Emergency Care in North Tyneside

Report of the Overview and Scrutiny Co-ordination and Finance Committee's Task and Finish Group

October 2023

North Tyneside Council

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Foreword by the Emergency Care Scrutiny Task and Finish Group

At some time in the lives of every North Tyneside resident, each of us, or a family member or loved one is likely to need access to urgent medical treatment or may need emergency healthcare.

As individuals it is something that few of us might think about before the need arises. But when that need does, it is essential that we know how to access the right help, that we can do so easily and quickly at what might be a very difficult time in unfamiliar circumstances, and that we have confidence that good emergency care or urgent treatment will be there for us.

The Emergency Care Scrutiny Task and Finish Group has been pleased to undertake a review of this important area on behalf of the residents of North Tyneside, as requested by the Elected Mayor in response to a motion of Full Council. The cross party Task and Finish Group has been careful to make sure that our deliberations, findings and recommendations are soundly evidence-based. Where necessary we have probed and questioned further to ensure that the information needed to form a fair and balanced judgement has been made available to us.

Our findings show that **an excellent standard of emergency care and urgent treatment is available to residents of the borough**. The Task and Finish Group hopes that this will be reassuring to residents and members of Council alike. Set out in the main body of this report is the evidence on which we have formed this view.

There are also, as might be expected from a review of this kind, some areas in which we would recommend that further development work is done. This includes **raising public awareness around what is meant by 'emergency care' and 'urgent treatment'**, the distinction between these types of care and where each type of treatment can be accessed. It is important that there is a wide public understanding on this matter and that all residents have this essential information ahead of any time when either route into care might be needed.

We have also highlighted some important considerations around **transport and the accessibility of hospital sites to North Tyneside residents**, particularly the Northumbria Specialist Emergency Care Hospital (NSECH) at Cramlington. The care model available at this site designed to enable consultant and specialist access is undoubtedly first rate. Transport for emergency care to NSECH would not be expected to be by public transport, given the serious / life threatening nature of conditions which would be treated via the emergency care route; with

such journeys instead expected to take place via ambulance or with the patient as a passenger in a car. However travel – particularly by public transport – is a matter likely to be material to the experience of our residents when accessing non-emergency care here, or visiting loved ones in hospital, and is an issue which we have recommended is examined in further detail and kept under close review.

The Task and Finish Group would like to thank the many individuals and organisations who have assisted in our work, some of whom we have been able to formally acknowledge by name at the end of this report. Of particular note however was the passion, enthusiasm, ownership and above all, care that was clearly evident from hospital clinical and ward staff, and North Tyneside Council staff who are hospital-based, during a site visit we undertook at North Tyneside General Hospital at Rake Lane, North Shields; and the clinical and ward staff on our site visit to the NSECH site at Cramlington. We should be grateful if the appreciation and thanks of the Task and Finish Group could be conveyed to staff at both of these sites.

As agreed by full Council in response to a further motion on 19 September 2023, additional scrutiny work will be undertaken by the Task and Finish Group in respect of certain wider healthcare matters. Plans are currently being developed to progress this further work which will be undertaken and reported separately to the scrutiny of emergency care which is set out in this document.

In the meanwhile we would commend this report and its recommendations to Cabinet and other stakeholders and hope that our findings provide a strong catalyst to make further improvements in the areas highlighted.

Cllr Jim Montague (Chair)
On behalf of the Emergency Care Scrutiny Task and Finish Group

Key Findings and Recommendations

Finding 1
An excellent standard of Emergency Care is available to North Tyneside residents.

The Task and Finish Group found that there is an excellent standard of emergency care and urgent treatment available to residents of North Tyneside. The Task and Finish Group hopes that this finding, based on the evidence set out in section 3.2 of this report, will be reassuring to residents and members of the Council alike.

The Task and Finish group recommends:
The agreed performance standards for emergency healthcare provision covering North Tyneside should be regularly communicated to North Tyneside residents, by the local authority working with partner organisations.

