Working together for clinical excellence

Phase Two
Updated Draft Case for Change
February 2019

WE NEED YOUR VIEWS
PLEASE GET INVOLVED

Transforming hospital services in South Tyneside and Sunderland and the bigger picture for health and care

NHS partners working together:
South Tyneside and Sunderland Clinical Commissioning Groups
City Hospitals Sunderland NHS Foundation Trust
South Tyneside NHS Foundation Trust

The path to excellence

This document is an update - it is NOT a consultation document

This document provides an update to the Draft Case for Change[1] published in July 2018. Since then, we have had further engagement with staff, stakeholders, patients and wider partners to learn more about the issues we are facing locally and the ways we could potentially solve them.

Please note that the 'working ideas' detailed within this document are draft and have been developed with senior clinical and nursing teams in South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust with the involvement of wider clinical, nursing and therapy staff.

To be clear, this is NOT a consultation document, but an update on our thinking so far which is designed to support further staff, patient and public engagement. Feedback gathered on our 'working ideas' will be considered as part of the pre-consultation business case to help develop and refine future scenarios to take forward for formal public consultation which is expected later in 2019. Any future scenarios taken forward for formal public consultation will also depend on the level of capital investment available to the local NHS. (see page 78)

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Introduction

Thank you for taking the time to read this document

We are now well underway with Phase Two of the Path to Excellence programme. Over the past year we have been busy talking to our staff, patients and the public about the challenges facing the NHS and how we can make sure our local hospital services are fit for the future.

Phase Two of the Path to Excellence is looking at two broad areas of hospital-based care: how we look after people in an emergency or who have an urgent healthcare need and how we look after people who need planned care.

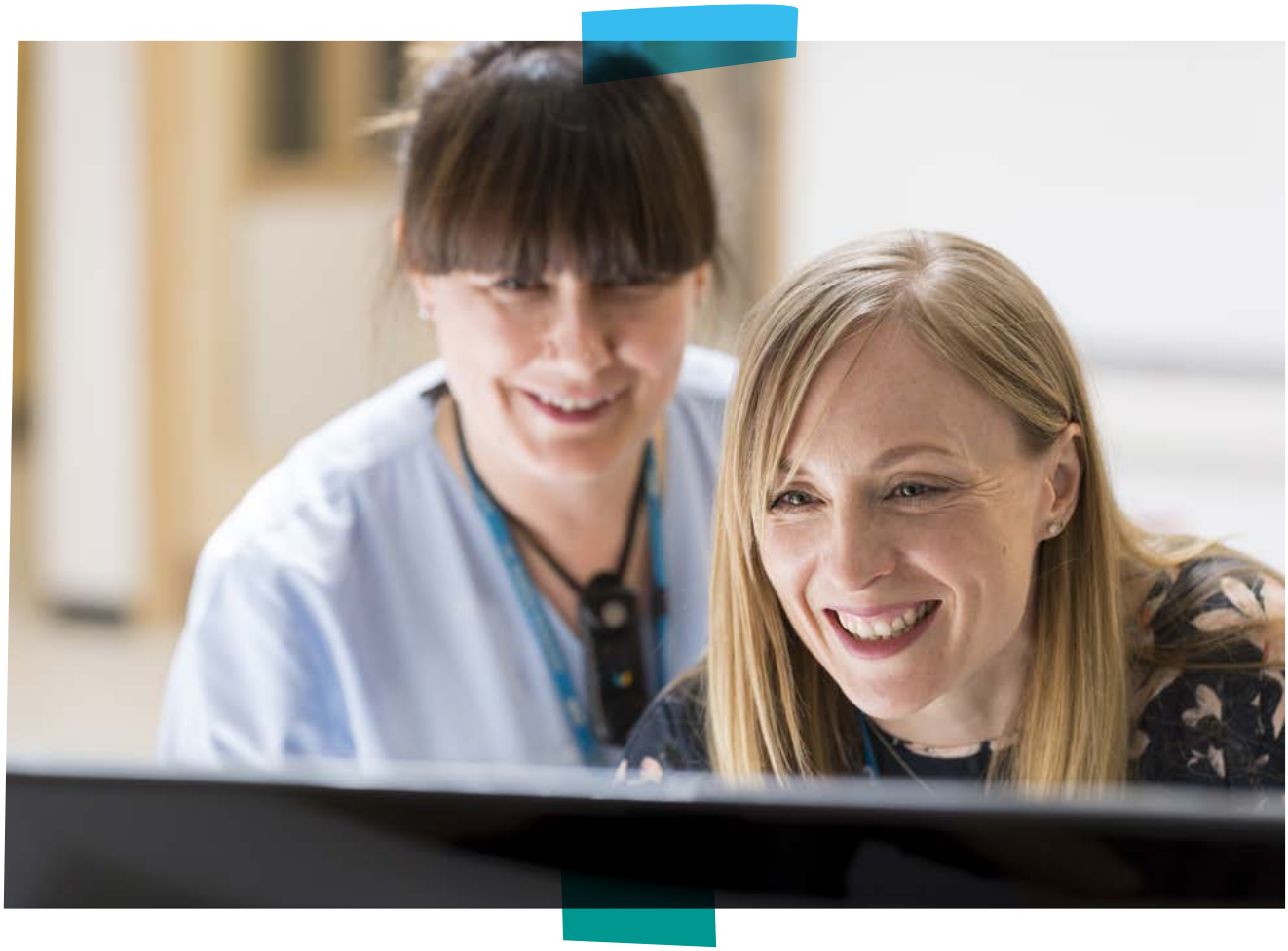
Clinical service review design teams led by doctors, nurses, therapy staff and NHS managers across South Tyneside and Sunderland, have been working together to discuss the challenges being faced. Thousands of frontline staff, patients and members of the public have also been involved in giving their views so far.

Our ambition is simple: we want to create outstanding future hospital services which offer the very highest quality of safe patient care and clinical excellence for each and every resident of South Tyneside and Sunderland. Our fantastic teams of NHS hospital staff already deliver truly amazing care, but we know there are areas where we must improve further in order to remove the differences which exist in how care is delivered and the clinical outcomes which our patients experience.

Transforming local hospital services is one of three important parts of how we transform all care locally as we plan for the ever growing demands on our NHS. In line with ambitions outlined in the NHS Long Term Plan[2], we also want to deliver much more care outside of hospital in future and make sure people are supported in the right way to live healthy lives. It is these three pillars of transformation that will together ensure we can collectively 'futureproof' services in South Tyneside and Sunderland for many generations ahead.

Our work on Phase Two has now reached a point where we are able to share with you our 'working ideas' so far for the future of hospital services and we want to be completely transparent about our current thinking. We also want to be very clear that both South Tyneside District Hospital and Sunderland Royal Hospital will continue to exist in whatever future service models evolve. Both hospitals are of equal strategic importance and there is absolutely no intention whatsoever for either hospital to close.

The 'working ideas' contained within this document are simply our emerging thoughts so far and remain open to influence. No decisions have been taken about what any future scenarios for hospital services might be and we are now entering into a period of further reflection and engagement with our staff, patients and the public. This is the opportunity for



"**Our ambition is simple:** we want to create outstanding future hospital services which offer the very highest quality of safe patient care and clinical excellence for each and every resident of South Tyneside and Sunderland."

everybody to shape the 'working ideas' we have come up with so far and help develop the future scenarios to take forward to a full public consultation later this year. The scenarios that do go forward to a full public consultation will also depend on the level of capital investment we are able to secure to help transform local hospital services.

We actively encourage you all to read and consider our 'working ideas' for hospital services and let us know any thoughts or ideas you may have. Details of how you can share your views and get involved with our engagement activities are on page 94. We really look forward to hearing your feedback on our work so far.

Ken, David and David

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"Both South Tyneside District Hospital and Sunderland Royal Hospital will continue to exist in whatever future service models evolve. Both hospitals are of equal strategic importance and there is absolutely no intention whatsoever for either hospital to close."


City Hospitals Sunderland NHS

A reminder of the case for change

Why do we need to change?

In July 2018, we published our Draft Case for Change document setting out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

Our Draft Case for Change is underpinned by a shared ambition to work together across South Tyneside and Sunderland. We want to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards so that we can improve our patient outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

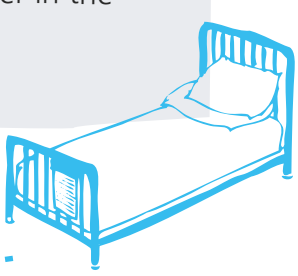
Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

Workforce

Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

Future demand

The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.



Quality improvement

The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.

Finance constraints

Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This overreliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

"We cannot ignore the challenges facing the NHS which is why we are working together across the whole health and care system to plan for the future."

Our three pillars of transformation

Our three pillars of transformation

"Our health is determined by our genetics, lifestyle, the health care we receive and our wider economic, physical and social environment. Although estimates vary, the wider environment has the largest impact."

Changing hospital care alone will not solve the pressures facing local services. This is why the NHS Long Term Plan focusses so heavily on creating an entirely new NHS service model which is built around patient needs to provide properly joined-up care at the right time, in the optimal care setting and by the right healthcare professional. It places, quite rightly, significant priority on boosting 'out of hospital' care and practical steps to help people improve their health and increase life expectancy.

Across South Tyneside and Sunderland we are already actively working on how we provide more care to people outside of hospital in their local communities and how we support people to stay fit and well and live healthy lifestyles – these are what we call our three pillars of transformation.

Since publishing our Draft Case for Change document in July 2018, we continue to make good progress within our 'prevention' and 'out of hospital' work which is summarised on the next pages.

What influences our health?

Healthcare services are the smallest contributor to our overall health

45%

Social circumstances and environmental exposure

How the NHS works with local partners to influence positive change in society

40%

Health behaviour patterns

15%

Healthcare services

Prevention

This is how we work together to encourage everyone living in South Tyneside and Sunderland to take more responsibility for their own health and wellbeing so that they do not become unwell with wholly avoidable illnesses.

Out of hospital

This is how NHS, social care and community and voluntary organisations work together to provide more responsive care to prevent avoidable hospital admissions and to get people out of hospital as soon as they are able with more care at home and closer to home.

In hospital

Hospital services make up a small part of overall NHS care. Phase Two of the Path to Excellence programme is looking at how we improve hospital services which is the subject of this Updated Draft Case for Change document.

Our three pillars of transformation

Diagram components adapted from Kings Fund[3]

Prevention

The NHS Long Term Plan makes it quite clear that the NHS must get serious about prevention. Working with our local communities to prevent ill-health in the first place, is equally as important to us as treating people when they do become unwell. Our aim is to reduce the unacceptable gaps in life expectancy which exist for people living in different parts of South Tyneside and Sunderland.

We know there are many determinants of health such as wealth, employment and housing and, we believe, by working together with local partners including schools, employers and the voluntary sector, the NHS can make a bigger impact to directly influence positive change. Getting prevention right within South Tyneside and Sunderland will be essential to improve health outcomes, reduce health inequalities and provide a solid foundation to reduce wholly preventable illness and avoidable use of (and pressure on) the NHS.

Life expectancy gap between the least and most deprived areas in South Tyneside and Sunderland (years):

	South Tyneside	Sunderland
♂ Men	8.4	11.5
♀ Women	8.1	8.7

Going smokefree

Whilst we have made significant strides to reduce smoking rates over the past ten years and, consequently, reduce premature deaths from cancer and cardiovascular disease, we still have a long way to go in South Tyneside and Sunderland. Addressing tobacco dependence is a key area for improvement and we recognise that better integration is required within the NHS, as well as with the broader health and care system.

Work is already underway to develop a comprehensive maternity smoking cessation service covering all health care settings, both in hospital and the community, as we progress plans to implement maternity changes agreed as part of Phase One. We are also progressing plans to develop a pre-surgical smoking cessation service to support patients to stop smoking prior to surgery which we know is widely proven to improve clinical outcomes.

