment about space at Sunderland Royal Hospital

17.4 Children and Young People's Healthcare Services

Children and Young People's Healthcare Services Option 1 - What do you like about this option?

- Access to care 24/7 at Sunderland Royal Hospital
- Children can still be treated locally for emergencies / services at both hospitals
- Separate department for children with specialised treatment and professionals
- More specialised outpatient appointments at South Tyneside
- Positive outcomes of option
- Access to specialised care for seriously ill children at Sunderland Royal Hospital
- Option covers all / meets needs
- Accessible service

- Positive patient experience and reputation of Sunderland Royal Hospital
- Greater availability of beds

Children and Young People's Healthcare Services Option 1 - What don't you like about this option?

- Limited opening hours of the emergency department at South Tyneside / downgrade of services at South Tyneside
- Extra travel for children and parents during the night from South Tyneside / implications if emergency
- Extra demand placed on Sunderland Royal Hospital and ambulance service
- Both areas should have access to 24-hour emergency care for children
- Extra cost required / options not cost-effective
- Transport issues for parents to access Sunderland Royal Hospital in the night
- A&E should be available for all ages
- Concern over the lack of facilities for children to stay overnight at South Tyneside District Hospital
- Parking issues at Sunderland Royal Hospital
- Option will be confusing to families (i.e. what is open and when)
- Concern that some families will still use South Tyneside A&E at night – pressure on staff / staff not specialised to treat children
- Negative comment about consultation and options
- Duplication of services / dilutes consultant led care over two sites

Children and Young People's Healthcare Services Option 2 - What do you like about this option?

- 24/7 access to children's emergency department at Sunderland Royal Hospital
- NHS Savings
- Positive outcomes of option
- Children can still be treated locally / services at both hospitals
- Option covers all needs and/or meets needs
- More specialised outpatient appointments at South Tyneside
- Access to specialised care for seriously ill children at Sunderland Royal Hospital
- Greater availability of beds
- Benefits of a nurse led minor injuries unit

Children and Young People's Healthcare Services Option 2 -

What don't you like about this option?

- No emergency provision at South Tyneside District Hospital / downgrade of services in South Tyneside
- Overcrowding / ability of Sunderland Royal Hospital and ambulance service to cope
- Distance required for South Tyneside to access emergency care and the issues associated with this
- Negative impact on children's wellbeing (i.e. travelling in an emergency)
- Waste of resources having a Children's Minor Injuries Unit / not viable option
- A&E provision needed in both areas
- Concern that the A&E department at South Tyneside District Hospital will close / open A&E for all
- Cost-cutting exercise
- Concern that some families will still use South Tyneside A&E at night – pressure on staff / staff not specialised to treat children
- Negative comment about consultation and options
- Option prevents children's day case surgery at South Tyneside District Hospital

18 Appendix Six: Process Questions all outputs

Criteria felt to be most appropriate to use in the decision making process

Across the majority of quantitative samples, high quality and safe was considered to be the most appropriate criteria to use in the decision making process. The overall results from each of the quantitative methodologies show that affordable is considered the least appropriate criteria to use in the decision making process. In both cases, this was also observed when looking at the split of respondents by area.

18.1 Resident survey results

Table: Appropriate to use in decision making process – all respondents

	Strongly disagree								Strongly agree	
	1/2		3/4		5/6		7/8		9/10	
High quality and safe	**3%**	13	**3%**	12	**5%**	21	**12%**	46	**76%**	297
Sustainable	**5%**	18	**4%**	14	**9%**	33	**15%**	55	**68%**	250
Affordable	**7%**	26	**6%**	21	**9%**	32	**18%**	65	**61%**	223
Achievable	**6%**	21	**5%**	20	**7%**	26	**15%**	55	**68%**	257

Table: Appropriate to use in decision making process – by area

	Strongly disagree														Strongly agree			
	1/2				3/4				5/6				7/8				9/10			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	1%	2	9%	11	3%	9	2%	3	7%	18	2%	3	8%	22	19%	24	80%	209	68%	88
Sustainable	3%	7	9%	11	4%	9	4%	5	8%	19	11%	14	10%	23	25%	32	76%	184	52%	66
Affordable	6%	14	10%	12	5%	11	8%	10	6%	15	14%	17	11%	27	30%	38	72%	175	38%	48
Achievable	4%	10	9%	11	6%	15	4%	5	6%	16	8%	10	8%	21	27%	34	75%	189	53%	68

18.2 Online/paper results

Table: Appropriate to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	27%	77	3%	10	9%	26	7%	21	53%	154
Sustainable	26%	71	6%	16	13%	35	12%	33	44%	123
Affordable	29%	78	7%	18	17%	46	16%	44	31%	82
Achievable	26%	72	5%	13	12%	32	19%	52	38%	105

