

# Working together

Phase Two  
Updated Draft  
Case for Change  
February 2021

to improve hospital services in  
South Tyneside and Sunderland

Understanding the impact of COVID-19



**NHS partners working together:**

South Tyneside and Sunderland NHS Foundation Trust  
South Tyneside and Sunderland Clinical Commissioning Groups  
County Durham Clinical Commissioning Group



# Introduction

This document provides an update on Phase Two of the Path to Excellence programme. It outlines key issues to consider due to the global COVID-19 pandemic. It follows three previous 'Draft Case for Change' documents.

These are all available at [www.pathtoexcellence.org.uk/publications](http://www.pathtoexcellence.org.uk/publications)



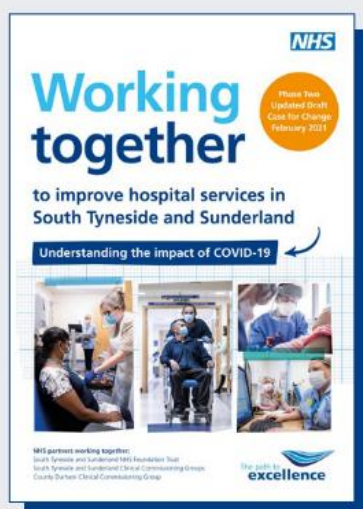
July 2018



February 2019



Autumn 2019



February 2021

## Background to Phase Two

Our local hospitals provide great care to thousands of people. Our NHS staff are highly dedicated. They want to make sure we always provide the highest quality of care.

Over the last five years, the Path to Excellence programme has been working to build upon these successes. We need to prepare for the future and the ever increasing demand for health and care services.

Our ambition is simple. We want to create outstanding hospital services for the future. We want everyone who uses South Tyneside and Sunderland hospitals to receive the best care possible. Our patients deserve no less.

Since 2018, frontline staff have been developing ideas for Phase Two of the programme. This work was paused in March 2020 to allow NHS staff to focus on the emergency response to COVID-19.

“Our ambition is simple.  
We want to create outstanding  
hospital services for the future.”





# A reminder - why is change needed?

The reasons why we need to improve hospital services have not gone away. The impact of COVID-19 has made the drivers for change more, not less, urgent than ever before:

## Workforce

NHS staff are working under significant pressure. Even before COVID-19, we relied on the goodwill of staff to work longer hours and cover extra shifts due to vacancy gaps. This has increased even more during the pandemic. This is not good for staff health and wellbeing. We could improve this if we arrange hospital services differently.

## Future demand

The pressure on staff links directly to the growing pressure on the whole NHS. Most hospital patients are aged over 80 with more health needs. More people than ever before are successfully treated by the NHS. This is thanks to medical advances and more technology. An aging population means demand will grow even more in the future.

## Quality improvement

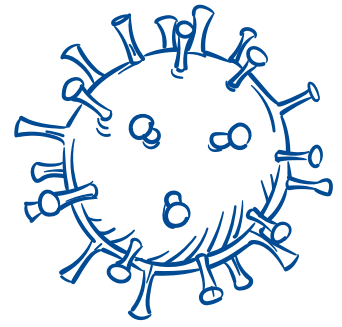
We deliver great care but it could be even better. Some of our hospital services do not meet the highest standards of quality and safety. We want to improve this. For example, we know some emergency patients are not seen quick enough by the right specialist. This is the case for some patients who may need emergency surgery.

## Financial constraints

Our hospital services cost more to deliver than the funding we have. We run many duplicate services stretched across two sites. This means we rely on expensive temporary staff to fill rota gaps at short notice. If we changed some hospital services, we could maximise staff time and expertise. This would be a much better use of valuable resources and attract more permanent staff. Quality of care would also improve.



# The impact of COVID-19



In March 2020, Phase Two was paused to allow staff to focus on managing COVID-19. The pandemic has impacted all aspects of NHS care. This includes GP services, community services, as well as hospital care. We have seen fantastic teamwork. Our staff have had to adapt quickly to a rapidly changing situation to keep everyone safe.