Supporting staff to make 'every contact count'

Across the NHS in South Tyneside and Sunderland we employ thousands of people and we want to support each and every colleague to be healthy and well. It is important that all NHS staff, regardless of their role or area or work, lead by example for patients and are supported to lead healthy lifestyles. We also want to empower all NHS staff, clinical and non-clinical, with the knowledge, skills and confidence to talk about health and wellbeing with their patients during every single contact, regardless of the reason for their visit. Regular, daily conversations with patients about how to stop smoking, drink less alcohol, improve levels of physical activity and eat well, should become the norm for every NHS employee.

Supporting positive behaviour change

Our vision is to create community healthcare services which join-up clinical care with other interventions to support positive behaviour change, encourage more people to look after both their physical and mental health and feel more connected in their local communities. Too often, patients' medical needs are met in isolation from any other issues which are impacting on their health and wellbeing. In future, we would like local people, their carers and healthcare professionals to have quick and easy access to a network of approaches to help increase patient activation and overall wellbeing. These include, for example:

- Personalised health coaching to support people to live healthy lifestyles
- Peer mentors to connect people with similar social situations or health conditions
- Group based activities in a range of community settings.

Our focus will be on supporting long-term behaviour change, improving overall wellbeing, building social networks of support and helping people better manage their conditions. We would also like to develop proactive systems for identifying people who would benefit from support before they reach crisis or their health starts to decline. As part of this, our aim is to develop access to a 'personal care and support conversation' with a healthcare professional so people can choose the support they need based on what is most important to them. In agreement with the NHS, this would be delivered as a part of a personalised care and support plan over a set period of time.

Preventing ill-health in children and young people

Working with wider partners outside of the NHS, we want to embrace every opportunity to educate and support the generation of tomorrow to live a healthier life. In doing so, over the long-term, we would expect to see the incidence and prevalence of chronic ill-health and preventable long term conditions reduce and self care awareness, for both physical and mental health, established for life. We also expect that, over time, the positive behaviours encouraged and supported in our children and young people, will also support a change in culture amongst our older generations too.

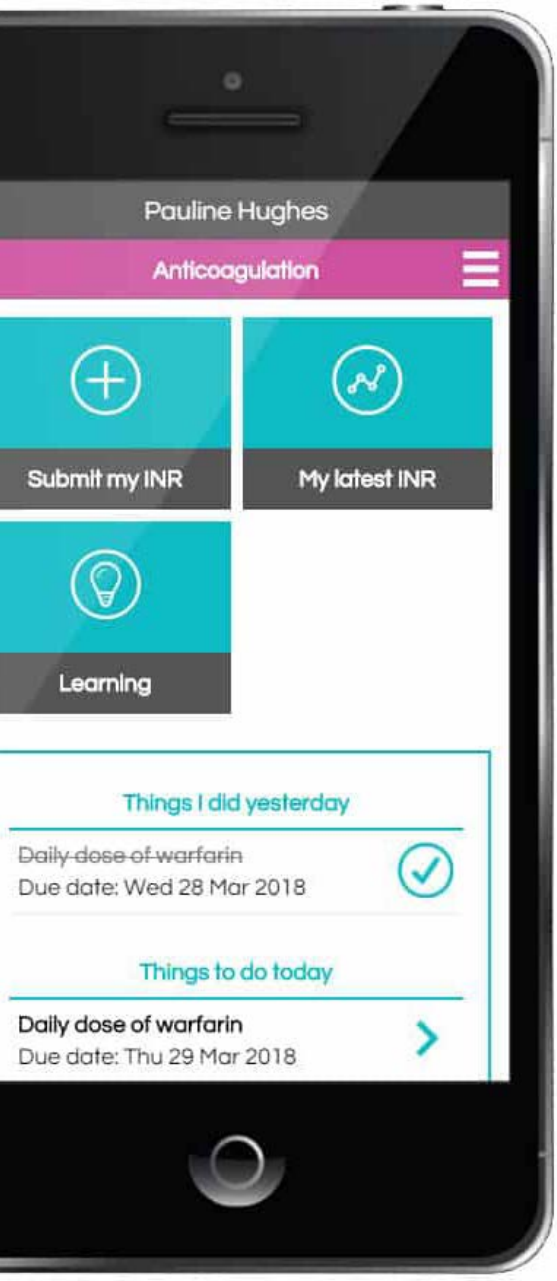


Image courtesy of NHS Digital App Library

Increasing patient activation and supporting people to stay well

'Patient activation' describes the knowledge, skills and confidence a person has in managing their own health and care. Evidence shows that when people are supported to become more activated in looking after themselves, they benefit from better health outcomes, have improved experiences of care and fewer unplanned hospital admissions. We want to focus more efforts on increasing patient activation by using technology to give people in South Tyneside and Sunderland more control over their health so they can effectively and confidently practice good self-care to stay healthy and well. In turn, we expect this will reduce demand on primary care services and free up GP time to care for patients who have more complex needs.

"Too often, patients' medical needs are met in isolation from any other issues which are impacting on their health and wellbeing."

Out of hospital care

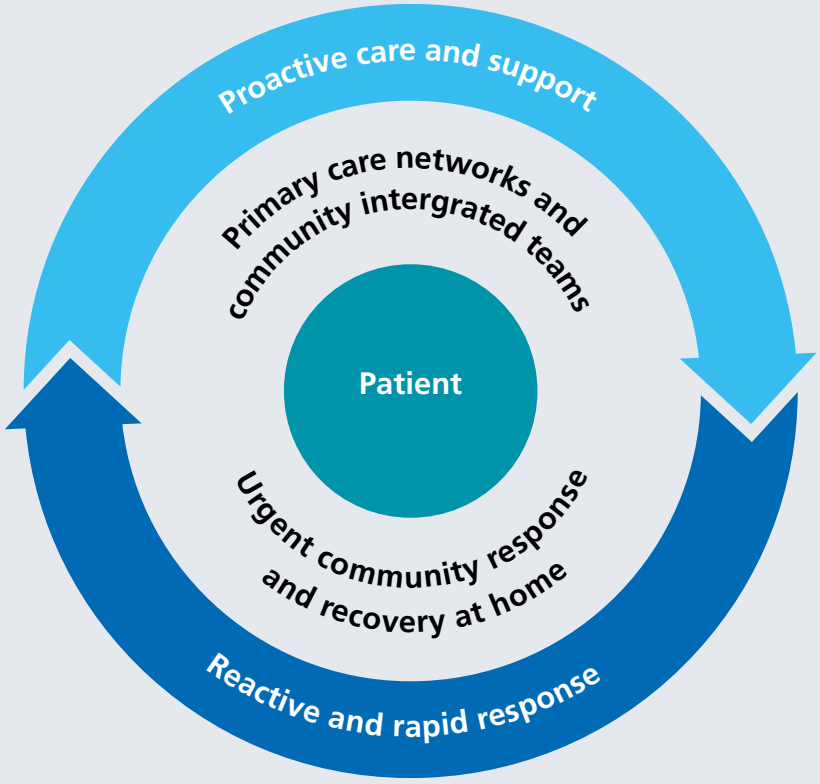
South Tyneside and Sunderland have been at the forefront of thinking, both nationally and internationally, around the out of hospital agenda with many innovative developments over the past few years. However, there is still much work to do to ensure that these models are delivered systematically throughout both localities.

Fundamentally, we want to ensure patients are seen and treated as quickly as possible in the right place, at the right time and by the right healthcare professional.

Our thinking is exactly in line with the NHS Long Term Plan and focusses on two key things:

- Creating 'primary care networks' of local GPs and community integrated teams working together to proactively care for populations of around 30-50,000 people
- Creating an 'urgent community response' for people who are particularly vulnerable by working systematically better to prevent emergency hospital admissions

Our model of out of hospital care



We are also working hard to deliver many more services, particularly those which have traditionally been delivered in a hospital setting, much closer to peoples' homes and within our local communities. This will mean patients no longer need to travel unnecessarily to hospital buildings to access specialist clinical advice when this could be delivered much more effectively locally and provide a much better patient experience.

Throughout 2018, NHS staff working in all parts of our local health and care system have been discussing ideas of how we can create such new models of out of hospital care, recognising this will mean clinical and nursing teams working together in different ways in the future and across organisational boundaries.

Personalised care across primary and community settings

Building on the success of our multi-disciplinary community integrated teams who already work closely with local GPs, we want to further enhance the way we proactively manage community-based care and support for our most vulnerable patients who have complex and ongoing care needs. Learning from our 'recovery at home' model in Sunderland and 'unplanned care' model in South Tyneside, we also want to enhance the rapid response we offer patients when they have a change of circumstance or crisis in the community to prevent, as far as possible, any deterioration in their health and wellbeing and unnecessary admissions to hospital. This also includes end of life care and supporting patients to have a good death in the place of their choosing by making sure there is robust and well developed community care which is connected to acute hospital frailty services.

Working together as one health system

Our ambitions for prevention, out of hospital care and in hospital care all rely heavily on our ability to work well together as one team and break down organisational barriers which have historically existed.

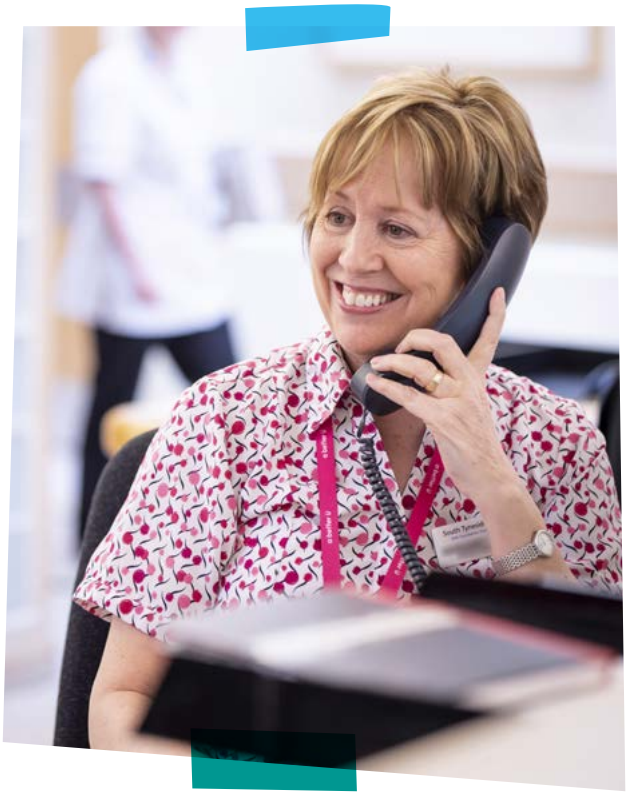
One, if not ***the*** most critical elements for success, is ensuring the delivery of strong, vibrant out of hospital services which connect all parts of the health and care system together. Our vision is to enable GPs, nurses and other health and care

professionals within the community and voluntary sector, to have ready access to specialist opinions from hospital-based teams. We believe this will help us to deliver truly person-centred, co-ordinated care that leads to better clinical outcomes for local people.

To help facilitate this true 'system working', we have adopted 'Health Pathways' which is an online system to provide health and care professionals in all parts of the local NHS with information to support the assessment of medical conditions. Already established within South Tyneside and now being rolled out across Sunderland, it provides an online interface that allows clinicians in primary, community and hospital services to access locally agreed and standardised clinical pathways across a broad range of specialties and conditions. The development of each clinical pathway involves collaboration between NHS staff across all parts of the system, with the purpose of supporting GPs to manage patients in the community and, when a referral to hospital is required, to make more informed decisions which lead to improved clinical outcomes for patients and more effective use of specialist time and expertise.

