



South of Tyne and Wear



## Getting Better Together

**A Public Consultation  
Acute health services for children and young people**

*Working together to make  
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust





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Foreword

Ensuring that children and young people living in Gateshead, Sunderland and South Tyneside have access to high quality, safe and effective healthcare is one of our key objectives.

Over the past three years we have worked closely with doctors and other health professionals, patients and their families to look at the current provision for acutely sick and injured children and to consider how best to ensure there will be sustainable quality services in the future.

As a result of this work and all of these discussions, it has become clear that we need to change the way services are provided if we are to deliver the level of care that our young patients and their families expect, now and in years to come.

Having listened to people in Gateshead, Sunderland and South Tyneside, wherever possible, we want to see more children and young people receiving care closer to their homes, with fewer being admitted to hospital. When a hospital stay is necessary, we believe that care

should be provided in a dedicated centre with access to a range of staff who are experienced in treating younger patients for those types of conditions that require inpatient care.

Our proposal has been scrutinised by the National Clinical Advisory Team. This team is charged with conducting a clinical review wherever a major change of service is required.

Please take the time to read this document and complete the attached questionnaire. We look forward to hearing your views.



Karen Straughair  
Chief Executive  
NHS South of Tyne and Wear

"I support these recommendations as they will ensure the continued local provision of high quality services for children and young people."

Gabriel Okugbeni Consultant Paediatrician/Clinical Lead for Paediatrics, South Tyneside NHS Foundation Trust

"I look forward to the further development of local services for the children and young people of Gateshead."

Rosemary Menzies Consultant Paediatrician/Divisional Director of Women's and Children's Services, Gateshead Health NHS Foundation Trust

"I support the plan to enhance local services for children and young people. It will ensure that fewer children need to be admitted to hospital for long periods."

Geoff Lawson Consultant Paediatrician/Clinical Director, Child Health, City Hospitals Sunderland NHS Foundation Trust

About this document

NHS South of Tyne and Wear covers Gateshead Primary Care Trust (PCT), South Tyneside Primary Care Trust (PCT) and Sunderland Teaching Primary Care Trust (TPCT) and is the name given to the integrated management arrangements which exist across the three PCTs.

Our vision is to work together to make South of Tyne and Wear healthy for all. We aim to achieve this by improving the health of local communities and ensuring excellent patient care through the wise and effective use of public money.

This document focuses on health services for children and young people who are acutely sick or injured. Following an in-depth clinical review, it has become clear that we need to improve our local services. The changing pattern of childhood illness means that current provision no longer meets the needs of children, young people or their families. We are therefore seeking views on planned changes to those services.

This document identifies the various options considered and outlines the one we feel is most appropriate. In coming to this conclusion, we have taken advice from doctors and nurses who work with children and young people in hospital and in the community. We also talked to parents, children and young people about their experiences and expectations.

We hope that as many people as possible respond to this consultation and give us their views on the future shape of these important local services. We are particularly keen to hear from patients, their families, other young people, patient groups and stakeholders.

The final date for comments on this proposal is 31 March 2012. To find out how to respond, please see page 25.

Acute refers to illness that is often sudden in onset and can be severe, but generally lasts only a short time before the patient recovers fully.





## The case for change

**Local services for sick and injured children and young people have served the community well for many years, but advances in medical treatment and prevention and the different nature of childhood illness means that they need to change.**

These days, advances in paediatric medicine mean that serious childhood illnesses are very rare and children and young people seldom have to stay in hospital overnight. This means that, at times, fewer than half of the overnight beds for children in South of Tyne and Wear are occupied each night.

However, children and young people suffer from more chronic illness now than in the past; for example, conditions like asthma and diabetes. These types of childhood illness can be managed safely and more appropriately in the child's own home with support from healthcare staff.

It is often the case that children attend hospital when they could have been treated closer to home by their own general practitioner (GP) or in a walk-in service – for example, children with gastroenteritis. What's more, some of these children are admitted overnight when their medical needs could actually have been resolved without a hospital stay. We know that unnecessary admissions can disrupt family life and children's education.

Last year, more than 12,000 children and young people were admitted to local hospitals. Many of them could have been managed in the community.