This will help inform North Tyneside residents that at whichever site emergency care is accessed by them, national statistics demonstrate that performance is currently of a very high standard. Providing such performance information may help to alleviate any concerns or misperception around the quality of emergency healthcare available to residents of the borough.

Finding 2

More work could be done to improve public awareness in North Tyneside on the differences between 'emergency care' and 'urgent treatment' – and when, how and where to access each type of care.

The Task and Finish Group found that the terminology used to describe these different types of care, and consequently when and where to access the right type of care, may not be widely understood by those of us outside of a healthcare environment. It is important that there is a wide public understanding on this matter and that all residents have this essential information ahead of a time when either route into care might be needed – so that we know where to go for help and when.

The Task and Finish group recommends:
A communication campaign should be developed within the borough, involving North Tyneside Council and partner organisations, highlighting the distinction between 'emergency care' and 'urgent treatment' and when, where and how to access each type of care.

If this message could be shown simply (on a flowchart or similar) and regularly re-emphasised it will help residents access the right care path at the right time, and lead to a better experience and better outcomes for residents.

Finding 3
Transport, particularly to the non-emergency departments based at the Northumbria Specialist Emergency Care Hospital (NSECH) site in Cramlington, or when visiting loved ones in NSECH, is likely to impact upon the accessibility of that site for some North Tyneside residents.

The Task and Finish Group found that public transport from North Tyneside to the Northumbria Specialist Emergency Care Hospital in Cramlington, in particular, could be problematic.

Given the serious and life threatening nature of conditions which are treated via emergency care, any journey to NSECH to access such care would be expected to take place by ambulance or with the patient as a passenger in a private car (rather than by public transport). However for non-emergency care the matter of public transport is something likely to be material to the experience of our residents accessing other types of healthcare at this site, or when visiting loved ones at the hospital. Evidence demonstrated that journey times for some North Tyneside residents attending out of borough healthcare sites on public transport in 2022/23 had increased significantly when compared with journey times from 2014/15. For those reliant on public transport when travelling to the NSECH site, this trend is of concern.

The Task and Finish group recommends:
Further specific work should be undertaken by North Tyneside Council and Northumbria Healthcare NHS Foundation Trust, working with partner organisations as required, to explore transport options that might be implemented to improve accessibility to the NSECH site for non-emergency care for North Tyneside residents.

The Task and Finish Group hopes that a solution to this accessibility issue can be found and that the matter of journey times for North Tyneside residents to the NSECH site is thereafter regularly monitored by the Authority and by Northumbria Healthcare NHS Foundation Trust.

1 Background

On 16 March 2023 full Council considered and agreed a motion regarding access to emergency healthcare for residents of North Tyneside. The full text of the motion is shown at **Appendix 1** to this report.

As part of the motion, Council agreed that the Elected Mayor should write to the local NHS Foundation Trust, '*asking them to set up a taskforce, with local authority involvement, to improve access to emergency care in North Tyneside'.*

The Elected Mayor considered this motion and wrote to Northumbria Healthcare NHS Foundation Trust as requested. Following discussion with the Chief Executive of North Tyneside Council and the Chief Executive of the Foundation Trust, the Elected Mayor asked the then Chair of Overview, Scrutiny and Policy Development Committee to consider establishing a Scrutiny Task and Finish Group to give effect to the 'task force' requested by Council. This approach had the advantage of allowing the 'task force' to have the statutory rights of scrutiny. It would also provide for a clear route for reporting on the issues and consideration of any recommendations.

The Overview, Scrutiny and Policy Development Committee was subsequently succeeded by the newly-created Overview and Scrutiny Co-ordination and Finance Committee (OSCFC), in May 2023. The Chair of OSCFC considered the proposal for a Task and Finish group and as with the Chair of Overview, Scrutiny and Policy Development Committee, agreed such a group should be established, to take forward the matters set out in the Council motion.

An invitation was extended to all non-Executive members of North Tyneside Council for volunteers to participate in the work of the Emergency Care Scrutiny Task and Finish Group. All members who came forward by the set date were invited to participate in this work and the cross party Task and Finish Group was established in July 2023.