Table: Appropriate to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	34%	59	13%	6	5%	8	0%	0	9%	16	9%	4	6%	11	11%	5	46%	81	68%	32
Sustainable	32%	54	9%	4	7%	12	6%	3	12%	20	11%	5	13%	21	9%	4	36%	60	66%	31
Affordable	36%	59	14%	6	9%	14	0%	0	16%	26	16%	7	15%	24	18%	8	25%	41	52%	23
Achievable	33%	55	15$	7	6%	10	2%	1	7%	19	7%	3	17%	29	17%	8	32%	54	59%	27

18.3 Direct Patient survey results – Children and Young People's Healthcare respondents

Table: Appropriate to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	7%	5	3%	2	5%	4	12%	9	73%	55
Sustainable	5%	4	3%	2	14%	10	18%	13	60%	44
Affordable	11%	8	4%	3	26%	19	34%	25	25%	18
Achievable	8%	6	3%	2	11%	8	24%	18	54%	40

Table: Appropriate to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	4%	2	9%	2	0%	0	9%	2	7%	3	4%	1	11%	5	9%	2	78%	35	70%	16
Sustainable	2%	1	9%	2	5%	2	0%	0	16%	7	14%	3	23%	10	14%	3	55%	24	64%	14
Affordable	9%	4	13%	3	5%	2	4%	1	28%	12	30%	7	40%	17	22%	5	19%	8	30%	7
Achievable	7%	3	9%	2	2%	1	4%	1	16%	7	4%	1	25%	11	26%	6	50%	22	57%	13

18.4 Direct Patient survey results – Maternity and Women's Healthcare Services respondents

Table: Appropriate to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	8%	8	1%	1	13%	13	26%	27	53%	55
Sustainable	5%	5	3%	3	7%	8	23%	25	62%	66
Affordable	9%	9	4%	4	18%	18	39%	39	30%	30
Achievable	7%	7	2%	2	15%	15	37%	38	40%	41

Table: Appropriate to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	8%	4	10%	3	0%	0	3%	1	20%	10	3%	1	22%	11	30%	9	50%	25	53%	16
Sustainable	8%	4	3%	1	2%	1	3%	1	6%	3	17%	5	25%	13	27%	8	60%	32	50%	15
Affordable	14%	7	4%	1	4%	2	4%	1	20%	10	18%	5	45%	23	25%	7	18%	9	50%	14
Achievable	9%	5	4%	1	0%	0	7%	2	21%	11	11%	3	34%	18	43%	12	36%	19	36%	10

18.5 Direct Patient survey results – Stroke Services respondents

Table: Appropriate to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	5%	2	5%	2	12%	5	17%	7	62%	26
Sustainable	9%	4	7%	3	2%	1	14%	6	68%	30
Affordable	8%	3	5%	2	13%	5	28%	11	46%	18
Achievable	5%	2	5%	2	18%	7	20%	8	53%	21

Table: Appropriate to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	11%	2	0%	0	6%	1	7%	1	22%	4	7%	1	17%	3	20%	3	44%	8	67%	10
Sustainable	11%	2	7%	1	16%	3	0%	0	5%	1	0%	0	16%	3	13%	2	53%	10	80%	12
Affordable	20%	3	0%	0	13%	2	0%	0	27%	4	7%	1	13%	2	47%	7	27%	4	47%	7
Achievable	13%	2	0%	0	6%	1	7%	1	38%	6	7%	1	13%	2	33%	5	31%	5	53%	8

18.6 Criteria felt to be most important in the decision-making process

The results from the quantitative methodologies when looking at both the overall results and split of respondents from each area, suggest that high quality and safe is perceived to be the most important factor to use in the decision-making process, and affordable the least important.

18.6.1 Resident survey results

Table: Most important to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	4%	13	3%	11	7%	22	12%	42	74%	249
Sustainable	6%	19	4%	12	11%	32	22%	67	56%	168
Affordable	10%	31	8%	23	15%	44	26%	76	41%	123
Achievable	8%	24	5%	16	10%	31	21%	67	56%	174

Table: Most important to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	1%	3	8%	10	4%	9	2%	2	9%	18	3%	4	11%	23	15%	19	75%	157	72%	92
Sustainable	5%	8	9%	11	6%	10	2%	2	11%	19	11%	13	15%	26	34%	41	64%	114	45%	54
Affordable	9%	16	13%	15	7%	13	8%	10	10%	18	22%	26	18%	32	37%	44	56%	100	19%	23
Achievable	6%	12	10%	12	7%	14	2%	2	9%	17	11%	14	17%	32	28%	35	60%	114	49%	60