At the moment, children and young people who need an overnight stay can use services in Gateshead, Sunderland or South Tyneside. Spreading the paediatric expertise across the region in this way means that we are unable to provide the very high level of care we believe is required. Smaller units are not able to employ a wide range of paediatric staff and some experience difficulty recruiting and retaining doctors and nurses. Having three inpatient facilities in the area also results in a poor use of resources as beds are often unoccupied.





As a result, we believe that we are not providing the type of services that acutely sick and injured children and their families need. It is also important to consider value for money and to ensure that we offer the best care in the most cost-effective way. That is why we would like to make a number of changes to the way services are delivered across the South of Tyne and Wear area.

We want to see more children and young people receiving care closer to home or in their own home and fewer presenting at hospital and being admitted for overnight stays. To ensure that this is possible, we plan to increase the range of services available in the community.

For those children who do need hospital support, we will establish assessment units within Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. Within these units children will be assessed and treated or referred by expert paediatric staff.

A small number of children will need to be admitted for overnight stays or longer periods. To meet their needs, we plan to create a single, dedicated paediatric inpatient unit to serve the South of Tyne and Wear area. This would be located at Sunderland Royal Hospital. Children and young people would also be able to use the service provided by the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

We can deliver a better inpatient service for children and young people by concentrating expertise in a single hospital rather than spreading it out across three areas, as we do currently. A single paediatric unit for South of Tyne and Wear would provide 24-hour access to inpatient services staffed by doctors and nurses experienced in managing the types of conditions that require a stay in hospital. It would also be large enough to maintain sufficient doctors and nurses with a wide range of paediatric skills.

**"As a GP, I want all my patients to receive the best possible care. For this reason, more serious childhood conditions need to be treated in a dedicated inpatient unit with the appropriate facilities and experienced staff."**

Dr Jonathan Harness, GP, Glenpark Medical Centre, Gateshead

In developing our plan, we have also had to consider the availability of skilled staff. The European Working Time Directive is having an impact on the number of hours doctors can work and therefore the number of staff that are required to run a unit. This, together with changes in the number of doctors being trained, may have a long-term effect on the number of specialists available to work in the region in the future.

#### Travel implications

We have looked carefully at the impact of travelling to and from a single inpatient paediatric unit. Our analysis shows that the majority of people who need hospital support will continue to use the service provided at their local hospital, so they will not have to travel any further than they do at present.

However, depending on where they live, the few children who need to be admitted to hospital may experience longer journeys than they do at the moment. South Tyneside District Hospital is approximately 10 miles from Sunderland Royal Hospital and the Great North Children's Hospital in Newcastle is approximately four miles from the Queen Elizabeth Hospital.

We do need to remember that only a small number of children and young people may need to travel further than they do now – according to our estimate no more than four each day. This proposal will mean that most children and young people will be treated locally, close to their home or even in their home without the need to visit a hospital. Travel analysis information is available on our website.

***The nature of childhood illness is different today.  
Too many children go to hospital when they could be cared for in the community.***

***There are too many children's overnight beds.***

***It will become increasingly difficult to recruit the hospital staff required.***

***A better and more cost-effective service is possible.***





# What are the options for the future?



## Option one:

- Implementation of a range of service developments including:
- walk-in services available to children of all ages
  - children’s community nursing team support for acutely ill and injured children and young people
  - children’s short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **limited hours**, eg 8.00am - 10.00pm
  - inpatient care available at Sunderland Royal Hospital and the Great North Children’s Hospital at the Royal Victoria Infirmary, Newcastle.

## Option two:

- Implementation of a range of service developments including:
- walk-in services available to children of all ages
  - children’s community nursing team support for acutely ill and injured children and young people
  - children’s short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **24 hours** each day
  - inpatient care available at Sunderland Royal Hospital and the Great North Children’s Hospital at the Royal Victoria Infirmary, Newcastle.



## Option appraisal summary

Maintaining the current configuration of services is not a viable option as it does not meet the acute health needs of today’s children and young people in an efficient way. Resources are focused on inpatient care rather than assessment and treatment in the most appropriate setting. It is unlikely that the current service configuration is sustainable from a workforce perspective and therefore it will be increasingly challenging to meet the required national quality standards and recommendations.