2 Objectives of the Task and Finish Group

At its meeting on 12 June 2023 the Overview and Scrutiny Co-ordination and Finance Committee agreed the following objectives for the Task and Finish Group, pursuant to the original Council motion of March 2023:

- **Need:** Gain an understanding of the need for emergency care in North Tyneside – particularly the Public Health view of the needs of the population

- **The current offer and performance:** Gain an understanding of the current range of services and how they perform

- **Background:** Gain an understanding of the decisions made to reach this point

- **Northumbria Specialist Emergency Care Hospital:** gain an understanding on the reasons for the original decision to develop and deliver the Hospital, how that has worked and how the model has been adjusted through experience

- **Battle Hill Walk In Centre:** The reasons for the original decision to establish the centre. How it performed and what changed

- **North Tyneside General Hospital:** an overview of the current offer at the Rake Lane site including input from the Director of Adult Social Care on the work done by the North Tyneside Council team alongside NHS colleagues at North Tyneside General Hospital

- **Community and patient voices:** Understand what is known about community views, and whether residents know how and where to access emergency care

- **What could be improved and how would that happen:** Understand and existing plans and develop recommendations on how need is met and how to respond to any community views

3 Detailed Findings

The findings of the Task and Finish Group with respect to each objective in the agreed Terms of Reference are set out below. Where the information and evidence could be presented more effectively by grouping related objectives together, this is the approach which has been taken in our reporting.

3.1 Need: what is the need for emergency care in North Tyneside, particularly from a public health perspective?

The Task and Finish Group considered a very detailed suite of information on matters relevant to the need for emergency care within the borough. This was prepared by the local authority's Director of Public Health, the Public Health team and the Director of Adult Social Care, with additional information also prepared by Northumbria Healthcare NHS Foundation Trust, and the NHS North East and Cumbria Integrated Care Board.

Overview of health and wellbeing in the borough

The Director of Public Health provided the Task and Finish Group with an overview of health and wellbeing of residents of the borough (including information on which health conditions, statistically, contribute to illness of residents, and how this drives demand for healthcare; whether access to healthcare is equal; and factors which are known to cause premature mortality in North Tyneside residents). The Task and Finish Group also viewed the outcomes of a 2022/23 'deep dive' into the utilisation of urgent and emergency care by our residents and the impact of changes to services which was particularly helpful and which is discussed further below.

Indicators of health and wellbeing, and wider determinants of health

The Task and Finish Group learned that although over the last two decades many indicators of health and wellbeing have improved significantly in the borough, some of these indicators for North Tyneside are worse than the England average. In addition some health inequalities were found to persist within the borough. Overall the picture of health and wellbeing in North Tyneside is therefore mixed and there is also a varied picture in terms of wider determinants and risk factors for key measures of health and wellbeing, such as mortality and morbidity. The Task and Finish Group heard that in turn, this is likely to impact upon emergency

care need within the borough and the likelihood / frequency of needing to access such care, described further below.

We know that health is shaped by a range of social, economic and environmental factors and that where we are born, grow up and live are important. The availability of good jobs and good and affordable homes is key for good health and reducing inequalities. Regarding poverty, all North Tyneside indicators are better than the North East average but the Task and Finish Group noted that this masks some differences within the borough.

Deprivation and life expectancy

The Task and Finish Group also recognise that many health and risk factor indicators are patterned by deprivation. The level of deprivation in an area is calculated based on income, employment, crime, health, barriers to housing, and the living environment. Where there is deprivation, in turn this is relevant to a consideration of impact on health and wellbeing. Information on the English Indices of Deprivation for North Tyneside (2019) is demonstrated on the map below.