Some of the positive changes made because of the pandemic have been in our ambitions for a long time. COVID-19 meant we had to introduce new ways of working to reduce the spread of the virus and meet infection control guidelines. These changes had to happen quickly. For example:

- **More hospital appointments now take place over the phone or using video.** This means less people need to come into hospital for new or routine appointments. Before COVID-19, less than 1% of planned hospital appointments took place over the phone or by video. This has increased to 44% (around 16,500 appointments) now taking place virtually every month.\*
- **More people who need routine blood tests now have these done closer to home.** Patients can call a single booking line to arrange a blood test at a local community venue. This means less people coming to hospital. Previously, patients had to attend hospital to have their blood taken if this was required as part of their treatment.
- **Patients with COVID-19 are cared for in separate areas of the hospital to help stop the virus spreading.** This means other hospital patients, without COVID-19, can also be safely cared for. For example, people who need urgent operations, tests, scans and cancer treatments. This is vital for infection control purposes. It means planned treatments can carry on with less disruption.

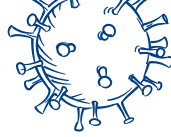
Not all change has been so positive. At the start of the pandemic, the NHS postponed all non-urgent care to focus on COVID-19. As a result, many patients have had to wait much longer for routine treatment or operations. In South Tyneside and Sunderland we are making good progress to reduce these waiting lists but there is still much more to do.

Throughout the pandemic, we have continued to provide all urgent cancer treatment. Patients have also continued to receive other vital and time sensitive treatments.

You can find the latest information on waiting times at <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2020-21/>

\* Data correct as at January 2021





## Impact on staff

The past year has had a huge impact on the entire NHS workforce. We recognise the enormous contribution that NHS staff have made with compassion, competence and professionalism to deliver patient care during the pandemic.

COVID-19 has increased the mental and physical pressure on NHS staff. They have had to think about the risk of infection to themselves and their family, as well as their duty of care to patients. Some staff even lived away from family and friends just to continue working.

Staff sickness rates due to COVID-19 have put extra pressure on front line clinical teams. Many staff have also been off work 'shielding'. Maintaining safe staffing levels has meant that staff have had to be flexible both with working patterns and their areas of work.

Staff health and wellbeing is now even more of a concern. The impact of COVID-19 makes the reasons for changing hospital services more urgent. Clinical leaders are keen to reflect learning from the pandemic. Good infection control is vital so that our hospitals can continue to safely manage.



## Impact on patients

The pandemic has also changed how patients access NHS services. During the first wave, less people accessed emergency care and many patients did not attend planned appointments. People were worried about catching the virus. The NHS has given a very clear message that it is there for anyone who needs it.

Feedback about some of the changes made during COVID-19 has been positive. Over 82% of local people surveyed in September 2020<sup>1\*</sup> would be happy to accept a virtual (phone or video) appointment. These can be more convenient for patients and reduce the need to travel to hospital.

The national decision to postpone all non-urgent operations has left the NHS with a backlog of patients. Many people are still waiting for surgery. This means we must continue to innovate and change to keep up with demand. We must also meet the ongoing need for strict infection prevention and control measures. This is vital so that we minimise the ongoing impact on planned services.

# 82%

of local people surveyed in  
September 2020<sup>1\*</sup>  
would be happy to accept  
a virtual appointment.

<sup>1</sup> STSFT - Outpatient feedback on virtual consultations

\* The survey asked 146 people for their views on virtual appointments.

## Patient, public and stakeholder views

We have had fantastic support from patients, the public and our stakeholders. Overall, 80% of local people surveyed across South Tyneside, Sunderland and North and East Durham have told us they are satisfied with how South Tyneside and Sunderland NHS Foundation Trust has managed COVID-19. 85% of patients who have used the Trust's local services during the pandemic were also satisfied with their care. The public also remain optimistic about NHS standards. Over half of local people expect the Trust's services to improve further over the next two years.<sup>2</sup>

For patients with long-term conditions, the pandemic has undermined a perception that the NHS will always be there for them.<sup>3</sup> One in three people with an existing health condition delayed seeking help from the NHS. This rose to two in five for people with diabetes, lung disease and mental health conditions.

Results from the national patient access survey show that 59% of respondents were worried about their health condition. NHS staff are also worried that many patients are going without the support they need.<sup>3</sup>

80%

of local people have told us they are satisfied with how local services have managed COVID-19.