### Option one

This option describes a realignment of resources to better meet the acute health needs of children and young people today. The evidence reviewed indicates the need to enhance community and short-stay services in all localities and concentrate inpatient services in one location in South of Tyne and Wear. Cost and activity information, together with regional and national work, may suggest that this option is the most appropriate. However, the local view is that at this point in time short-stay assessment units with restricted opening hours are not the best option.

### Option two

We believe option two provides a good balance between community and hospital services and means that the small number of children who require assessment during the night can be managed within their local area. In order to maintain a 24-hour assessment service in the long term, providers will need to consider alternative staffing models.







## Our preferred option

At the moment, there are children's inpatient services at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These services provide treatment and assessment of children with acute conditions 24 hours a day, seven days a week.

Our preferred choice is option two. In summary, this will result in:

- **children's short-stay assessment units** at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These will provide a 24-hour service, seven days a week. Units will care for children between the ages of 0 and 16 years (older for special needs patients). They will be consultant led and staffed by multidisciplinary teams including children's doctors and nurses. There will be consultant cover from early until late, with on-call provision during the night for children's emergencies. Units will provide rapid assessment, treatment and discharge or hand on to another service. There will be no inpatient care available in short-stay assessment units.
- **inpatient care**, there will be no inpatient provision at Queen Elizabeth Hospital or South Tyneside District Hospital. These hospitals will have 24-hour units as described above and will be supported by the children's community nursing team. Inpatient care will be provided by Sunderland Royal Hospital. Parents will also have the choice to attend the Great North Children's Hospital at the Royal Victoria Infirmary (RVI) in Newcastle. Children who require more complex procedures will be treated at the RVI as currently happens.
- **the use of existing walk-in services** to assess and, if necessary, treat children of all ages, without the need to visit a hospital. There are facilities in Sunderland, South Tyneside and Gateshead.
- **the children's community nursing team** is already providing support to children with complex needs or long-term conditions in their own homes. The team's role will be expanded so that they can deal with a wider range of patients including those with injuries or acute illness. This service will be available from early until late each day during the week and for reduced hours on Saturday and Sunday.





Maintaining the current configuration of services is not a viable option for many reasons. We believe this preferred option represents a more effective way of meeting the acute health needs of children and young people today.

All the evidence we have considered, including the views of patients, parents, doctors and other specialists, indicates the need to increase community and short-stay services and to concentrate inpatient services, for the small number of children who need them, in one location.

In this way, the health needs of the vast majority of children will be met by services in their local area, meaning that they will have to travel the same or shorter distances than at present. A small number of children who need inpatient services may have to travel further than they do now to access them.

Providing care for the acutely unwell or injured child at home or close to home is important. It ensures a better patient and carer experience, can reduce emergency admissions and allows those children who need hospital treatment to be discharged early.

Our plan is to ensure a more joined-up approach to the care of acutely sick and injured children and the development of close working relationships between the children's community nursing team, hospital services, walk-in services and GPs.

In November 2011, experts from the National Clinical Advisory Team reviewed the plans described in this document and concluded that they were achievable and safe but noted that the issue of sustainability would need to be considered going forward.

**Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time.**

### The children's short-stay assessment units

The children's short-stay assessment units will ensure that acutely sick children are seen by paediatric staff more rapidly than is possible at the moment. The units will speed up access to treatment and reduce unnecessary hospital admissions and overnight stays.

The majority of children who currently use hospital services but who do not have an overnight stay will be treated by assessment units. With the support of the community nursing team, assessment units will also deal with some of those children who are currently being admitted to a ward overnight. For many children, being able to access care close to home or in their own home is more appropriate than a hospital admission.

Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time. Children who need further investigation or treatment or are not well enough to

go home will be transferred to Sunderland Royal Hospital or the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Units will be consultant led and staffed by a multidisciplinary team including an appropriate mix of doctors, paediatric nurse practitioners, emergency nurse practitioners, registered children's nurses, medical middle grade/first grade training staff and a play worker.

There will be consultant cover from early until late within units and an on-call arrangement during the night for neonatal services and other children's emergencies. Consultants and senior medical staff will provide telephone advice to community services and support the training/supervision of walk-in service staff.

It is likely that these units will be located within existing accident and emergency (A&E) departments.