Figure 1 – North Tyneside Wards (English Indices of Deprivation 2019)

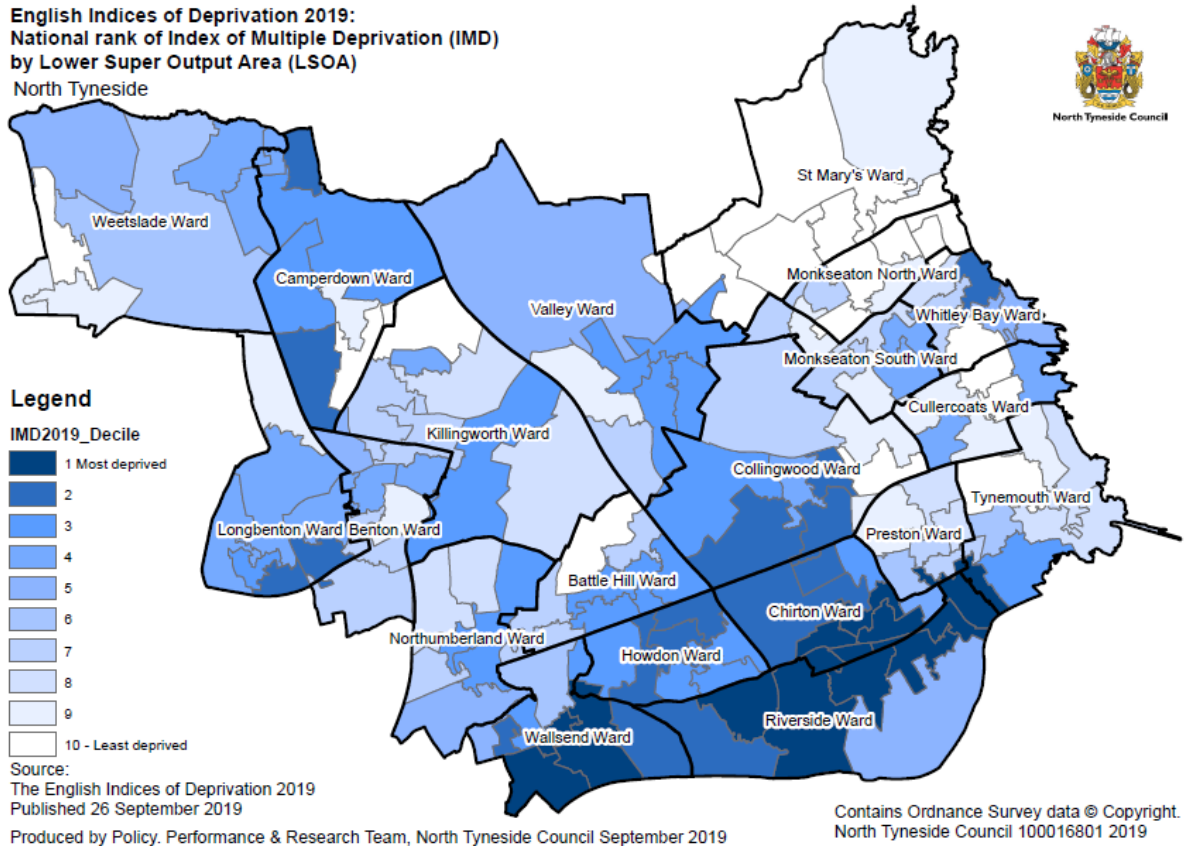
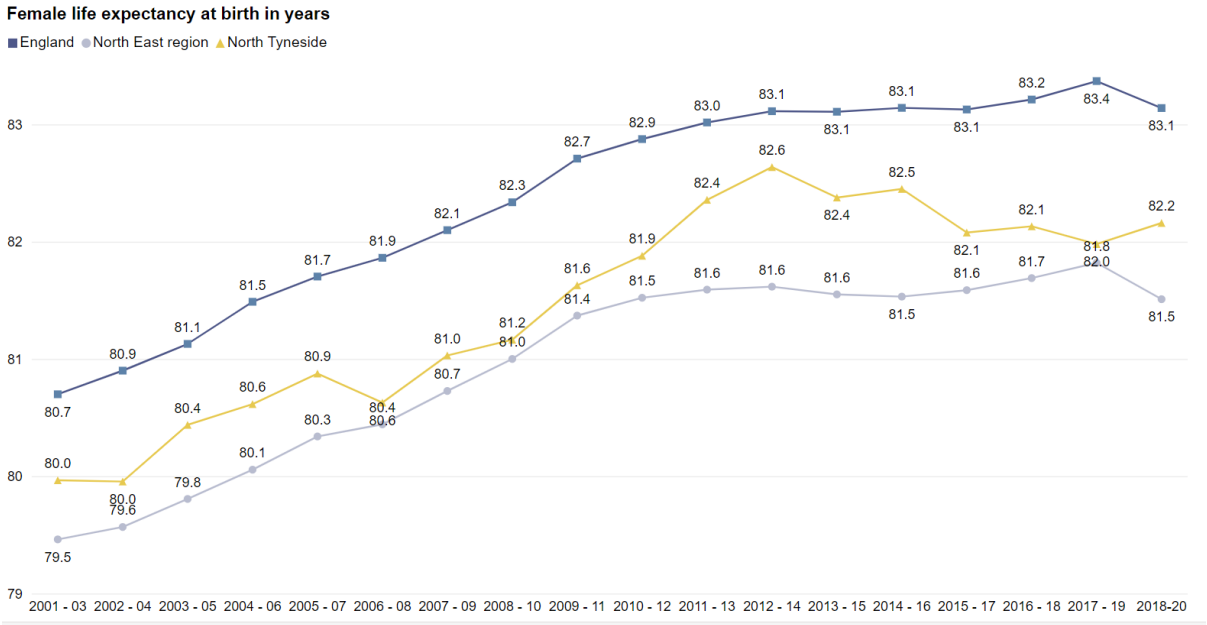