Specialist advice and guidance for GPs

Our vision is to create a robust consultant-led specialist advice service for GPs whereby hospital consultants would provide real-time specialist advice and guidance so that GPs are able to manage their patients without necessarily having to refer them to hospital for a specialist opinion. By doing so, not only will this help GPs make more informed clinical decisions, we also expect a reduction in inappropriate referrals to hospital which will help save the NHS money and free up specialist consultant time. We are currently trialling this approach with an associated training programme for GPs to ensure they are aware of how to access the advice and guidance service.



Specialist outpatient consultations in the community

When patients do need a face-to-face outpatient consultation with a specialist, then our ambition is to deliver more of these in the community. We hope this will not only improve patient and staff experiences, but also lead to improved clinical outcomes for patients and a reduction in demand across our very busy hospital services.

We are now trialling this approach within musculoskeletal (MSK) services, for patients who have problems with their muscles, bones or joints. MSK services cost the local NHS significant amounts of money when patients attend hospital for conditions which are best managed through good self-care. Acute back pain, for example, is usually a self-limiting problem that will resolve spontaneously with the right advice, support and education for patients – none of which should require a trip to hospital. We want to empower our community teams to care for more MSK patients locally and create a seamless pathway of care so that if patients do need a diagnostic test or surgery, staff can book them directly into hospital without the need for a GP referral. Effectively managing more patients in the community will also free up more specialist consultant time and reduce waiting lists for those patients who do need hospital-based care. We also plan we can improve specialist care in the community for patients suffering from gastrointestinal (stomach) problems by developing new clinical guidelines for staff which will ensure only appropriate referrals are made for patients who need an endoscopy procedure in hospital.

"The NHS Long Term Plan describes the traditional model of outpatients as 'outdated and unsustainable' and The Royal College of Physicians[4] also argues the current system needs a 'radical overhaul'."

"Many patients may not need or want to come into their GP practice or would actually prefer a telephone or video consultation with a healthcare professional."

Improving access to GP services

Over the past year, GP practices across South Tyneside and Sunderland have already delivered thousands more appointments on evenings and weekends. Patients can book these via NHS 111 or by calling their usual GP practice. We now want to improve access even further by looking at our telephone based triage services so that when patients call to book an appointment, or request a home visit, they are quickly guided to the right healthcare professional depending on their needs. Equally, patients may not need, or want to see a GP and their care can be much more effectively managed by a nurse, social worker, therapist or other support worker. Many patients may not need or want to come into their GP practice or would actually prefer a telephone or video consultation with a healthcare professional.

Our vision is to improve access to the right service at the initial point of contact in primary care. Evidence from other areas shows up to 40% of routine GP appointments can be avoided when better triage methods are used. If we achieved the same 40% reduction in South Tyneside and Sunderland, this would free up capacity equal to 14,000 appointments every single week. This would allow GPs and other practice staff to focus on effectively managing the care of patients with more complex long term conditions or those receiving end of life care.

Reducing unnecessary outpatient follow up appointments

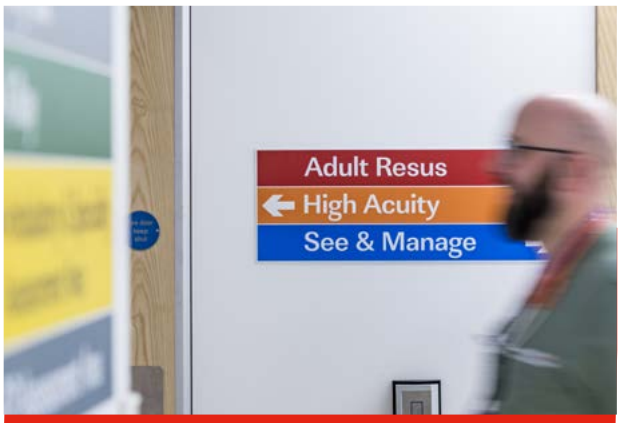
The NHS Long Term Plan describes the traditional model of outpatients as 'outdated and unsustainable' and The Royal College of Physicians[4] also argues the current system needs a 'radical overhaul'. We agree and are already looking at how we create new models of care for people who need a follow-up outpatient review after a hospital procedure, or who have ongoing long term conditions.

Technology available today means a face-to-face outpatient appointment is often no longer the fastest way of providing specialist advice on diagnosis or treatment and our ambition is to essentially remove the need for patients to travel to hospital for their follow-up care. By managing patients' needs within the community, we will be able to free up more time for specialist consultants to see more patients who do need hospital-based care and provide more specialist advice and guidance to GPs and community teams. Most importantly, we think this will greatly improve patient experience by reducing the need for people to make unnecessary trips to hospital for advice and support which often does not result in any further treatment and can be delivered much closer to their homes.

40% **of routine GP appointments can be avoided when better triage methods are used**

In hospital care

Which hospital services are involved in Phase Two?



Emergency care and acute medicine

This is the care provided when patients arrive at our Emergency Departments, need emergency admission to hospital or have an urgent healthcare need.

Emergency surgery and planned operations

This is the care provided for patients who are admitted as an emergency and then require urgent surgery, or who have been referred by their GP for a planned operation.

Planned care and outpatients

This is the care provided in hospital after patients have been referred by their GP for a test, scan, treatment or operation.

Clinical support services (radiology, therapies and pharmacy)

These are vital support services such as therapy services (physiotherapy, occupational therapy, speech and language therapy) as well as clinical pharmacy and radiology services (scans and x-rays).

What is our ambition?

What is our ambition?

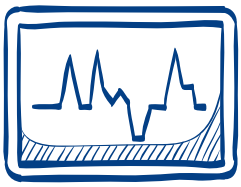
Working together across South Tyneside and Sunderland, we want to create truly excellent future hospital services which offer equal access to the highest possible quality of safe care and excellence in clinical outcomes for all of our patients.

We are already on the right path to achieving success with vital changes being made from Phase One already showing us, categorically, that more lives are being saved and that clinical outcomes for stroke patients, across both localities, are now significantly better.

The changes planned for maternity and urgent and emergency paediatric care will also ensure we can offer the very highest quality of safe patient care to local women and children in the future.

There is certainly much to be proud of and our staff deliver fantastic, compassionate, person-centred care every single day. Of this there is no doubt, but we must be realistic that the challenges facing the NHS will not go away and are only set to increase. If we truly want to deliver clinical excellence for our patients in the future then we must change our hospital service models to allow us to deliver the very best outcomes for each and every patient – just like we have done for people suffering a stroke.

Our hospitals are currently rated as 'requires improvement' in South Tyneside and 'good' in Sunderland and as our Trusts come together as one through the formal merger process, we want the new organisation to become recognised nationally as an 'outstanding' NHS provider. To achieve this, we must change the way hospital services are delivered so that we can deliver clinical excellence all of the time, every time for each and every patient. This is our ultimate ambition. Both hospitals will continue to exist in future and both will continue to play equally important roles in our future success.



"Both hospitals will continue to exist in future and both will continue to play equally important roles in our future success."

What are we already doing?

New workforce models

In 2018, we employed our first physician associates as part of plans to develop new innovative workforce models. We currently have one physician associate working in South Tyneside and one in Sunderland and they both support our busy emergency care and acute medicine teams. Physician associates have to meet a nationally approved standard of training and practice through a postgraduate course which focuses principally on adult general medicine in hospital. Once qualified, physician associates take on similar roles to junior doctors and work alongside them to carry out procedures, see patients and make decisions, for example facilitating discharges. They help relieve pressure on our clinical teams and offer improved continuity of care for patients as junior doctors frequently move around different hospitals and departments during the course of their training.

Same day emergency care

Across both of our hospitals we have already developed 'same day emergency care' services, also known as 'ambulatory care'. This aims to treat patients who have urgent healthcare needs on the same day, without the need for hospital admission. Staffed by doctors, senior nurses and nurse practitioners, with care overseen by consultants, our physician associates also

work within the ambulatory team to help deliver swift assessment, diagnosis and treatment for patients on the same day.

Improvements in South Tyneside over the past year mean we now have extended access 12 hours a day, seven days per week with the team also providing an in reach service to other parts of the hospital to help avoid unnecessary admissions. Working closely with GPs, patients who fit certain scoring criteria are now streamed straight to ambulatory care resulting in reduced emergency admissions. We are also working directly with the ambulance service and paramedics to allow direct streaming of patients into ambulatory care without the need to go via the Emergency Department. The overwhelming majority of patients (85%) who come to ambulatory care are discharged home and not admitted to hospital.

Improving patient flow

In September 2018, we introduced a new initiative across both hospitals aimed at helping more patients get safely back to the comfort of their own bed. #TheresNoBedLikeHome supports staff in taking positive steps to reduce unnecessary lengthy hospital stays which can be detrimental to patients' health and wellbeing. Using 'Red2Green' days to identify wasted time in a patient's care journey, it allows all staff, both within and outside of the hospitals, to support patients on their road to recovery and getting back home as quickly and safely as possible:

- A red day is when a patient is waiting for something to progress their care, such as a test or assessment.
- A green day is when a patient receives active treatment that takes them a step closer to being able to go home.

Using 'Red2Green', everyone involved in the patient's care can clearly see what needs to be done to get them one step closer to discharge and what they can do to escalate delays and issues to turn a red day into a green day.

Closer working between our clinical and nursing teams

As part of ongoing work to formally merge our local hospitals to become South Tyneside and Sunderland NHS Foundation Trust, vast work has been going on across our clinical, nursing and many other support teams, to begin working much more closely together. This is already helping to create some improved resilience in the workforce with more new medical and nursing recruits attracted to join us, recognising the clinical benefits of working together across a greater geography to create an important 'critical mass' of patients to be served. We also now have a much greater ability to share best practice and expertise across our teams in both localities for the benefit of patient care.

Phase Two - the story so far

Phase Two

THE STORY SO FAR...

December 2017

- **Our clinical service review design teams, made up of over 100 staff** from both South Tyneside and Sunderland, begin to meet and discuss current challenges

February 2018

- **Over 700 staff from both South Tyneside and Sunderland give their views** on the current challenges being faced by completing a survey
- **Face-to-face interviews with over 120 patients** to understand current experiences of using services in each hospital

March 2018

- **Almost 200 staff from both South Tyneside and Sunderland join a series of engagement sessions** to discuss current challenges and agree ambitions for the future

June 2018

- **Further staff engagement sessions attended by over 200 staff from both South Tyneside and Sunderland** to discuss case for change and early ideas for addressing challenges
- **Over 1,000 patients share their views** as part of further engagement work to understand what is most important to people when receiving hospital care

ENGAGEMENT SESSIONS

July 2018

- **First clinical due diligence event** bringing together staff from each of the clinical service review design teams for the first time, to discuss progress in each work stream and ideas so far
- **Launch of the 'Draft Case for Change'** document and briefings with key stakeholders

October 2018

- **Launch of widespread 'Join our Journey' public engagement activity** over ten weeks and attendance at key stakeholder meetings to help people understand why hospital services need to change and to encourage ideas for helping us solve the challenges we face
- **A further 1,000 patients give their views** on what is most important when receiving hospital care

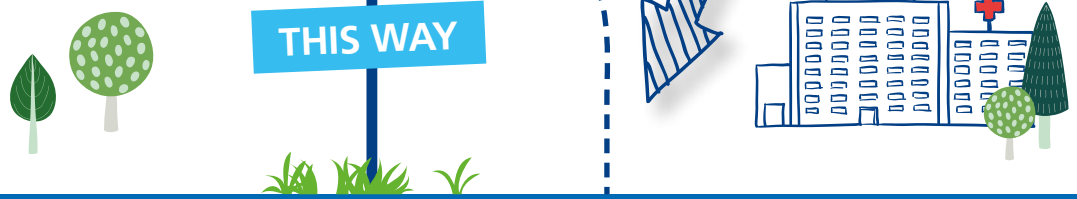
FACE TO FACE INTERVIEWS

November 2018

- **Second clinical due diligence event** bringing together staff from each of the clinical service review design teams, for the second time, to discuss progress in each work stream and ideas so far
- **Stakeholder workshops** take place to help set 'desirable evaluation criteria' which will be used later in the process to assess any emerging ideas and help determine the most credible scenarios to take forward for formal public consultation

1,000s of patient and public views

1,000s of staff views



PANEL EVENTS

December 2018

- **Public listening panel event** held to invite members of the public, stakeholders and other interested parties to present evidence to the Path to Excellence programme team on the Draft Case for Change and any areas for consideration that might have been missed

February 2019

- **'Working list' of ideas shared** with all staff, stakeholders and members of the public and a period of engagement takes place to gather views and feedback

ROADSHOWS

March 2019

- **Series of staff engagement workshops** take place to allow staff from both South Tyneside and Sunderland to input their views on the working list of ideas and share feedback for the clinical service review design teams to consider
- **Patient and public engagement 'Join our Journey' roadshow** activity to take place throughout March working with Healthwatch to gather feedback and views on the 'working list' of ideas and draft 'desirable evaluation criteria'

WORKSHOPS

Spring and early summer 2019

- **Clinical senate review** and further testing and evaluation of 'working ideas'
- **Further work with key stakeholders** to apply the draft 'desirable evaluation criteria' to 'working ideas' and help determine the most credible scenarios to take forward for formal public consultation
- **Further information to be included in the pre-consultation business case** for service change is identified
- **Pre-consultation case for service change is reviewed** by Trust Boards and Clinical Commissioning Groups' Governing Bodies
- **NHS assurance processes** with regulators NHS England and NHS Improvement takes place

Late summer 2019

- **Formal public consultation** on future scenarios for change

What design process have we followed to reach our ‘working ideas’?