## Impact on health inequalities

COVID-19 has impacted more negatively on certain groups than others. We know that people from black and ethnic minority groups were reluctant to get tested. This was due to fear of diagnosis and even death from the virus. They also did not seek help for symptoms. Asylum seekers and people from refugee communities were also reluctant to seek help.

The health inequalities further exposed by COVID-19 means we must work harder than ever to close the gaps that exist. We want to make sure everyone has access to the same high quality care. The pandemic has only accelerated the need for change.<sup>3</sup>



<sup>2</sup> South Tyneside and Sunderland NHS Foundation Trust Perceptions Research November 2020

<sup>3</sup> Path to Excellence Programme Reset COVID-19 Patient Insight Report December 2020



# Which hospital services are involved in Phase Two?

## Emergency care and acute medicine



This is when people are admitted to hospital in an emergency and need life-saving treatment. It includes care in the Emergency Department (A&E).

## Emergency surgery and planned operations



This includes patients who require an emergency operation and patients waiting for planned operations.

## Planned care and outpatients



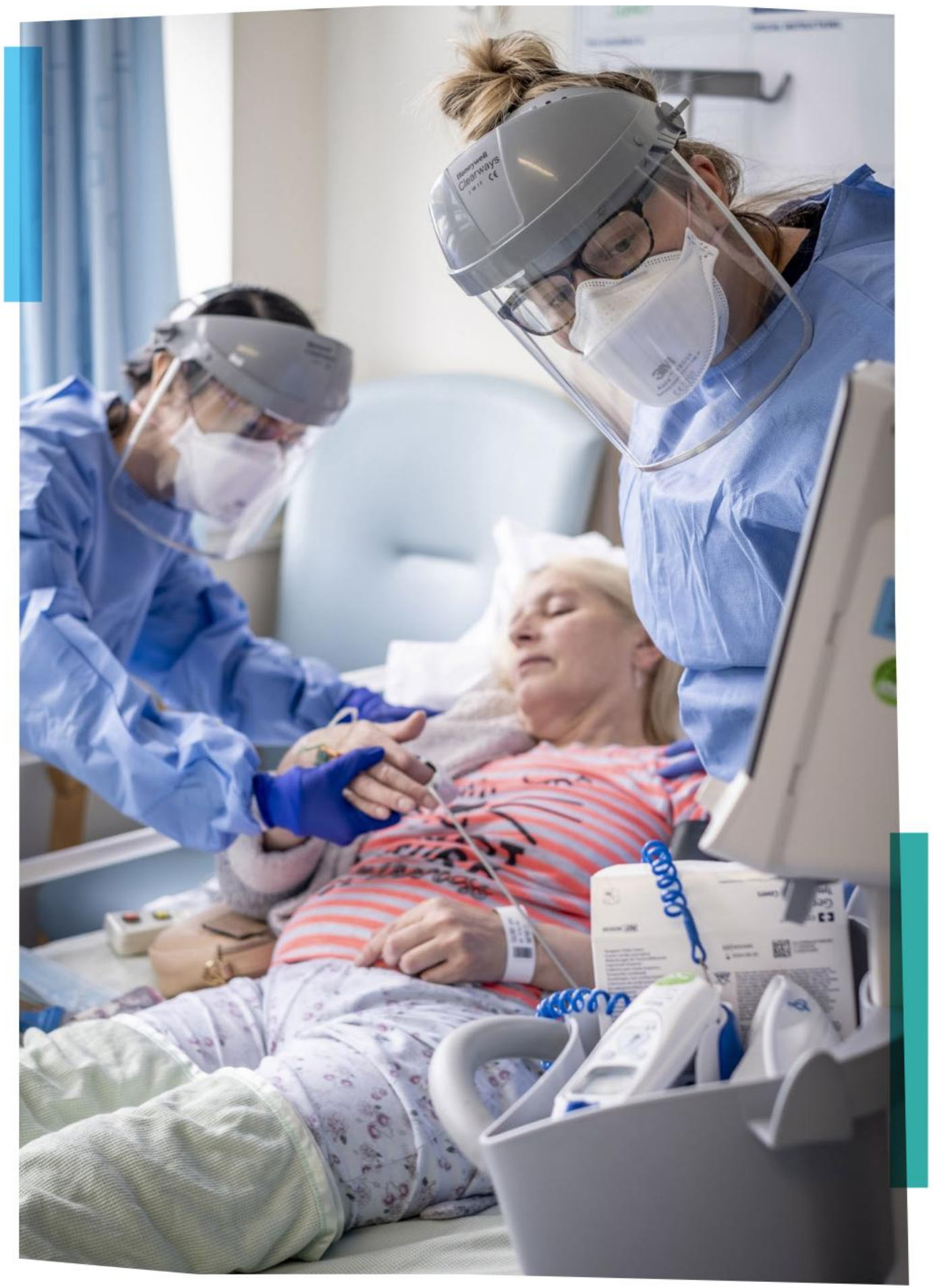
This includes tests, scans and other planned treatments.