### Inpatient care at Sunderland Royal Hospital

Sunderland Royal Hospital will provide inpatient care for children and young people from across the South of Tyne and Wear area. Patients may also choose to attend the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Concentrating inpatient services in one location will ensure a safe and sustainable service now and into the future. It will allow a concentration of expertise in the range of conditions that require inpatient care and the increased number of children visiting the hospital in Sunderland means that it will be possible to consider developing new ways of providing services. What's more, there is evidence that sick children and young people do better in larger units than in smaller units.

It is proposed that Sunderland Royal Hospital is the location for the inpatient unit serving South of Tyne and Wear. This is because the hospital currently provides a range of services and treats certain conditions that South Tyneside District Hospital and Queen Elizabeth Hospital do not. In addition, Sunderland Royal Hospital has sufficient capacity to manage the expected increase in the number of patients. However, staffing may be increased to deal with the greater number of admissions.



### Children's community nursing team

The plan is to provide enhanced community nursing team support to ensure that more acutely ill and injured children can be cared for at home. Care will be provided to children aged between 0 and 16, or older if the young person has special needs. We also acknowledge that there will have to be some flexibility around age limits in order to meet individual needs appropriately.

Initially, referrals to the children's community nursing team will be through the inpatient unit at Sunderland Royal Hospital, the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle or children's short-stay assessment units in all localities. Eventually, it is hoped that the team will also be able to accept referrals from GPs, including out-of-hours services.

The service will operate seven days a week from the early morning to late evening, probably between 7.00am and 10.00pm during the week with reduced hours at weekends. Families will be given clear information about who to contact during the night if help is needed.

There will be clear criteria for access to and discharge from the service and the provision of standard care packages where appropriate.

***High-quality care closer to home for the majority of children.***

***Support within the family home from the children's community nursing team.***

***Comprehensive hospital service that is better staffed and resourced than at present.***

***A more joined-up approach to the care and treatment of acutely sick and injured children.***

How our plan was developed

This plan has the support of local doctors and nurses and we have taken into account the views of patients, parents and local people.

We considered the potential advantages and disadvantages of our plan, and looked at the implications of any changes from a range of perspectives including safety, clinical effectiveness and facilities.

We also carried out a thorough review of guidance, expert opinion and best practice. The multi-disciplinary team who developed the plan also considered:

- national guidance and recommendations from the Royal College of Paediatrics and Child Health
- examples of best practice elsewhere in the UK
- data showing how existing services are being used
- national and local research that has been carried out on bronchiolitis and acute abdominal pain (which are two very common conditions in children).

We held a number of events that focused on the reform of children’s services and which were used to test assumptions. These identified a range of important issues which have been taken into account within our proposal. Most importantly:

- the public need to know which health service to attend, eg GP, walk-in service or A&E
- patients need informative, clear patient information leaflets
- the need for standard assessments in primary care and secondary care services
- the need for better community support from a range of services including the children’s community nursing team
- access to children’s short-stay assessment facilities.



To assess public opinion, we used the Health Care Commission survey of children’s inpatient services 2004 and considered the Children’s Society’s Voices Project, *The Sick and Injured Child’s Care Journey*, 2005.

We also commissioned a range of public engagement activities during the summer of 2008, including questionnaires, focus groups and self-completion comment cards. From this, we concluded that while respondents knew where to get help and support and were happy with the overall level of service provided, they had expectations that were not currently being met. They identified the need for:

- better access to GPs, especially outside normal hours
- better access to services when a child becomes ill
- better communication between professionals
- access to information about their child’s condition
- access to competent staff, able to assess children appropriately at all stages of their treatment
- child-friendly environments
- speedy diagnosis
- services that meet the needs of young people as well as children
- services that meet the needs of children with special needs
- timely feedback from NHS Direct and out-of-hours services
- a reduction in waiting times.

Engagement with parents and young people continued into 2009 linked to specific initiatives.

There is a considerable amount of guidance and expert opinion on the development of children’s acute services which helped us as we developed our plan.



Demography and health needs assessment in South of Tyne and Wear

In 2010, almost a quarter of the residents of Gateshead, South Tyneside and Sunderland were children aged between 0 and 19 years.