What design process have we followed to reach our 'working ideas'?

In order to support a logical process of developing ideas for change, we have taken a staged approach, with each stage feeding into and influencing the next. This gives the opportunity for stakeholders to be involved throughout the process including NHS staff working in the hospitals, wider NHS professionals, community and voluntary groups, elected members and other interested parties.

Using feedback gathered over the past year through our work with staff, patients and the public, our clinical service review design teams were tasked to come up with a long list of all possible scenarios for the future and our long list of possible scenarios is included in Appendices A and B.

Our ideas range from:

- **'minimal'** change by improving our current models
- **'some'** degree of change by creating new models of care
- **'greater'** change by thinking radically about we improve services for the future

In between the two extremes of 'minimal' change and 'greater' change are a range of emerging ideas, involving varying degrees of change, to help solve the challenges being faced. As part of having an open mind to finding solutions, it is important that all possible ideas are considered on their own merits.

In order to get to a shorter and genuinely viable list of 'working ideas' for change, our long-list was tested against agreed core 'hurdle criteria' which have been developed with clinical experts and informed by service change best practice in line with national NHS policy.

Independent Quality Assurance

As we want to ensure we get this design process right and we are open to ideas and influence, we are working with The Consultation Institute, who are carrying out an independent quality assurance of our pre-consultation engagement processes.

The core ‘hurdle criteria’

Our core ‘hurdle criteria’ are outlined below and mean that any future proposed services changes must do the following:

Be sustainable and resilient

Support sustainability and resilience of services by ensuring that the medical and nursing staff and volume of patient numbers are there to make the service succeed. Where possible, more services should be provided in local community settings rather than in hospital.

Deliver high quality, safe care

Deliver high quality, safe care which aims to improve quality and meets all clinical quality, patient safety and experience standards, as well as regulatory requirements for example from the Care Quality Commission, NHS Improvement and Royal Colleges / Professional Bodies.

Be affordable

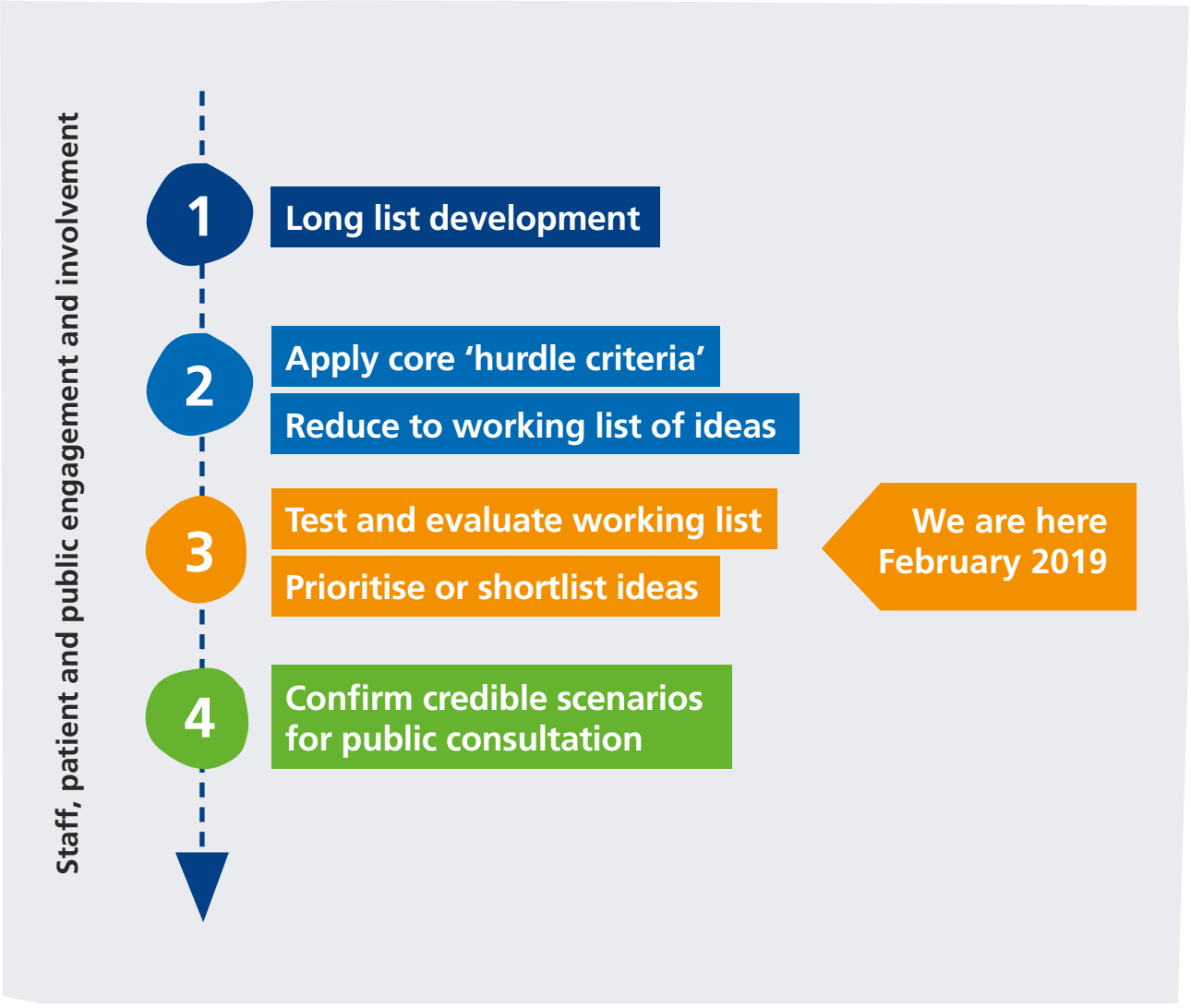
Be affordable by improving long-term financial sustainability across the local health system and be deliverable within the available capital resource to facilitate any service change.

Be achievable

Be achievable within three years of any decisions made by local Clinical Commissioning Groups (CCGs).

After testing our long list against these core 'hurdle criteria', our clinical service review design teams now have a 'working list' of potential ideas to help solve the challenges we face. We are now at step three of the design process below and are seeking feedback and views on our 'working list' of ideas so that we can take the views of our staff, stakeholders, patients and the public into account when developing the scenarios to take forward for a full public consultation later this year:

Steps in the design process



Our ‘working ideas’

Emergency care and acute medicine

"The overwhelming majority of patients we see in our Emergency Departments (65% in South Tyneside and 47% in Sunderland) do not need hospital admission and are discharged back into the care of their GP or home."

A reminder of the challenges and clinical drivers for change

There are many compelling reasons why we need to transform our emergency care and acute medicine services. Primarily, this is to make sure patients who are seriously ill or injured have readily available access to a timely specialist medical opinion so that their treatment can start quickly. Equally, we want to make sure those patients who have an urgent need, which is not immediately life-threatening, also have same day emergency care access to timely treatment. To do this, we need to think differently about how we change our current model.

There is clear and compelling clinical evidence[5] which shows that the quicker patients with a serious emergency see a senior clinical decision maker, or 'specialist', the more likely they are to receive the right diagnosis and treatment sooner. This ultimately results in better clinical outcomes, reducing the risk of death and disability.

There is also compelling clinical evidence which tells us the more time patients spend in hospital, particularly frail older people, the longer their recovery will be. It is crucial, therefore, that we transform our current model so that patients with urgent problems also receive timely treatment without the need for hospital admission if this is not necessary. This will also have positive consequences to relieve pressures elsewhere within our hospitals and free up beds for patients who do need emergency hospital admission.

There is no question that both of our Emergency Departments consistently perform very well against the national standard for patients to be seen, treated or discharged within four hours. It is important to recognise, however, that whilst the four hour standard for emergency care is an important safety measure it is purely a measure of operational process, rather than the actual clinical outcomes we achieve for patients. This is ultimately what we want to improve as we know that we do not consistently deliver care which is led by senior clinical decision makers meaning decisions about care are often taken by those with much less experience.

Our current thinking is fully aligned to the recently published NHS Long Term Plan and driven by our desire to meet important clinical standards to improve the quality and safety of care for patients across South Tyneside and Sunderland.

Our ambitions

By working together and functioning as bigger teams across two sites our ambition is to:

- ✔ provide better access to 24/7 consultant-led emergency care seven days a week
- ✔ consistently ensure patients with serious emergencies who need hospital admission are seen by the right specialist in a timely way, when they arrive, during their stay and when being discharged home
- ✔ consistently ensure patients with less serious problems which require an urgent 'same day' response have local access
- ✔ provide better access to multi-disciplinary assessments and support services for urgent and emergency patients seven days a week
- ✔ improve the differences which currently exist in the length of hospital stay and reduce unnecessary emergency hospital admissions
- ✔ reduce the cost of temporary locum and agency staff by creating a service which is fit for future, offers the best clinical outcomes for patients and attracts new recruits
- ✔ enhance our 'front door' frailty services for vulnerable older people to provide prompt assessment and ensure, where possible, people are not admitted to hospital unnecessarily.

Our thinking so far

Our clinical service review design teams have considered a full range of all possible scenarios for the future (summarised in Appendix A) to help solve some of the challenges facing us. After applying the core 'hurdle criteria' described on page 45, we would now like your feedback on the following 'working ideas' for emergency care and acute medicine which our teams feel may help us meet our ambitions for the future.

"In all 'working ideas' there would be continued 24/7 urgent or emergency access on both hospital sites."

Minimal change

This working idea would see continued 24/7 access to services on both hospital sites as per the current service model, with enhanced 'same day emergency care' to help people get treated quickly without hospital admission. It would essentially rely on continued recruitment efforts and ongoing investment to address significant workforce gaps in emergency care and acute medicine services.

Our clinical and nursing teams would work as one, across both hospital sites, to improve staffing sustainability. Given the major pressures on our workforce, we would also need to think about developing new innovative staffing models to help us cope with the expected rise in demand to safely staff acute medical services on both sites and ensure patients receive the highest quality of care.

This working idea would rely on continued recruitment efforts and ongoing investment to address significant workforce gaps in emergency care and acute medicine services.