## Clinical support services (radiology, therapies and pharmacy)



This includes physiotherapy, occupational therapy, speech and language therapy, as well as clinical pharmacy and radiology or diagnostic services (scans and x-rays).





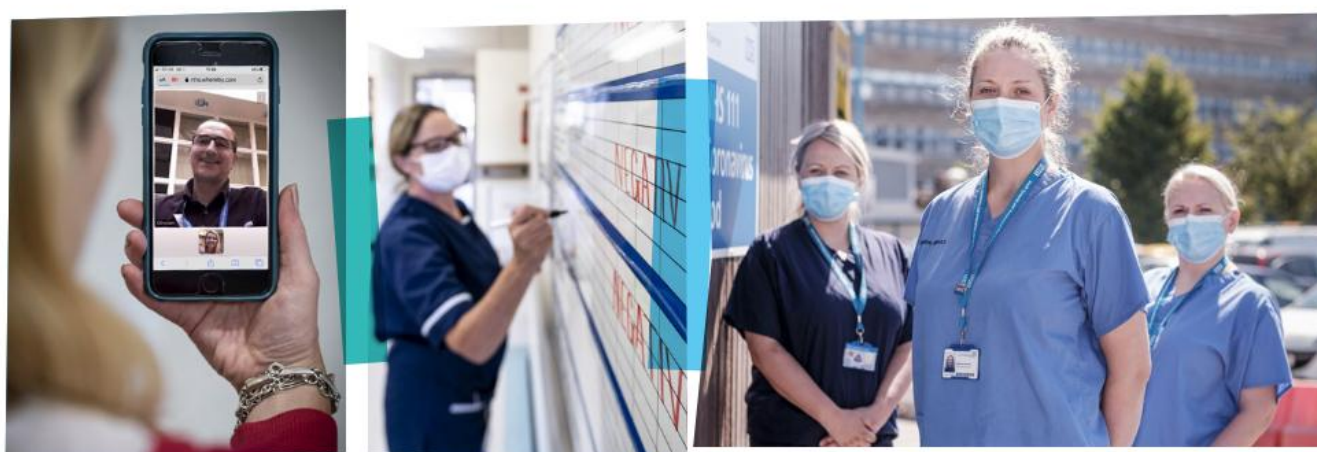


# Summary of working ideas

In February 2019, we published the 'working ideas' for Phase Two. These ranged from:

- **'least' change** by improving current models of care
- **'some' degree of change** by creating new models of care
- **'greater' change** by thinking radically about how to improve services for the future

We can only progress ideas that are realistic and are genuine proposals for change. This doesn't include keeping things as they are. We are open to ideas on how we can solve these problems - please see page 20 for how to get involved.



## Least change

### South Tyneside

### Sunderland

#### Emergency care and acute medicine

24/7 access to urgent and emergency care services as per current service model but with enhanced 'same day emergency care'.

24/7

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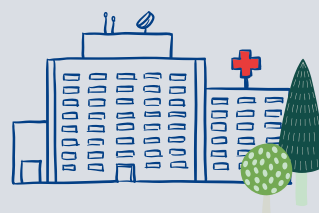
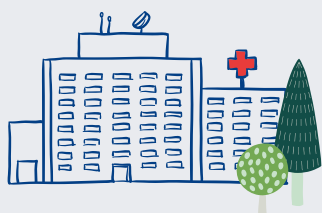
#### Emergency surgery and planned operations

Planned day case and inpatient operations.