A recent strategic needs assessment of the health of children in South of Tyne and Wear showed:

- a predicted increase in the birth rate of 11 per cent from 2010 to 2015
- a number of areas in South of Tyne and Wear are amongst the most deprived in England
- at age 4-5, between 14 per cent and 15 per cent of children are overweight or obese
- fruit and vegetable consumption is the lowest in the country
- a lower life expectancy than the England average and significant variation in life expectancy across the region
- low breastfeeding rates.

(Source: Sunderland Joint Strategic Needs Assessment, 2008)

These factors can put children at risk of serious health problems, both in the immediate future and later in life, and highlight the importance of appropriate and sustainable healthcare services.

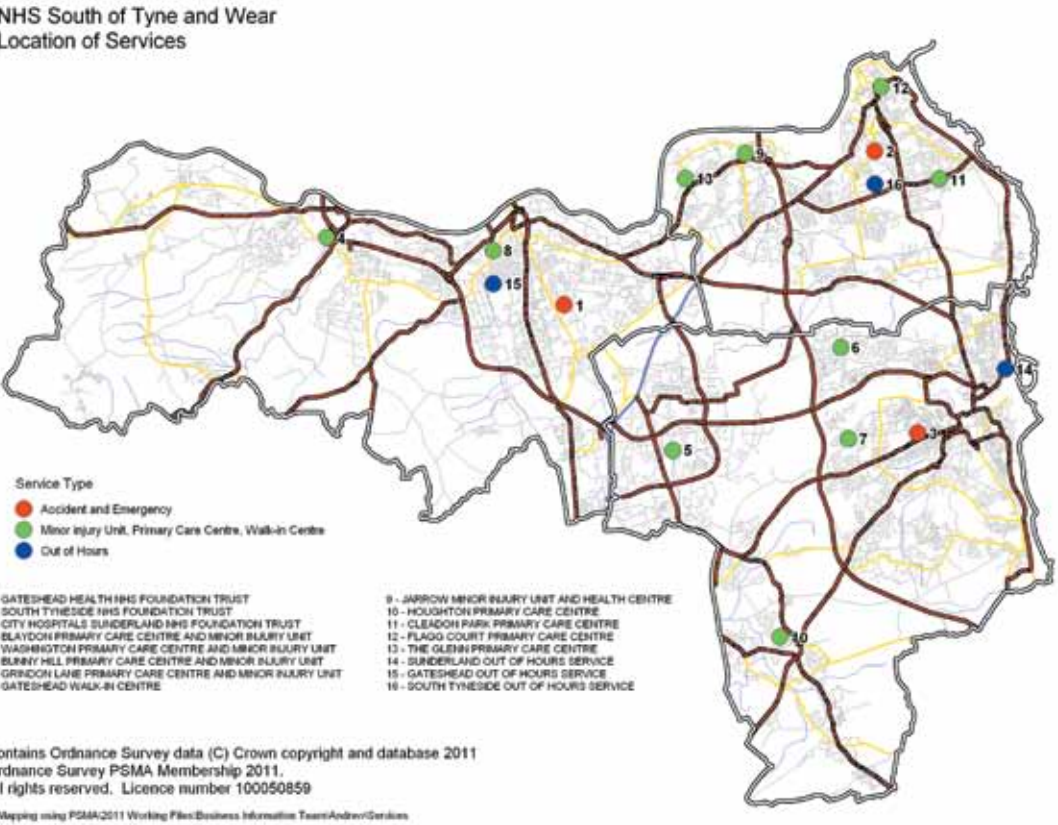
How health services are used now

Many children lead healthy lives and rarely need medical treatment. Of those who do need medical intervention, 97 per cent are treated in the community.