Minimal change

South Tyneside | **Sunderland**

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

***Same day emergency care**
Also known as 'ambulatory emergency care', same day emergency care is a transformational change in care delivery. It is a way of managing a significant proportion of emergency patients on the same day without the need for admission to a hospital bed.

Some change

This working idea would also see continued 24/7 access to services on both hospital sites but this would be different from the current model. In South Tyneside there would continue to be round the clock urgent access for patients with less serious emergencies. We would also continue to receive acute medical admissions in South Tyneside via managed pathways of care working closely with paramedics and GPs.

In Sunderland, concentrated teams of clinicians in a variety of specialties would be better able to provide 24/7 access to specialist expertise for those suffering more serious or life-threatening emergencies. Both hospitals would continue to offer 'same day emergency care', also known as 'emergency ambulatory care' to prevent unnecessary hospital admissions, as well as frailty assessment for older people.

This working idea would potentially give us greater consultant cover for emergency care, however pressures would remain in sustaining staffing for our acute medicine services.

Some change

South Tyneside

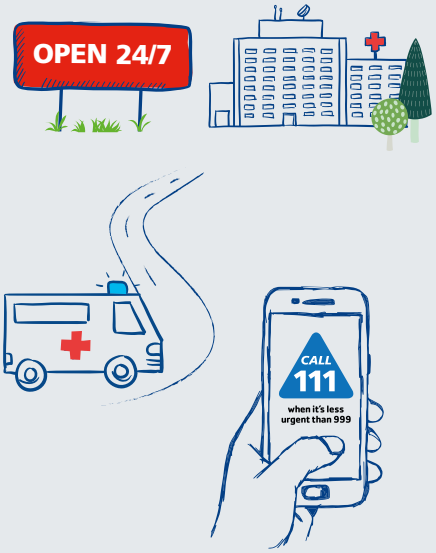
24/7 urgent care for less serious emergencies, plus 'same day emergency care' for medical conditions and some medical admissions. There would be continued local urgent care access across South Tyneside.

Less serious emergencies could include:

- Minor fractures or broken bones
- Minor head, ear, or eye problems
- Broken nose or nose bleed
- Sprains, strains, cuts and bites
- Abscesses or wound infections

Sunderland

24/7 specialist emergency care for all serious or life threatening emergencies, 'same day emergency care', plus continued local urgent care access across Sunderland.



Serious or life threatening emergencies could include:

- Suspected stroke
- Loss of consciousness
- Persistent and severe chest pain
- Sudden shortness of breath
- Severe blood loss
- Severe abdominal pain

Greater change

This working idea would again mean continued 24/7 access on both hospital sites but this would be different from the current model. There would continue to be 24/7 urgent access in South Tyneside for patients with less serious emergencies, with all serious or life-threatening emergencies and all acute medical admissions in Sunderland.

In South Tyneside, there would continue to be provision for acute inpatient medical rehabilitation and we would also develop new 'rapid access review clinics' in a range of specialities to enable next day access in South Tyneside for GPs to refer patients directly to hospital for quick assessment. By having a bigger clinical team concentrated in one hospital 24/7, this would potentially allow us to work towards our ambition of delivering 7-day consultant-led emergency care.

This working idea would potentially give us the greatest opportunity to strengthen staffing and increase our ability to meet more important clinical quality and safety standards to improve patient care.

Greater change

South Tyneside

24/7 urgent care for less serious emergencies, plus some 'same day emergency care' for medical conditions. There would be continued local urgent care access across South Tyneside.

Less serious emergencies could include:

- Minor fractures or broken bones
- Minor head, ear, or eye problems
- Broken nose or nose bleed
- Sprains, strains, cuts and bites
- Abscesses or wound infections

Sunderland

24/7 specialist emergency care for all serious or life threatening emergencies and all medical admissions, 'same day emergency care', plus continued local urgent care access across Sunderland.

Serious or life threatening emergencies could include:

- Suspected stroke
- Loss of consciousness
- Persistent and severe chest pain
- Sudden shortness of breath
- Severe blood loss
- Severe abdominal pain

Emergency surgery and planned operations

A reminder of the challenges and clinical drivers for change

Much like in emergency care and acute medicine, there are many compelling reasons why we also need to transform our surgical services to create new models of care.

Our surgical teams across both hospitals have been discussing how we can improve care for people coming into hospital for a planned operation, as well as for those who need an emergency surgical procedure. Surgery is categorised as either:

- **General surgery** – this can be planned or emergency surgery on the stomach, bowels, liver, oesophagus, pancreas, gallbladder, or appendix
- **Trauma and orthopaedics** – this can be planned joint (hip or knee) replacements or emergency surgery to fix badly broken bones

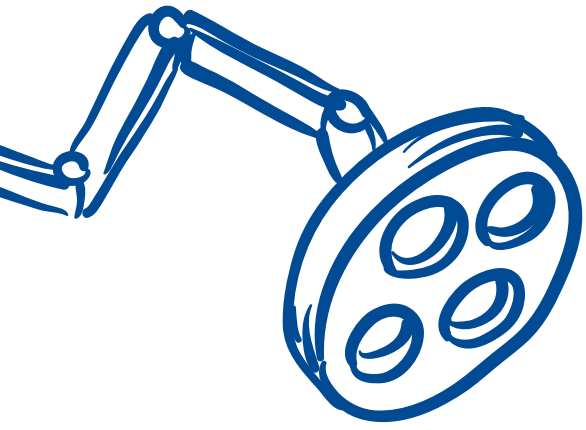
It is important to note that both hospitals perform very well against national waiting time standards for patients to receive their treatment within 18 weeks of referral from their GP for planned operations. What we must improve, however, is our ability to consistently offer the best possible clinical outcomes for patients needing emergency surgery.

There are now many clinical standards expected of the NHS for the delivery of safe, high quality emergency surgery and our challenges are primarily linked to our workforce and our current inability to consistently deliver senior clinical decision making. The need for 24/7 consultant-led, speciality driven care is now widely acknowledged with clear evidence[6] to show that if surgeons are able to regularly carry out their chosen areas of expertise, patients are more likely to have better outcomes.

"Outcomes for patients having emergency surgery at night and weekends, are comparatively poor compared to those treated within working weekday hours."
The Royal College of Surgeons[6]

The main issues we currently face are:

- Our surgical rotas use a traditional on-call system whereby one consultant surgeon (a specialist in one type of surgery) is available to advise more junior members of the surgical team. Patients may often not receive the timely care they need if this falls outside the specialist remit of the surgeon on-call and, consequently, their emergency surgery may be delayed
- Our surgeons currently have to manage both emergency surgery cases, as well as planned operations within their current workload. This means planned patients may often experience delays for surgical treatment as we must accommodate emergency patients during times of peak demand. It also means our surgeons do not get the opportunity to practice their chosen sub-speciality as often and risk becoming deskilled
- We do not make optimum use of the theatre space and physical facilities we have available to us across South Tyneside and Sunderland. We also do not make the best use of our highly skilled surgical workforce.



Many parts of the NHS have already solved some of these problems by pooling clinical expertise and rotas to ensure patients always have access to the right specialist surgeon no matter what time of day or night. The national 'Getting it right first time' (GIRFT) reports, published in 2015[7] for orthopaedic surgery and in 2017[8] for general surgery, also suggest ways to improve pathways of care, patient experience, and clinical outcomes for emergency surgery patients by:

- separating emergency and planned surgical patients to reduce unnecessary cancellations or delays
- reshaping emergency surgical services to ensure consultant-delivered care and rapid availability of a senior surgical opinion
- ensuring that on-call surgical teams, including the consultant, are not listed to deliver any routine planned operations or clinics whilst they are on call.

Our current thinking for surgical services is fully aligned to the recently published NHS Long Term Plan which echoes the view that separating emergency surgery from planned services has multiple benefits. Not only does it make it easier for hospitals to run more efficient surgical services, it also offers improved access to specialist surgical care for patients with the right expertise readily available at the right time, regardless of whether patients need emergency surgery or a planned operation.

By working together and functioning as bigger teams across two sites our ambition is to:

- provide better access to 24/7 consultant-led care for emergency surgery patients seven days a week
- move from a general surgical opinion to specialist surgical advice and ensure emergency surgery patients have quick access to theatre and a specialist consultant-led team at any time of day or night
- consistently ensure all emergency surgical admissions are seen by the right specialist consultant in a timely way, both when they arrive at hospital, during their stay and when being discharged home
- consistently provide timely assessments for emergency surgery patients with support services available seven days a week to aid recovery
- improve our ability to consistently deliver high quality training for surgical trainees
- improve patient and staff experience and satisfaction by separating planned operations from emergency surgery.

"Our aim is to ensure every emergency patient across South Tyneside and Sunderland has equal access to the right surgical expertise 24/7 – regardless of the time of day or the day of the week."

Our thinking so far

Our clinical service review design teams have considered a full range of all possible ideas for surgery which are summarised in Appendix B and include a range of ideas of different ways of potentially designing surgical services for the future. After applying the 'hurdle criteria' described on page 45 and considering the very clear national clinical guidance, we would now like your feedback on our 'working idea' for the future of surgical services which would involve some change.

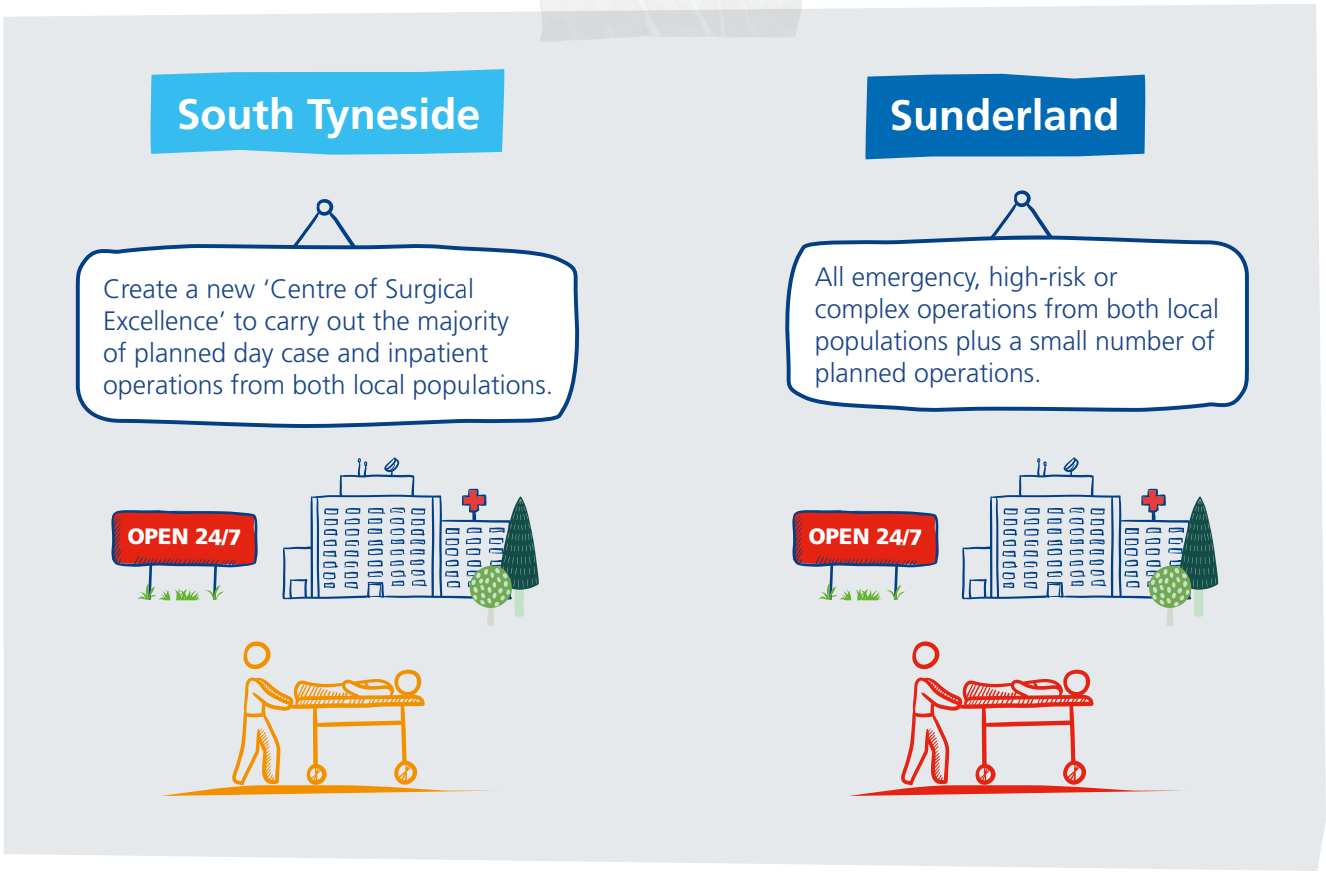
"Separating emergency surgery from planned services has multiple benefits."