All emergency and some planned operations.

Develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.





## Some change

### South Tyneside

### Sunderland

#### Emergency care and acute medicine

24/7 urgent access for patients with less serious emergencies.

24/7

24/7 access to specialist emergency care for patients with serious or life-threatening problems.

Same day emergency care / emergency ambulatory care 12 hours a day, seven days a week.

12/7

Same day emergency care / emergency ambulatory care 12 hours a day, seven days a week.

Local acute medical admissions via managed pathways of care with paramedics and GPs.



Acute medical admissions across all specialities.

Front-door 'frailty assessment' for older people.



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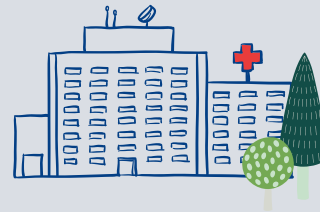
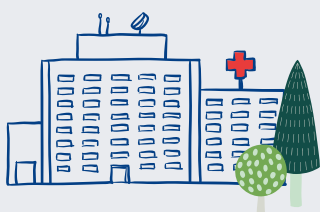
#### Emergency surgery and planned operations

Planned day case and inpatient operations.



All emergency and some planned operations.

Develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.





# Greater change

## South Tyneside

## Sunderland

### Emergency care and acute medicine

24/7 urgent access for patients with less serious emergencies.

24/7

24/7 access to specialist emergency care for patients with serious or life-threatening problems.

Pathway led same day emergency care / emergency ambulatory care 12 hours a day, seven days a week.

12/7

Same day emergency care / emergency ambulatory care 12 hours a day, seven days a week.

Continued acute inpatient medical rehabilitation.



Acute medical admissions across all specialities.

Next day rapid review clinics in a range of specialities to improve timely access to a specialist opinion.



Front-door 'frailty assessment' for older people.

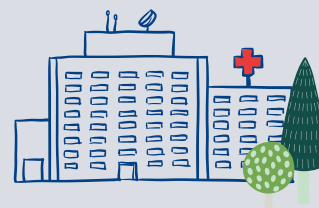
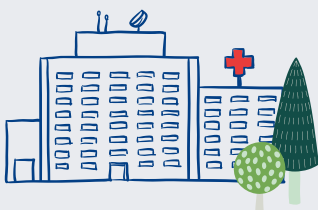
### Emergency surgery and planned operations

Planned day case and inpatient operations.



All emergency and some planned operations.

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## Reviewing the impact of COVID-19 on our 'working ideas'



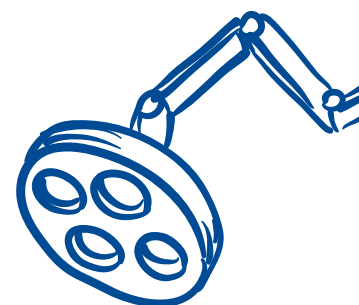
It is clear that the challenges faced by our hospitals remain. So does our ambition to create outstanding hospital services for the future.

COVID-19 has increased the pressures on staff and services. We cannot lose focus on the vital quality improvements we still need to make. We also cannot delay making some progress.

Given the ongoing challenge of COVID-19, we must also be realistic. The scale of service change in Phase Two is huge. Our clinical teams do not have time to consider everything, at once, during a global pandemic.

**We have therefore agreed to focus on our 'working ideas' for surgery.** This will give us the best chance of supporting staff and managing ongoing COVID-19 pressures. Most importantly, it will mean we can provide the highest quality of care and timely access to all patients who need an operation.

# Why are we progressing with just surgery at this point?



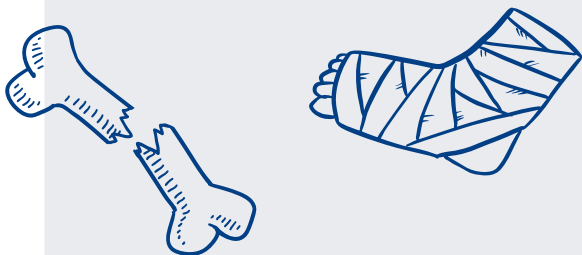
Our 'working ideas' for surgery have been discussed for a very long time. Surgical teams first began talking about this in 2016. They want to move forward and deliver the best possible care for patients.