Fig 1 Service use in 2010/11 for children and young people 0-16 in South of Tyne and Wear:

Service Accessed	2010/11 contacts
GP attendances	260,917 (estimate based on 2009/10)
Walk-in service attendances	31,796
A&E attendances	46,112
Emergency admissions	12,020

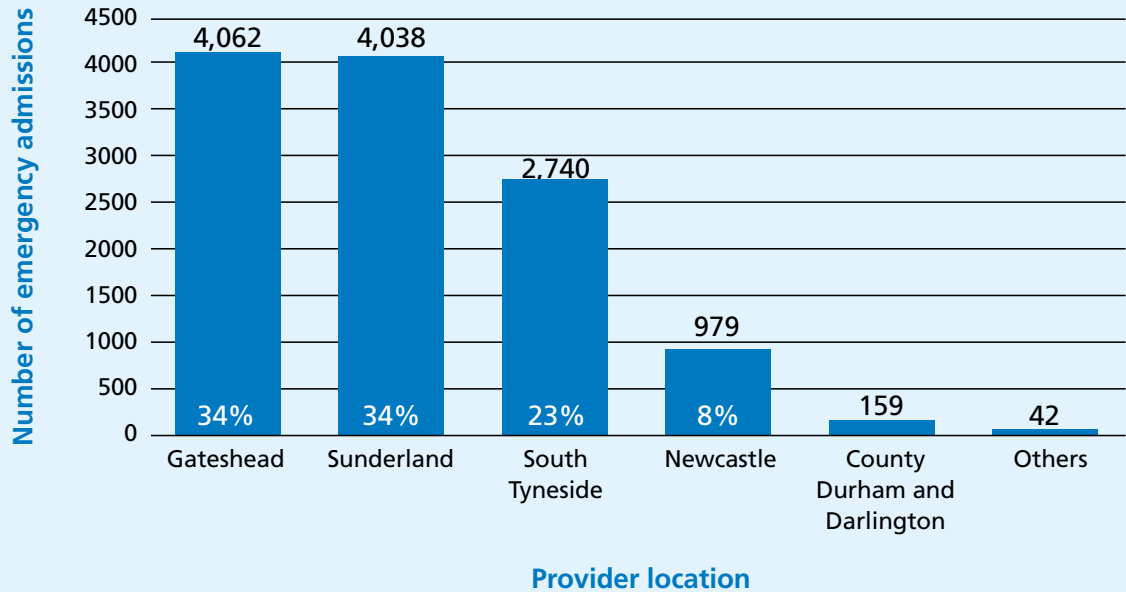
The map below shows the hospitals and minor injury and illness units in South of Tyne and Wear.



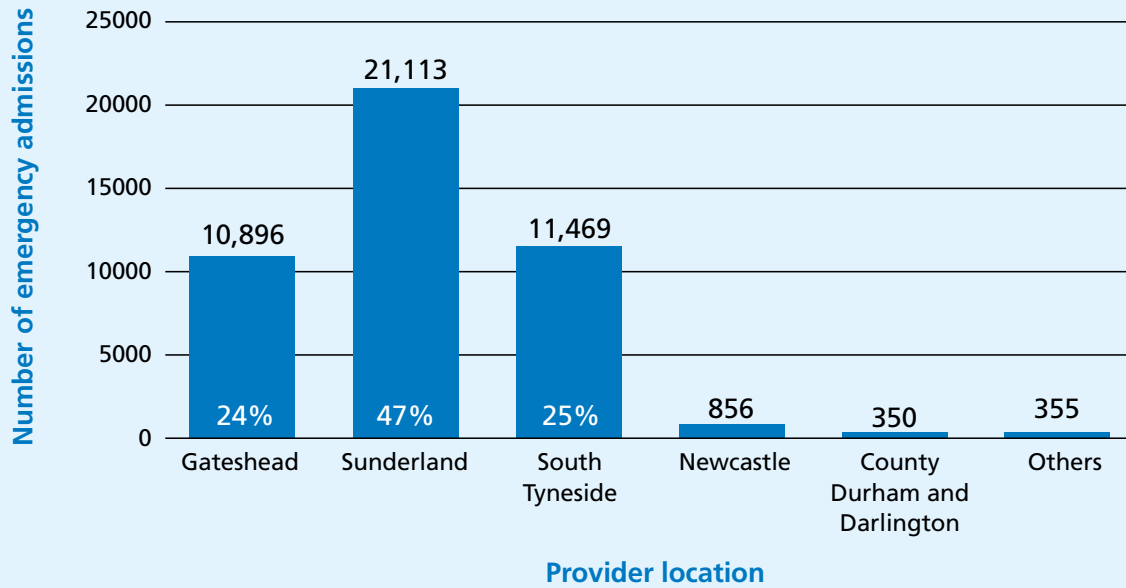
When children in the South of Tyne and Wear area require hospital care, 90 per cent of them attend a hospital in this area. The remainder attend a hospital in Newcastle or another provider.