Figure 2: Trends in life expectancy and premature mortality (female and male) in England, the North East Region and North Tyneside



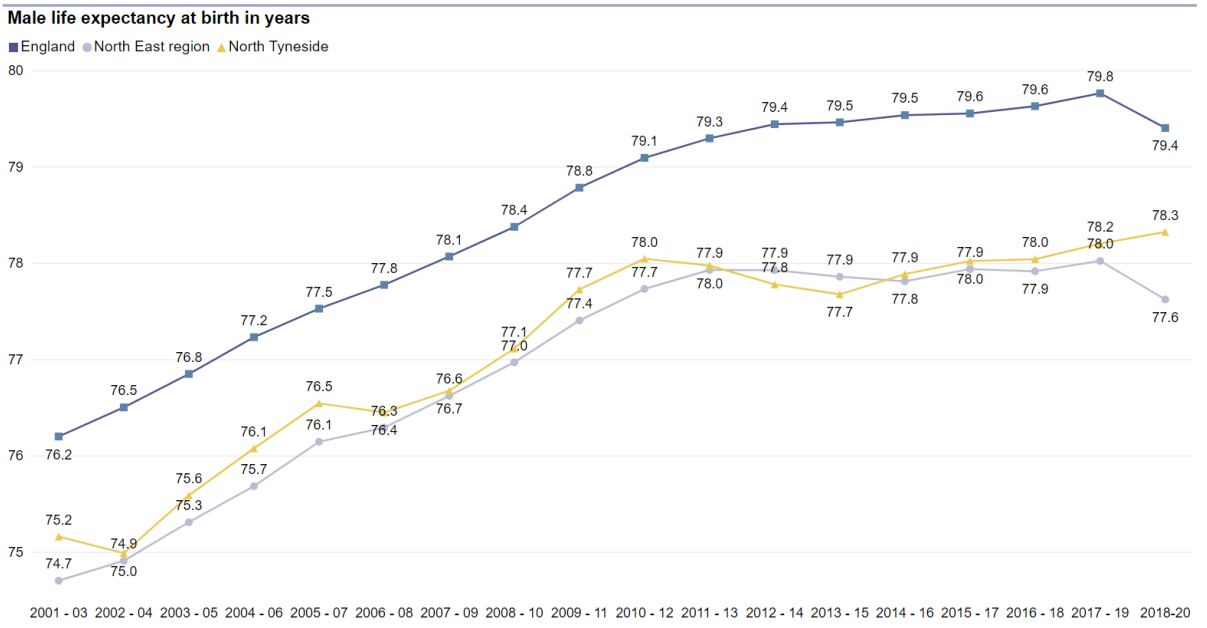
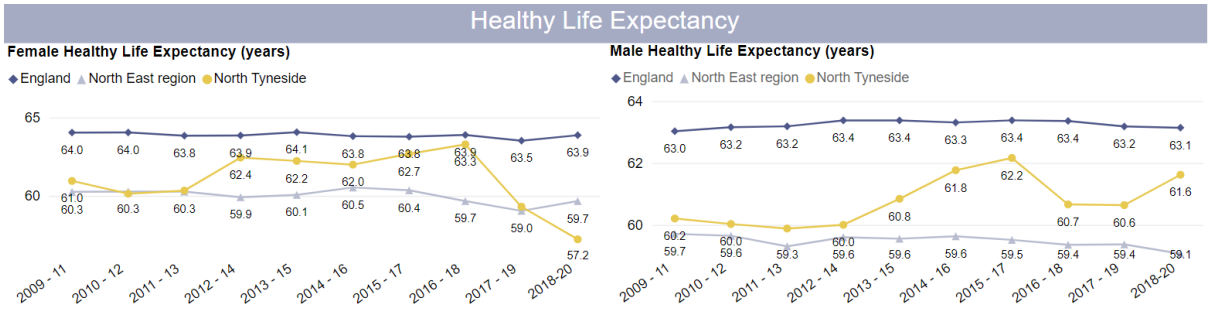