When we talk about 'surgery' or 'surgical services', **this covers two main areas:**

## Surgical services

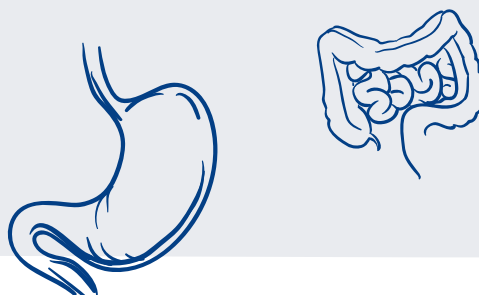
### Trauma and orthopaedics

This type of surgery is to do with bones, joints and muscles. Trauma is the word we use to describe emergency operations to fix badly broken bones or injuries. For example, a broken hip. Orthopaedics is the word we use to describe planned operations on bones joints or muscles. For example, a new hip or knee replacement.



### General surgery

This type of surgery covers many parts of the body. Patients with cancer will often undergo general surgery as part of their planned treatment. The main operations we do are on the stomach (tummy), colorectal (bowels) and surgery to fix hernias. We also provide a specialist bariatric surgery service to help people with obesity. Some common emergency operations include gallbladder removal or removing a swollen or painful appendix. Most of our general surgery is now 'keyhole' surgery, which means a shorter stay in hospital and a quicker return to normal activities.

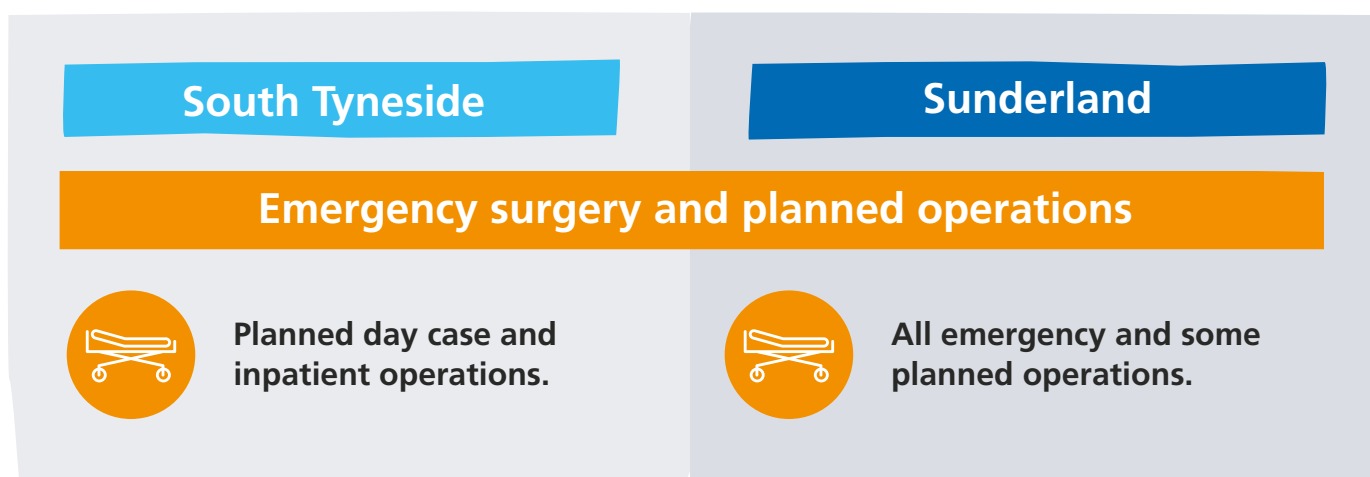




Our 'working ideas' would mean the majority of planned operations taking place on one hospital site. Emergency operations and some planned operations would take place on the other hospital site. Our 'working ideas' for General Surgery and Trauma and Orthopaedics would mean:

- **Emergency operations taking place on the Sunderland Royal Hospital site**
- **South Tyneside District Hospital focusing solely on elective 'planned' care**
- **Some planned care continuing on the Sunderland Royal Hospital site**
- **Outpatient care and diagnostic tests and scans would continue on both hospital sites.**

Both hospital sites would continue to deliver aspects of General Surgery and Trauma and Orthopaedics in the future. We will also need to consider how clinical support services such as physiotherapy and occupational therapy may also need to adapt.