Clearly, there is a need for responsive children's acute services to be available across our region.

South of Tyne & Wear Paediatric Emergency Admissions 2010/11  
Age 0-16 Years by Provider



South of Tyne & Wear A&E Attendances 2010/11  
Age 0-16 Years by Provider



We know that many of the emergency admissions to hospital are for a very short period of time. In 2009/10, approximately half of the children admitted to hospital had a stay of four hours or less and the majority were treated within one day.

It is positive that children are being treated quickly; however, this data also shows that most children could be managed in short-stay facilities. Treating more children in short-stay assessment units would allow the inpatient unit to focus on those children with more complex needs.

Of those children admitted to hospital during 2009/10, the top five conditions were:

- 1 viral infection of unspecified site
- 2 viral infection and other specified intestinal infections
- 3 acute upper respiratory infections
- 4 acute bronchiolitis
- 5 abdominal and pelvic pain

A proportion of these children could have been supported in other ways – for instance, by the children's community nursing team, enabling them to remain at home.

At the moment, we have too many overnight beds for sick children. At times fewer than half of these beds are occupied. In the future, when more children are cared for in the community, the number of overnight stays will be reduced.

Most children's emergencies occur between 7.00am and 11.00pm, with peaks between 4.00pm and 8.00pm. This indicates the need to ensure care services for acutely sick and injured children are available in all localities from early until late in the evening.







*Most sick and injured children are treated locally without the need for a hospital visit.*

*Many children who visit hospital could actually have been treated safely and quickly elsewhere, allowing hospitals to focus on those children with more complex health needs.*

*Fewer than half of all overnight beds for children are occupied at any one time.*

### Have your say

This document explains our planned changes to services for children and young people who are acutely sick or injured, and gives the reasons why these changes are needed.

You can respond to this plan by completing and returning the questionnaire at the back of this document. Alternatively, call 0191 529 7374.

We will be holding a number of public meetings during the consultation period. Details of public meetings can be found on our website.

You can also find the questionnaire on our website at  
**[www.sotw.nhs.uk/yoursay/consultations/](http://www.sotw.nhs.uk/yoursay/consultations/)**

How could these changes affect you?

Below we have identified a range of potential scenarios and explained how they would be dealt with now and how they would be dealt with under our preferred option.

Scenario	Current service	New service
Jack is a one year old who lives in Gateshead. He has not been very interested in eating or drinking for a day. His mum is concerned as he’s developed a temperature that hasn’t come down with the use of paracetamol. At 11.00pm she becomes worried that he may get worse during the night and wants him to be seen by a doctor.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the A&E department.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the children’s short-stay assessment unit. Mum is given advice and reassurance and returns home. This is followed up by a home visit from the children’s community nursing team the following day.
Molly has been unwell for a few days and is seen by her GP who recommends a further assessment at the local hospital.	Molly is seen at the day unit at Queen Elizabeth Hospital, Gateshead. She has some tests and is observed for a few hours and then sent home when all appears well.	Molly is seen by specialist paediatric staff in the children’s short-stay assessment unit at Queen Elizabeth Hospital, Gateshead. She is observed for a few hours and then sent home when all appears well.
Six-year-old Madison lives in Gateshead. She returns home from school complaining of an earache and sore throat. Mum gives her pain relief to see how she responds. At 6.00pm, Madison is still complaining about the pain. Her mum takes her to Gateshead walk-in service.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don’t resolve in a day or two.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don’t resolve in a day or two.