18.6.2 Online/paper results

Table: Most important to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	6%	17	1%	4	6%	16	8%	22	78%	209
Sustainable	10%	24	6%	14	17%	42	29%	73	39%	998
Affordable	18%	45	7%	17	21%	52	28%	68	26%	64
Achievable	10%	24	2%	6	17%	43	30%	73	41%	100

Table: Most important to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	8%	13	2%	1	2%	3	0%	0	6%	10	4%	2	8%	13	9%	4	76%	122	84%	38
Sustainable	12%	18	7%	3	6%	9	5%	2	17%	26	9%	4	30%	46	27%	12	34%	52	52%	23
Affordable	20%	30	12%	5	8%	12	0%	0	22%	34	20%	8	26%	40	29%	12	24%	36	39%	16
Achievable	12%	18	5%	2	3%	5	0%	0	19%	28	14%	6	28%	42	29%	12	38%	58	52%	22

18.6.3 Direct Patient survey results – Stroke Services respondents

Table: Most important to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	2%	1	2%	1	5%	2	14%	6	77%	34
Sustainable	7%	3	12%	5	2%	1	19%	8	60%	26
Affordable	7%	3	2%	1	7%	3	37%	15	46%	19
Achievable	7%	3	0%	0	16%	7	30%	13	47%	20

Table: Most important to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	0%	0	0%	0	6%	1	0%	0	11%	2	0%	0	11%	2	19%	3	72%	13	81%	13
Sustainable	16%	3	0%	0	11%	2	0%	0	21%	4	0%	0	16%	3	20%	3	37%	7	80%	12
Affordable	18%	3	0%	0	0%	0	0%	0	12%	2	0%	0	29%	5	53%	8	41%	7	47%	7
Achievable	17%	3	0%	0	0%	0	0%	0	28%	5	7%	1	22%	4	40%	6	33%	6	53%	8

18.6.4 Direct Patient survey results – Maternity and Women's Healthcare Services respondents

Table: Most important to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	3%	3	1%	1	7%	7	7%	7	82%	84
Sustainable	2%	2	2%	2	17%	16	32%	29	47%	43
Affordable	13%	12	1%	1	17%	15	34%	31	34%	31
Achievable	3%	3	1%	1	13%	12	36%	33	46%	42

Table: Most important to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	2%	1	7%	2	2%	1	0%	0	8%	4	11%	3	4%	2	7%	2	84%	42	75%	21
Sustainable	4%	2	0%	0	2%	1	4%	1	24%	11	11%	3	27%	12	30%	8	42%	19	56%	15
Affordable	20%	9	4%	1	2%	1	0%	0	14%	6	24%	6	34%	15	28%	7	30%	13	44%	11
Achievable	4%	2	4%	1	2%	1	0%	0	16%	7	12%	3	33%	15	36%	9	44%	2	48%	12

18.6.5 Direct Patient survey results– Children and Young People's Healthcare respondents

Table: Most important to use in decision making process – all respondents

	1/2 Strongly disagree		3/4		5/6		7/8		9/10 Strongly agree	
High quality and safe	1%	1	1%	1	3%	2	6%	5	88%	68
Sustainable	4%	3	0%	0	9%	7	39%	29	47%	35
Affordable	8%	6	4%	3	25%	18	29%	21	34%	25
Achievable	3%	2	0%	0	10%	7	30%	22	58%	42

Table: Most important to use in decision making process – by area

	1/2 Strongly disagree				3/4				5/6				7/8				9/10 Strongly agree			
	South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland		South Tyneside		Sunderland	
High quality and safe	0%	0	0%	0	2%	1	0%	0	2%	1	5%	1	6%	3	10%	2	90%	44	86%	18
Sustainable	4%	2	5%	1	0%	0	0%	0	9%	4	14%	3	45%	21	24%	5	43%	20	57%	12
Affordable	9%	4	9%	2	4%	2	5%	1	24%	11	32%	7	29%	13	18%	4	33%	15	36%	8
Achievable	4%	2	0%	0	0%	0	0%	0	11%	5	9%	2	14%	14	23%	5	53%	24	68%	15