By organising surgery in this way there are many benefits and it is a tried and tested model which many other parts of the NHS have already done this with great success. The main benefits are:

- **less cancellations or delays to planned operations for patients**
- **helping to prevent and control infection**
- **improved patient journey for common injuries and conditions leading to better individual care**
- **better use of our theatre resources**
- **creating services that attract and retain more staff and newly qualified staff.**

COVID-19 is another reason why we need to move forward quickly. Some patients have already had their operation in a different location to help us safely manage during the pandemic. We need to proactively plan how we do this in future.



As the NHS recovers from COVID-19, we also need to reduce our waiting lists of people who need planned operations. We do not want people to experience any further delays or cancellations. The NHS has been given clear guidance to change and redesign services to help recovery.

We do not want to delay our plans for surgical services any further. This will be vital on the road to recovery from COVID-19. As we progress these plans, we must make sure that any decisions we make around General Surgery and Trauma and Orthopaedics services do not negatively impact or influence how we deliver emergency care and acute medicine in the future – this is vital and really important.

## What about other services in Phase Two?

Pressure on our Emergency Departments and medical wards has not gone away. The challenges are bigger than ever. However, we need more time to debate and discuss the impact of COVID-19. Frontline staff do not have time to do this right now. Further work will need to take place once the COVID-19 pressures ease. This will be subject to the same rigorous process, including public consultation, in future.

Many of our ambitions for planned care and outpatients are already becoming reality. COVID-19 has been a welcome catalyst for these positive changes. The benefits for patients and staff (see page 5) are obvious. We are now providing more services locally than ever before. We will always do this where this is safe to do so. This work will now continue as part of our normal planning/business.

The Trust's ambition for a new Integrated Diagnostic and Imaging Centre also has not gone away. The aim is to carry out more tests and scans, as we know demand is ever increasing. This will also be vital to help services recover from the pandemic and help reduce waiting lists. These plans have also been on hold during the pandemic. The Trust will continue this work as part of our routine planning/business and the ongoing need to increase diagnostic capacity.





## Patient and public involvement

We have already collected  
**over 17,000 responses**  
during Phase Two.

People have responded to a survey or attended a meeting or event. Many have responded via social media such as a like, share, view or comment.

This includes feedback from NHS staff and patients who have used hospital services. We have also involved key stakeholders to help set evaluation criteria and assess the 'working ideas'. Local MPs, councillors and Healthwatch have also told us about key issues they would like us to consider. All feedback is very important and continues to influence our thinking.

You can read all of our feedback reports here:

<https://pathtoexcellence.org.uk/publications/feedback-reports/>

We value everyone's views and are always open to new ideas. No matter what stage of the programme we are in, you can discuss what you think with us. We can also connect you with other people who are interested in this work. Please get in touch with us with the details below.

## Next steps

Over the next few months we will be fine-tuning our 'working ideas' for surgical services. We will also consider the impact of COVID-19.

As we do this, we want to hear the views of staff, patients and stakeholders. We want to know what is important to you to make hospital services better.

We hope to launch a public consultation later in the year.

## Providing your views

Please tell us what you think are the key issues to consider. Think about the following questions.



**How do you think the pandemic has impacted surgical services?**

**Has the pandemic changed the way you access surgical services?**

**Has the pandemic caused or highlighted any issues with travel and transport to surgical services?**

**What inequalities and/or disadvantages have you become aware of during the pandemic? How might these be addressed?**

**What else do you think is important to take into account about surgery?**

**What other ideas should the programme be considering about surgery?**

Please tell us the reason for your views. Please tell us if you have any evidence to support your views.



## How to get involved



There are lots of ways to get involved and give your views. The best way to find out what is going on is to look at our dedicated website. This includes up-to-date documents, links to surveys and details of up and coming events. We also widely promote activities through the media, online and via key partners and stakeholder groups. You can us any time via:



[www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)



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please get involved**

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