Some change

Our working idea for surgical services would essentially mean planned operations taking place on one hospital site (South Tyneside) and emergency operations taking place on the other site (Sunderland). To do this, we would need to expand our theatre capacity in South Tyneside to create a new centre of excellence for planned care and make best use of our purpose built Surgical Centre which opened in November 2016.

This would cater for the large majority of all planned day-case operations and those which require an overnight stay. Patients requiring emergency surgery, or a high-risk or complex operation, would have their procedure in Sunderland. There would also be a small number of planned operations taking place in Sunderland to ensure theatre capacity is maximised and time of surgeons is not wasted.

This would potentially give us the greatest opportunity to strengthen staffing and meet more important clinical quality and safety standards to improve patient care. Our thinking is in line with the aspirations outlined in the NHS Long Term Plan to separate emergency surgical services from planned care.



Planned care and outpatients

Our work on planned care and outpatients

Since publishing our Draft Case for Change in July 2018, we have also been working hard to ensure that patients can have as much of their planned care as locally as possible. We know that thousands of outpatient appointments take place in Sunderland for patients who live in South Tyneside and we are working hard to bring as much of this care back to South Tyneside as possible. Over the past year we have already delivered approximately:

- **600 outpatient appointments for opthalmology patients** who are now receiving specialist eye treatment in South Tyneside rather than travelling to Sunderland Eye Infirmary
- **580 outpatient appointments for renal patients** who are now receiving specialist kidney care locally without needing to travel to Sunderland
- **350 outpatient appointments for rheumatology patients** who are now receiving specialist care locally without needing to travel to Sunderland

"Our ambition is to continue to deliver much more care closer to home when it is safe, sustainable and appropriate to do so."

Our ambition is to continue to deliver much more care closer to home when it is safe, sustainable and appropriate to do so and we are continuing to explore opportunities in the following service areas to allow more care to happen in South Tyneside:

- **Oncology** – opportunities for cancer patients to receive more chemotherapy treatment locally following any initial specialist treatment at Sunderland
- **Cardiology** – opportunities for heart patients to receive planned specialist cardiac MRI scans locally without having to travel outside of South Tyneside and Sunderland to receive this (as they currently do)
- **Oral and maxillofacial** – opportunities to offer specialist clinics within South Tyneside and day case procedures
- **Urology** – opportunities to offer more specialist clinics locally in South Tyneside as well as service quality improvements to reduce waiting times for vasectomy procedures.

The above work has been possible thanks to the joint working between South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust which will be further strengthened through the formal merger of the Trusts which is expected to be complete by April 2019.

Our quality improvements in planned care should also be viewed in line with the ambitions outlined on pages 23 to 29 to transform care out of hospital and provide more specialist care within our local communities.

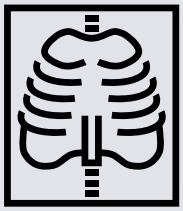
Clinical support services (radiology, therapies and pharmacy)

A reminder of the challenges and clinical drivers for change

Our clinical support teams provide a range of vital services and play a crucial role to help make sure patients get the timely and effective care they need. This includes therapy services (for example physiotherapy, occupational therapy, speech and language therapy), as well as clinical pharmacy and radiology (diagnostic imaging) services. All of these services are vital in helping to diagnose patients quickly and getting them on the road to recovery as soon as possible.

Our clinical support service teams have been fully involved in discussions so far for Phase Two and have helped to develop our 'working list' of ideas for change. Discussions have been focussed on how we can achieve:

- **Pharmacy** - a ward-based clinical pharmacy service operating seven days a week across both sites to ensure patients get the same level of service no matter what day of the week they are in hospital so that their discharge home is not delayed
- **Therapies** - multi-disciplinary assessment and rehabilitation services seven days a week for all inpatients undergoing a complex or high risk operation, as well as patients being admitted as medical emergencies
- **Diagnostic imaging** - timely access to radiology services for both planned and emergency patients who need x-rays and scans.



385,000

During 2017/18 we carried out 385,000 diagnostic images across our two hospitals compared to a combined population of 440,000 across South Tyneside and Sunderland.

87%

This equates to over 87% of the population having an x-ray or scan in one year alone

Across the NHS, we have seen the demand for diagnostic imaging grow consistently at approximately 10% per year nationally in the last decade and this is also true in South Tyneside and Sunderland. A key part of our quality improvement work is to look at how we can reduce the amount of unnecessary diagnostic tests which are routinely carried out and do not add any value to the patient's treatment pathway. This is often because tests or scans are duplicated without any real clinical need.

Last year (2017/18) across our two hospitals we spent £34 million on pathology tests and diagnostic imaging with £2.8m of that cost currently out-sourced to independent providers outside of the NHS to help cope with demand.

To help manage this demand we would like to reduce unnecessary or duplicate testing which in itself would deliver significant financial savings and patient benefit, as well as releasing staff time.

We are also thinking long-term about how we can meet the continued expected growth in demand for diagnostics in line with our ambition to achieve clinical excellence for our patients.

Early discussions are currently taking place on plans to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and reduce the current need to outsource to other non-NHS providers. Although these discussions are still subject to a formal business planning and approval process, which would require capital investment, we feel this would futureproof our services and allow for the anticipated growth in activity over the next ten years across South Tyneside and Sunderland. This emerging idea for a world-class diagnostics centre would feature across all of our 'working list' ideas subject to the internal business planning process of the Trusts.

"A key part of our quality improvement work is to look at how we can reduce the amount of unnecessary diagnostic tests which are routinely carried out and do not add any value to the patient's treatment pathway."

South Tyneside

Sunderland

Early discussions are currently taking place on plans to 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.

How do our ‘working ideas’ fit together?

Minimal change

South Tyneside

24/7

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

The majority of planned day case and inpatient operations.

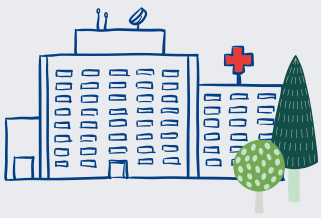
Sunderland

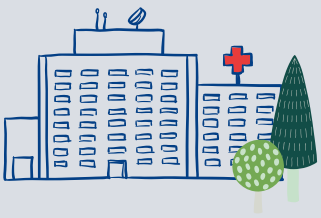
24/7

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

All emergency, high risk or complex operations plus small number of 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.

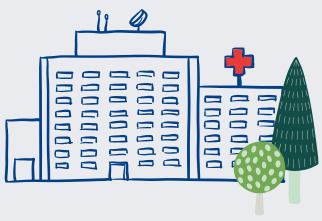


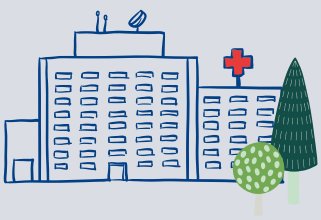


Some change

South Tyneside	Sunderland
24/7 urgent access for patients with less serious emergencies.	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.	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.	Front-door 'frailty assessment' for older people.
The majority of planned day case and inpatient operations.	All emergency, high risk or complex operations plus small number of 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.

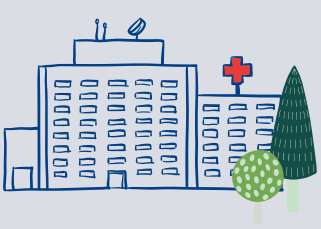




Greater change

South Tyneside	Sunderland
24/7 urgent access for patients with less serious emergencies.	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.	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.
The majority of planned day case and inpatient operations.	All emergency, high risk or complex operations plus small number of 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.



Summary on 'working ideas'

In reaching our 'working list' of emerging ideas for the future, our clinical service review design teams have carried out a thorough assessment of what they believe will have the greatest positive impact in helping us to achieve clinical excellence for our patients and creating sustainable and resilient hospital services for the future.

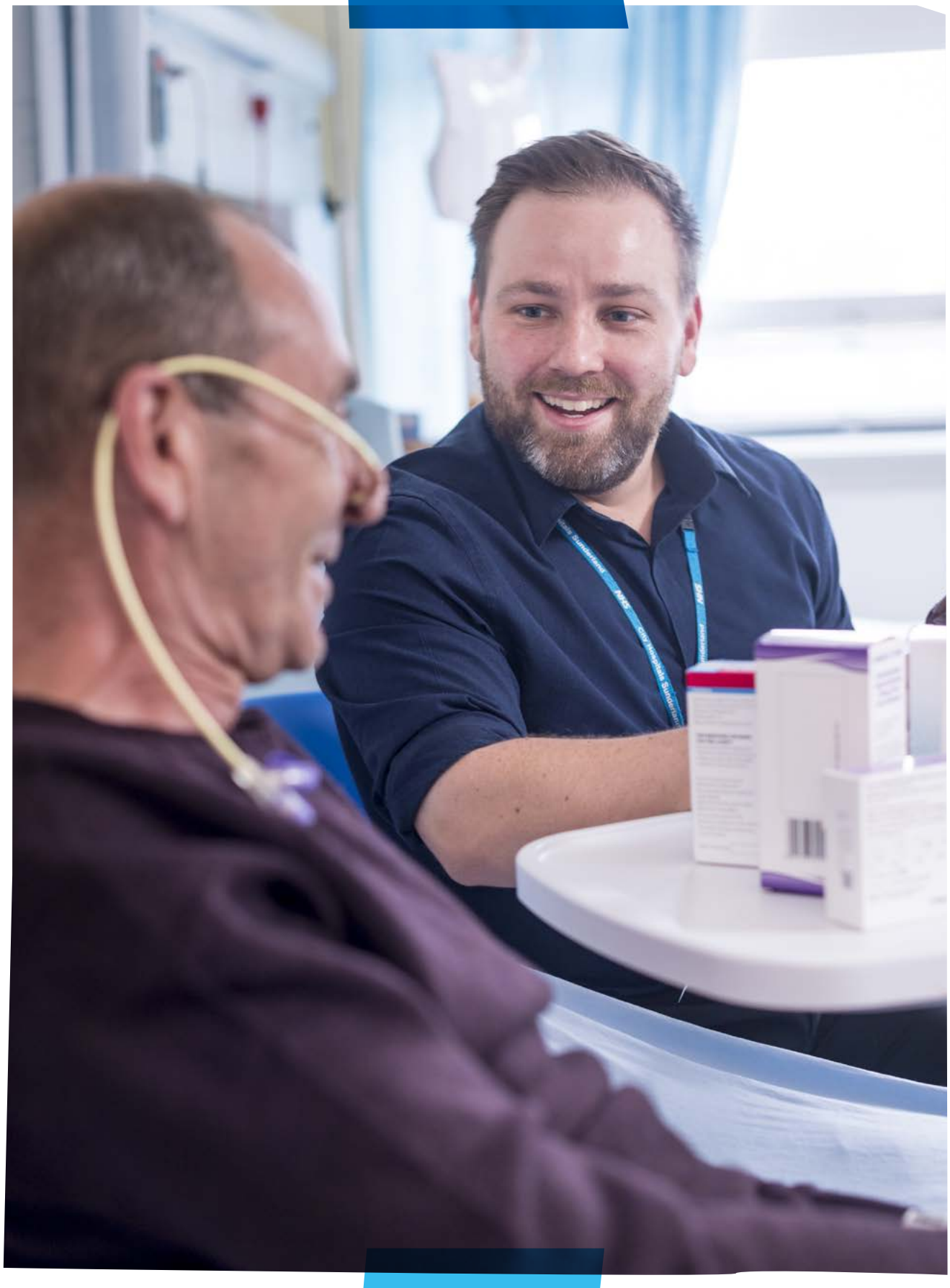
This assessment has included evaluation against almost 50 clinical standards across emergency care, acute medicine and surgical services to understand our current position and where the greatest quality and safety improvements in patient care can be made.