19 Appendix Seven: Focus Group Meetings (Dates, Venues)

Organisation name	Date held
BLISS=Ability	13/09/2017
LGBT Fed North East	20&27&28/09/2017
North of England Refugee service	22/09/2017
Stroke Association South Tyneside	12/09/2017
Stroke Association Sunderland - Coalfileds	15/09/2017
Stroke Association Sunderland - Mackem	14/09/2017
Stroke Association Sunderland North	20/09/2017
Talk 2 Us	28/09/2017
WHIST - Long term health	28/09/2017
WHIST - Volunteers	25/09/2017
WHIST - conversational English	27/09/2017
Children and Young People's mental health service	05/10/2017
WHiST - living with long term illness	11/10/2017
Sight Service	04&06/10/2017
South Tyneside CCG Patient Reference Group	05/10/2017
The Studio @ CIC	10/10/2017
The Studio @ CIC	12/10/2017
The Studio @ CIC	13/10/2017
Talk and sign	09/10/2017
Parent and toddler group	06/10/2017
Clervaux toddler morning	11/10/2017
St. Matthews toddler group	12/10/2017
St. Matthews toddler group	10/10/2017
South Tyneside TEN Young Carers	19/10/2017
Apna Ghar	31/10/2017
Sunderland People First	31/10/2017

20 Appendix Eight: Public Meetings (Dates, Venues)

Venue/location	Date held	Focus of the event
Jarrow Community Centre, South Tyneside	05-Jul-17	Launch event
Hope Street Xchange, Sunderland	05-Jul-17	Launch event
Glebe Centre, Durham	06-Jul-17	Launch event
Hope Street Xchange, Sunderland	11-Jul-17	Focused event on maternity, women's and children's services
Customs House, South Tyneside	12-Jul-17	Consultation discussion event - all service areas
Clervaux Exchange, South Tyneside	15-Jul-17	Focused event on maternity, women's and children's services
Bangladeshi International Centre, Sunderland	18-Jul-17	Focused event on stroke services
Living Waters Church, South Tyneside	19-Jul-17	Focused event on stroke services
Software Centre, Sunderland	26-Jul-17	Consultation discussion event - all service areas
Customs House, South Tyneside	13-Sep-17	Consultation discussion event - all service areas
Clervaux Exchange, South Tyneside	13-Sep-17	Focused event on maternity services
Easington Social Welfare Centre, Durham	14-Sep-17	Consultation discussion event - all service areas
Hetton Centre, Sunderland	16-Sep-17	Consultation discussion event - all service areas
Software Centre, Sunderland	19-Sep-17	Focused event on maternity services
Bunny Hill Centre, Sunderland	20-Sep-17	Q&A session
Customs House, South Tyneside	21-Sep-17	Q&A session
Clervaux Exchange, South Tyneside	23-Sep-17	Focused event on children and young people's services
Arts Centre Washington, Sunderland	28-Sep-17	Focused event on children and young people's services
Sea Hotel, South Tyneside	02-Oct-17	Travel and transport event

21 Appendix Nine: Resident Street Survey Sampling Detail

21.1 Quota: Sunderland

Gender and Age (2015 MYE)	Population	%	Quota
Male 18-34	31,224	14.0%	56
Male 35 - 54	35,248	15.8%	63
Male 55+	40,498	18.2%	73
Female 18-34	31,010	13.9%	55
Female 35 - 54	37,727	16.9%	68
Female 55+	47,140	21.2%	85
		TOTAL	**400**

Sample Quota (Ethnicity)	
White British/Irish/Traveller	380
White (Eastern European)	3
Mixed Ethnicity	3
Asian	11
Black	2
Arab/Any Other Ethnic Group	1
Total	**400**

Localities	Quota
Coalfield	67
Washington	67
Sunderland North	67
Sunderland East	67
Sunderland West	67
High traffic areas	67
TOTAL	400

Localities	Quota
Coalfield	67
Washington	67
Sunderland North	67
Sunderland East	67
Sunderland West	67
High traffic areas	67
TOTAL	400

Sample Size of 400	
Confidence Level	95%
Confidence Interval	4.9

21.2 Quota: South Tyneside

Gender and Age (2015 MYE)	Population	%	Quota
Male 18-34	15,461	12.9	52
Male 35 – 54	18,989	15.9	63
Male 55+	22,668	19	76
Female 18-34	15,440	12.9	52
Female 35 – 54	20,561	17.2	69
Female 55+	26,359	22.1	88
		TOTAL	**400**

Sample Quota (Ethnicity)	
White British/Irish/Traveller	381
White (Eastern European)	3
Mixed Ethnicity	4
Asian	9
Black	1
Arab/Any Other Ethnic Group	3

Localities	Quota
Hebburn	67
Jarrow & Boldon	67
West Shields, Leadon, & East Boldon	67
East Shields & Whitburn	67
Riverside	67
High traffic areas	67
TOTAL	400

Sample Size of 400	
Confidence Level	95%
Confidence Interval	4.9