Scenario	Current service	New service
Callum is eight years old and lives in South Tyneside. On Sunday afternoon he falls from his bike and twists his leg. Dad takes him to the A&E department at South Tyneside District Hospital.	In A&E, Callum has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.	Callum is assessed by specialist paediatric staff in the children’s short-stay assessment unit at South Tyneside District Hospital. He has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.
Lily is four years old and lives in South Tyneside. She has a very high temperature, has not eaten for some time and is not very responsive. Mum takes her to the A&E department at South Tyneside District Hospital.	Lily is assessed in A&E at South Tyneside District Hospital. She is quickly transferred to the children’s ward for further assessment and treatment. She stays in hospital for a few days before being well enough to go home.	Lily is assessed in the children’s short-stay assessment unit at South Tyneside District Hospital where it becomes clear that she will need inpatient care. She is transported to the children’s ward at Sunderland Royal Hospital. She stays in hospital for a few days before being well enough to go home.
Holly lives in Blaydon. She has had a high temperature and has not been well for a few days. When assessed by her GP a rash is identified and it is clear that she needs admission to hospital.	Her GP refers Holly to the children’s ward at Queen Elizabeth Hospital, Gateshead.	The GP phones the short-stay assessment unit at the Queen Elizabeth Hospital, Gateshead to discuss Holly’s needs and arrange admission to the Great North Children’s Hospital at the Royal Victoria Infirmary in Newcastle. Alternatively, her parents could have chosen admission to Sunderland Royal Hospital.

Freeport RSEB-EKUY-ZEUX  
NHS South of Tyne and Wear  
Children’s acute services consultation  
Pemberton House  
Colima Avenue  
Sunderland Enterprise Park  
Sunderland  
SR5 3XB





South of Tyne and Wear

## A Public Consultation Questionnaire

### Acute health services for children and young people

**1 Are you a:**

- ☐ child or a young person
- ☐ parent or someone who cares for children/young people
- ☐ health professional
- ☐ other, please state.....

**2 If you are a child/young person, have you attended A&E in the past year?**

**If you are a parent/carer, have you attended A&E with a child during the past year?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**3 If you are a child/young person, have you stayed in hospital over night during the past year? If you are a parent/carer, has your child stayed in hospital overnight during the past year?**

- ☐ Yes
- ☐ No
- ☐ Not sure

**4 Do you support the planned changes explained in the consultation document, ie:**

- the development of 24-hour short stay assessment units
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

- ☐ Yes
- ☐ No
- ☐ Not sure

**If you have any concerns or comments about the planned changes please let us know:**

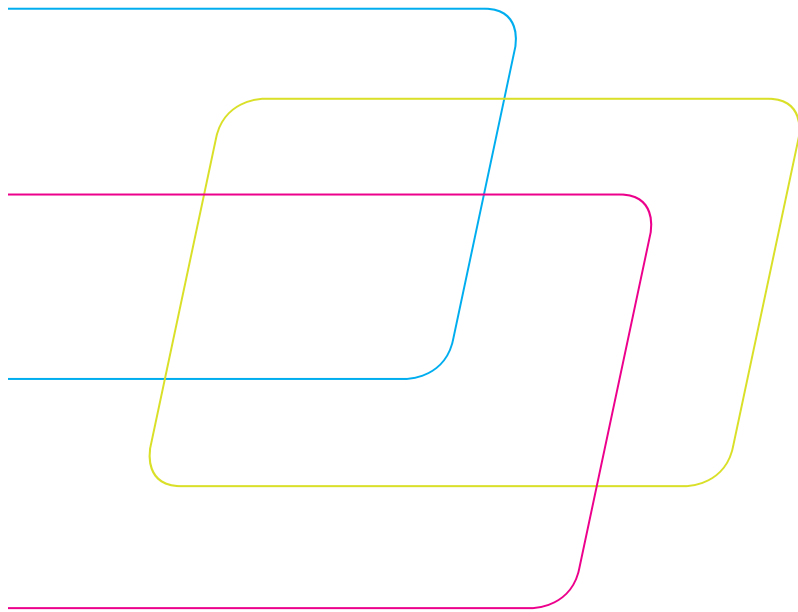
If you would like to receive the final consultation report, please write your name and address or email address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please return this questionnaire by 31 March 2012.



## **NHS South of Tyne and Wear**

Pemberton House  
Colima Avenue  
Sunderland Enterprise Park  
Sunderland  
SR5 3XB

**Telephone: 0191 529 7000**

**Fax: 0191 529 7001**

**[www.sotw.nhs.uk](http://www.sotw.nhs.uk)**

**This information can be made available in  
another format on request. Please call the  
Communications Team on 0191 529 7221**