As work progresses on Phase Two, we are also awaiting the outcome of a national 'NHS Clinical Standards Review' which is currently taking place and expected to be published in the Spring. The findings from this national review will also be factored into out thinking as we continue to welcome feedback on our 'working ideas' so far.

Our long list of potential ideas for both emergency care and acute medicine and surgical services can be found in Appendices A and B.

"Sharing our 'working ideas' and thinking so far is designed to support further staff, patient and public engagement. Feedback gathered on our 'working ideas' will be considered as part of the pre-consultation business case to help develop and refine future scenarios to take forward for formal public consultation which is expected later in 2019."


South Tyneside
STAFF NURS
NHS



What else do we need to consider?

What else do we need to consider?

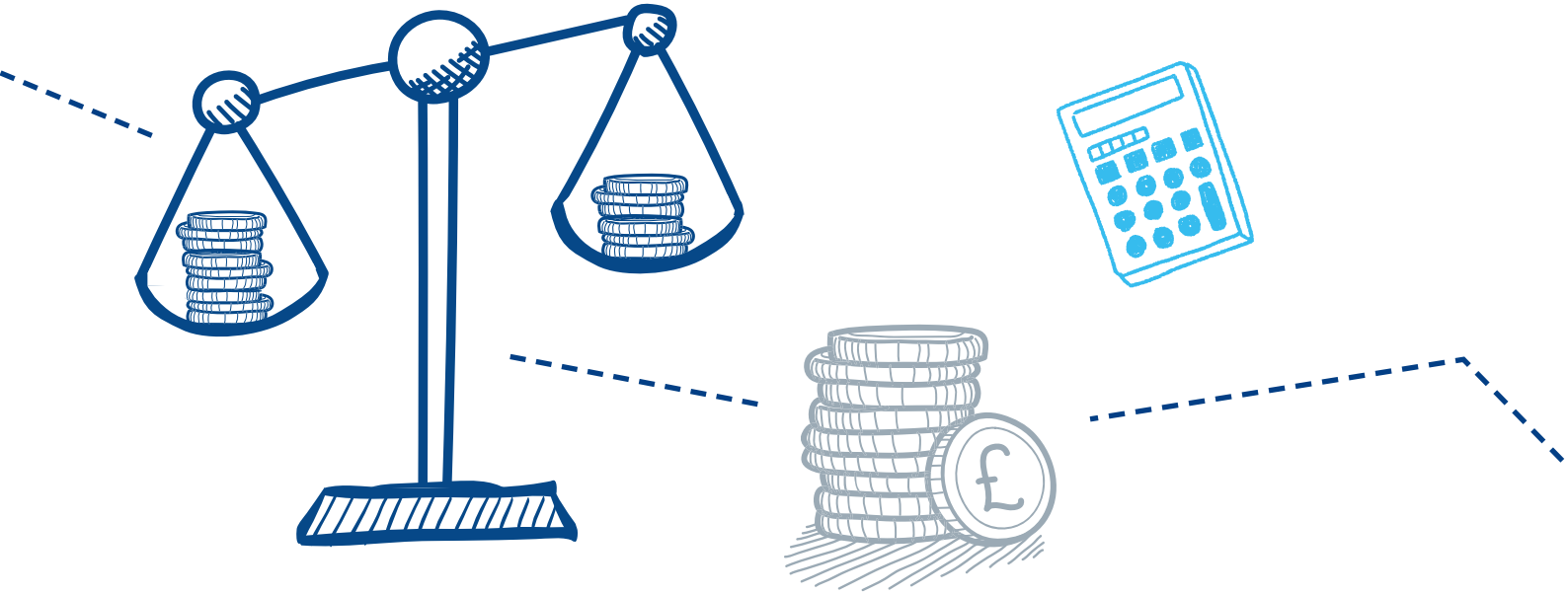
As well as the clinical drivers for changing hospital services, we know there are a whole variety of other factors which are important to local people and which we want to consider and discuss.

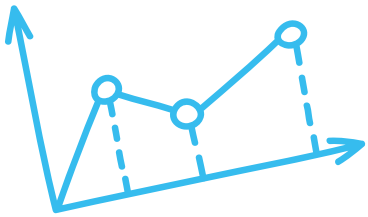
Financial impact

We are currently working through the detailed financial modelling to understand the long-term financial sustainability for each of our 'working list' ideas. At this point in time we are clear, however, that capital investment will be required in order for significant transformational change to take place. This is particularly the case for our 'some' and 'greater' change working list ideas for emergency care and acute medicine.

Following the recent capital announcement made in December 2018, the NHS Long Term Plan confirms that further capital investment will be considered in the 2019 Spending Review which is expected in summer.

Our 'working ideas' contained within this document are therefore made on the assumption that further capital resource will be made available to the local NHS to facilitate transformational service change. Until we are clear on the likely capital investment to be allocated to the NHS in South Tyneside and Sunderland, this may impact on the level of change which is possible and therefore which 'working ideas' are likely to be developed as scenarios to take forward for full public consultation.





"The North East Ambulance Service NHS Foundation Trust continues to be fully and actively engaged in discussions during Phase Two."

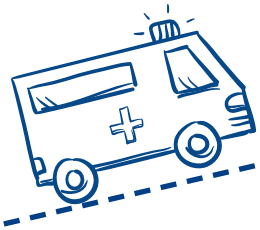
Ambulance capacity

People who took part in the Phase One public consultation told us their concerns about having to travel further for services as a result of the transformation of local hospital services. For example, concern around the ability of the ambulance service to deal with additional patients who would need emergency transport, the impact on visitors using public transport and the capacity for car parking.

After the public consultation and before the decisions were made, the Clinical Commissioning Groups (CCGs) sought assurance from North East Ambulance Service NHS Foundation Trust that all three services changes in Phase One were deliverable from their perspective as being responsible for emergency 999 response.

In addition to this, CCGs across the region have agreed an extra £6.5 million investment over the next four years, meaning the ambulance service can recruit another 100 paramedics and make changes to the ambulance fleet. This all helps support the ambulance service to ensure a high level of performance and response. The Sunderland share of the investment is £676k with South Tyneside investing £400k in proportion to population sizes.

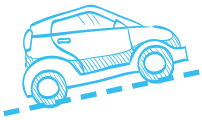
The ambulance service continues to be fully and actively engaged in discussions as we prepare for Phase One implementation, with senior representation also attending our clinical service review group meetings for Phase Two. We are seeking their active feedback on our 'working ideas' so far and we are also talking to our neighbouring hospital Trusts.

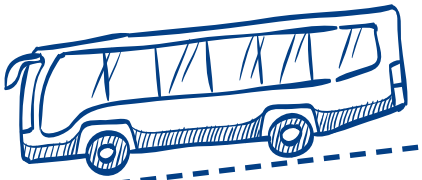


Travel and transport

As a direct consequence of public consultation feedback from Phase One, a 'travel and transport stakeholder working group' was formed, with a wide membership of transport providers, NEXUS, elected members, local authority officers, both Trusts and the Tyne and Wear Public Transport User Group. It meets quarterly, with a sub group between transport providers, the Trusts, councils and CCGs to progress work to make improvements to travel and transport issues highlighted. The work is focusing on improvement to travel planning and joining up services and information across the NHS, transport providers, local authorities for the benefit of patients, families, visitors and staff.

One initiative is looking at new publicity and information summarising bus and metro links that serve each hospital site including walking routes into sites and increasing the visibility of public transport stops. NEXUS is working with the hospitals to develop personalised journey planning for patients, so it can be automatically included in patient correspondence. The councils are supporting the work and are carrying out 'last mile of journey' audits to gather crucial information looking at distances, signage and pathways to inform plans for improvements.





Latest feedback from patients and public

What have patients and the public told us so far during Phase Two?

Engagement work with patients on Phase Two of the Path to Excellence programme started in February 2018. This has helped our clinical service review design teams to understand people's views and recent experiences of using emergency or planned hospital services in South Tyneside and Sunderland. A range of different ways were used to capture views including surveys and one to one interviews in wards and clinics.

The insights gained from patients and the public was used, alongside feedback from widespread staff engagement, to develop our Draft Case for Change document which was published in July 2018 explaining the challenges being faced and why we must continue to transform local hospital services.

Following publication of our Draft Case for Change, a ten week period of public engagement activity took place in October and November 2018. The aim of this activity was to share the issues, explain the current gaps in quality and safety, and allow opportunity for patients and the public to understand our ambitions for the future and share their views on what's important to them when accessing hospital services and receiving hospital care.

During this ten week period, engagement teams went out in the community to speak to patients using local hospital and healthcare services, as well as attending a series of key stakeholder meetings. People were invited to complete a short survey designed to capture their thoughts and opinions. The survey was additionally available online for individuals to complete, with 865 people completing paper versions and 165 people taking part online, a total of 1030 respondents. The factors that were considered most important when receiving hospital treatment are shown on the next pages.

Engagement roadshows autumn 2018

865

People completed paper versions

165

People took part online

1030

Total respondents

Hospital treatment

Factors considered most important when receiving hospital treatment:

Getting the right treatment as quickly as possible

Very or extremely important

Receiving high quality, safe care provided by specialists

Very or extremely important

Quick access to diagnosis, tests and scans

Very or extremely important

Quick access to an expert specialist opinion

Very or extremely important

Value for money

In terms of how respondents felt the NHS can get best value for their money, agreement was highest for the following:

Help people to know what service to use for their illness or injury, meaning people are seen by the right service at the right time

Agree or strongly agree

Help people to stay well themselves to prevent becoming unwell in the first place

Agree or strongly agree

Help people to get home from hospital as soon as they are able

Agree or strongly agree

Join up health, social and community services to respond to people when they suddenly become unwell

Agree or strongly agree

Draft evaluation criteria

Developing our draft 'desirable evaluation criteria'

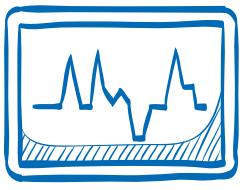
A review of all staff, patient and public engagement activity carried out for Phase Two to date, capturing the views of over 9,000 people, has helped us identify a number of key themes which we have used to develop some draft 'desirable evaluation criteria'.

These are the more choice-based elements that would be desirable to have included as part of any future scenarios for change and are an important part of helping to refine our 'working ideas'. These draft criteria cover the following key themes and were tested at two stakeholder workshops held in November 2018 and with staff and wider stakeholders in early 2019:

- **Quality, safety and clinical sustainability**
- **Financial sustainability**
- **Impact on equality, health and health inequalities**
- **Access and choice**
- **Deliverability**

Once the final evaluation criteria are agreed by the CCGs, further work will take place with staff and stakeholders to apply them to the working list of emerging ideas for change. The purpose is to use these, in addition to our core 'hurdle criteria', to help determine the most credible scenarios to take forward as options for formal public consultation. They will also be used by the two CCGs to inform their final decision making following formal public consultation on Phase Two of the programme.

The following diagrams of our draft 'desirable evaluation criteria' illustrate what patients, public, staff and stakeholders said is important to them.



Quality, safety and clinical sustainability

You said...

Future hospital services must...

"Offer quick access to a specialist opinion, assessment and diagnostics"

"Offer improved patient outcomes, fewer complications and re-admissions"

"Meet and exceed national standards to deliver the safest, most effective care for patients – excellence"

"Integrated teams working to the same standards of best practice"

"Improve waiting times, reduced delays and local healthcare services which are quick and easy to access"

"Have assurance on any extra ambulance capacity and staff needed for safe transfers"

"Offer a better discharge and aftercare/rehabilitation process"

Draft 'desirable evaluation criteria'

Future hospital services must...

- ✓ Exceed and maintain all core workforce standards
- ✓ Deliver the correct number of staff with right competencies
- ✓ Enhance recruitment and retention through the delivery of good working patterns and development opportunities
- ✓ Create capacity to increase opportunities for clinical research and innovation
- ✓ Ensure system risk management processes can be safely put in place and monitored, for example safeguarding, complaints, compliments, patient experience and reflect multi-agency approach where needed
- ✓ Must deliver clinically safe distances and travel times to access services (including transfers between services) in line with national guidance
- ✓ Ensure appropriate access to specialist clinical opinions and diagnostic tests in line with national guidance
- ✓ Must deliver access to planned care and follow up services in line with waiting time guidance and patient choice
- ✓ Enable more joined up working around the patient between hospital teams and out of hospital services

Financial sustainability

You said...

Future hospital services must...

"Improve efficiency and cost savings"

Draft 'desirable evaluation criteria'

Future hospital services must...

- ✔ Be implemented and funded in the long term within available resources

Impact on equality, health and health inequalities

You said...

Future hospital services must...

"Offer equity in access to healthcare for all and equity of services across sites"

Draft 'desirable evaluation criteria'

Future hospital services must...

- ✔ Make a positive impact on improving people's health, equality and reducing health inequalities and mitigating inequality risks where they occur
- ✔ Must improve and maintain health outcomes for all people that use hospital services

Access and choice

You said...

Future hospital services must...

"Offer improved choice and involve patients in decisions about care"

"Have affordable and efficient transport links / systems in place for family, friends and carers"

"Offer support for staff required to work between sites"

Draft 'desirable evaluation criteria'

Future hospital services must...

- ✔ Ensure any accessibility challenges for patients, visitors and staff are proportionately addressed
- ✔ Deliver joined up care close to home when this is safe to do so
- ✔ Minimise any travel impact for patients, families, staff and visitors

9,000

The views of over 9,000 people have been captured during engagement activity carried out for Phase Two to date.

Deliverability

You said...

Future hospital services must...

"Effectively manage demand, avoiding long waiting times, delays and cancellations"

"Offer an efficient and smooth process from attendance or referral to hospital, to treatment and discharge"

"Be clear which service is best to attend for the seriousness of my health condition"

Draft 'desirable evaluation criteria'

Future hospital services must...

- ✔ Ensure there is capacity to accommodate predicated future health needs and projected increase in demand
- ✔ Have enough capacity to manage patient flow across all local hospitals
- ✔ Have robust workforce development plans to be able to implement and sustain new way of working
- ✔ Complement or support other relevant services and transformational plans across the region.

What happens next and how to get involved

What are the next steps with this work?

Widespread engagement activity will now take place with staff, patients, the public, as well as with all key stakeholders to gain feedback on the 'working list' of ideas shared within this briefing document. All feedback will be considered as part of the pre-consultation business case to help determine the scenarios to take forward for formal public consultation later in 2019.

We would like to know:

What do you think of our 'working ideas' so far?

How can we shape and improve them?

What other ideas do you think we should be considering?

Expected key milestones over the coming months

Ongoing staff and patient / public engagement

- Publish updated Draft Case for Change and 'working ideas' so far — February 2019
- Staff, patient and public engagement to gather feedback on 'working ideas' and draft evaluation criteria
- Agree final evaluation criteria
- External clinical and non-clinical assurances of any proposed changes and new ways of working
- Formal public consultation expected September 2019 — September 2019

How to get involved with Phase Two

We have lots of ways for you to get involved and find out more about the challenges we are facing in the delivery of local hospital services. The best way to find out what is going on is to look at our dedicated website at: www.pathtoexcellence.org.uk which includes up-to-date documents, links to surveys and details of up and coming events. We also widely promote our activities through the media, online and via key partners and stakeholder groups. You can also reach us at any time via:

Website: www.pathtoexcellence.org.uk

Email us: nhs.excellence@nhs.net

Call us on: 0191 217 2670

facebook.com/nhsexcellence

@nhsexcellence

Write to us (no stamp required):
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY

This document is available in large print and other languages.
Please call 0191 217 2670.

Appendix A – Long list of ideas for emergency care and acute medicine

Long list of ideas for emergency care and acute medicine

Minimum ◄····· Level of possible change ·····

No change

1 idea

- Continue with status quo at both hospital sites (do nothing)

Minimal change

6 ideas

- Additional investment to address workforce gaps and reduce temporary staffing
- Join existing teams to work together as one across both hospitals
- Introduce innovative new roles to ease pressure on clinical and nursing teams
- Improve access to care in the community to reduce pressure on hospital
- Improve existing access / clinical pathways to urgent and emergency care services on each site
- Combine all of the above ideas together

Long list of ideas for emergency care and acute medicine

Level of possible change → **Maximum**

Some change

4 ideas

- Create new clinical pathways for emergency heart patients so that all serious or high risk cases are treated on one hospital site
- Work with paramedics and GPs to develop pre-hospital assessment to filter all serious and high risk emergency patients to one hospital site
- Have one hospital open 24/7 providing urgent and emergency care (including all overnight cases) and the other open 14-16hrs a day, 7 days a week providing urgent and emergency care
- As above, however the hospital open 14-16hrs a day (7 days a week) would also provide local overnight urgent care

Greater change

9 ideas

- Continue with two existing 24/7 Emergency Departments however all emergency admissions would go to one hospital site
- Have one hospital open 24/7 providing all urgent and emergency care. On the non-emergency site, there would still be some emergency admissions but these would be managed via GP / 111 or paramedic referral only
- As above, however the non-emergency site would also have 24/7 local urgent care access
- Have one hospital open 24/7 providing both urgent and emergency care (including all overnight cases). On the non-emergency site, local urgent care would be available 12-14hrs per day, 7 days a week
- Have one hospital open 24/7 providing both urgent and emergency care (including all overnight cases). On the non-emergency site, local urgent care would be available 24/7
- Create a brand new purpose built hospital to provide emergency care and acute medicine services for South Tyneside and Sunderland
- No longer provide any urgent or emergency care at either hospital site
- No longer provide acute medicine services at either hospital site
- No longer provide urgent or emergency care or acute medicine services at either hospital site

Appendix B – Long list of ideas for emergency surgery and planned operations

Long list of ideas for emergency surgery and planned operations

Minimum ◂ Level of possible change

No change

1 idea

- Continue with status quo at both hospital sites (do nothing)

Minimal change

3 ideas

- Additional investment to address workforce gaps and reduce temporary staffing
- Join existing teams to work together as one across both hospitals
- Introduce innovative new roles to ease pressure on clinical and nursing teams

Long list of ideas for emergency surgery and planned operations

Level of possible change → **Maximum**

Some change

6 ideas

- All emergency surgery and planned inpatient operations all delivered from one hospital site
- All emergency surgery delivered from one hospital and planned inpatient operations delivered at the other hospital
- All planned and emergency (trauma) orthopaedic and operations, and emergency general surgery delivered from one hospital. Other planned general surgery operations would take place at the other hospital
- All emergency orthopaedic operations, emergency general surgery and planned general surgery operations would take place at one hospital. The other hospital would deliver planned orthopaedic operations (hip and knee replacements)
- All emergency orthopaedic operations at one hospital and high volume planned orthopaedic operations (hip and knee replacements) at the other. Both hospitals continue to provide emergency and planned general surgery, however all overnight emergency cases would be cared for at one hospital
- As above, however all planned orthopaedic operations would take place at one hospital (not just high volume procedures such as hip and knee replacements)

Greater change

3 ideas

- No emergency surgery at either hospital
- No planned surgery at either hospital
- Create a brand new purpose built hospital to provide surgery services for South Tyneside and Sunderland

References

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Glossary

Glossary

Acute medicine
The care provided to seriously ill patients who are admitted as emergencies to hospital

Assessment unit
A unit where clinicians are able to make immediate assessments and decisions about a person's care when they arrive in hospital

Cardiology
The field of medicine which treat diseases and defects of the heart and blood vessels (the cardiovascular system)

Care of the elderly
The field of medicine which cares for older people with physical and/or mental illness and aims to improve quality of life and help people maintain their independence for as long as possible

Clinical Commissioning Groups
These are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Clinical service reviews
Carried out by clinical teams to understand how services should be configured to meet the needs of local communities in the future

Clinician
A qualified health professions, for example a doctor, nurse or physiotherapist

Consultant
A very senior doctor or surgeon with specialist training and expertise in a particular area of medicine

Consultant-led
A consultant-led service is one where a consultant retains overall clinical responsibility for the service, care team or treatment

Diabetes
Diabetes is a lifelong condition that causes a person's blood sugar level to become too high and must be managed

Emergency admission
An unplanned admission to hospital (often via the Emergency Department), which occurs when a patient suddenly becomes very seriously ill or injured

Emergency Department
This is where all seriously ill or injured people are initially assessed and treated and is the new name for A&E

Emergency care
The provision of an immediate clinical service for the treatment of acute and chronic illness and injury

Emergency surgery
The care provided to patients who require an immediate operation

Gastrointestinal medicine
The field of medicine which investigates, diagnoses, treats and helps prevent all gastrointestinal diseases including problems with the stomach and intestines, liver, gallbladder, biliary tree and pancreas.

Health outcomes
Changes in health that result from measures or specific health care investments or interventions.

Length of stay
The length of time patients spend in hospital from the point of their admission to being discharged safely back home

Occupational Therapy (OT)
Therapeutic use of self-care, work, and recreational activities to increase independent function, enhance development, and prevent disability; may include adaptation of tasks or environment to achieve maximum independence and optimal quality of life

Outpatients
The part of the hospital which cares for patients who attend for planned appointments or procedures and do not need to be admitted as an inpatient to stay overnight

Patient activation
This is the knowledge, skills and confidence a person has in managing their own health and care. When people are supported to become more 'activated' in looking after themselves, they benefit from better health outcomes, have improved experiences of care and fewer unplanned hospital admissions.

Patient flow
How effectively patients move through different parts of the health and care system to receive the care they need

Physician associate
This is a new type of healthcare role which support doctors in the diagnosis and management of patients.

Physiotherapy
The treatment of disease, injury or deformity by physical methods such as massage, heat treatment and exercise rather than by drugs or surgery

Planned care
The care provided in hospital for patients who have been referred by their GP for a test, scan, treatment of operation

Primary care
Care provided in community settings, including the home, by a range of qualified health professionals, including GPs and district nurses

Radiology
Radiology is the medical specialty that uses medical imaging (scans and x-rays) to diagnose and treat diseases within the body

Respiratory
The field of medicine which investigates, diagnoses, treats and helps prevent all diseases associated with breathing and the lungs.

Secondary care
Care provided in a hospital setting

Specialist
Most doctors and surgeons have extra expertise in one type of medicine or surgery. This requires years of training after medical school so that they become experts in a particular area and we call them specialists.

Speech and language therapy (SALT)
Providing treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing


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Email us: nhs.excellence@nhs.net

Call us on: 0191 217 2670

facebook.com/nhsexcellence

@nhsexcellence

Write to us (no stamp required):
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY

WE NEED YOUR VIEWS PLEASE GET INVOLVED