Figure 3: Trends in healthy life expectancy in years (female and male)



Life expectancy and premature mortality in North Tyneside

2011 marked a turning point in life expectancy trends (across the UK and also in North Tyneside) with improvements tailing off. The reasons for the slowdown in life expectancy improvements between 2011 and 2019 are unclear and have been keenly debated. However the decline since 2020 has been a result of the Covid-19 pandemic. Life expectancy at birth differs by sex, with female life expectancy currently 82.2 years overall in North Tyneside (better than the North East average, but 0.9 years lower than England). Male life expectancy in North Tyneside is currently 78.3 years overall (better than the North East average but 1.1 years lower than England). It was explained by the Director of Public Health that in North Tyneside there are generally higher rates of premature mortality than England overall; but that North Tyneside's statistics are better than the regional average in this regard.

In understanding more about the health and wellbeing of residents in the borough, the Task and Finish Group learned that the following conditions account for over 35% of the total premature mortality in North Tyneside:

- Ischaemic heart disease
- Lung cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Stroke
- Lower respiratory infections

There is a mixed picture for our residents in terms of risk factors for premature mortality. For some indicators, such as cancer screening programmes, North Tyneside is similar or better than England as a whole and the North East region. On some other indicators, such as some alcohol indicators, North Tyneside is

worse than England and the wider North East region. Wider determinants of health and some behavioural factors may be factors in these variations.

Healthy life expectancy

A further measure of health, namely healthy life expectancy, examines how long on average a person can expect to live in good health. This is measured by mortality rates and self-reported good health. This has fallen in the last decade but the decrease in female healthy life expectancy is most significant. For women, healthy life expectancy in North Tyneside is 57.2 years, which is lower than the wider North East region and in England as a whole. For males, healthy life expectancy in North Tyneside is 61.6 years which is the best in the North East and similar to the England average.

In terms of health related quality of life for older people, data captured in 2016/17 showed that North Tyneside residents had a similar score to England overall and the second highest in the North East region. Self reported wellbeing is also high. However, emergency admissions for falls by residents in the 65+ age bracket are higher than in England as a whole.

The burden of disease, and risk factors

In terms of 'the burden of disease' in North Tyneside, the Task and Finish Group learned that the following conditions account for over 25% of illness for North Tyneside residents:

- Ischaemic heart disease
- Lung cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Lower back pain
- Diabetes

In terms of risk factors for health and wellbeing there is a mixed picture for the North Tyneside population. Some indicators are the best in the region and similar/better than England (e.g. not smoking in pregnancy). Some indicators are the worst in the region and worse than England (e.g. under 18 alcohol hospital admissions).

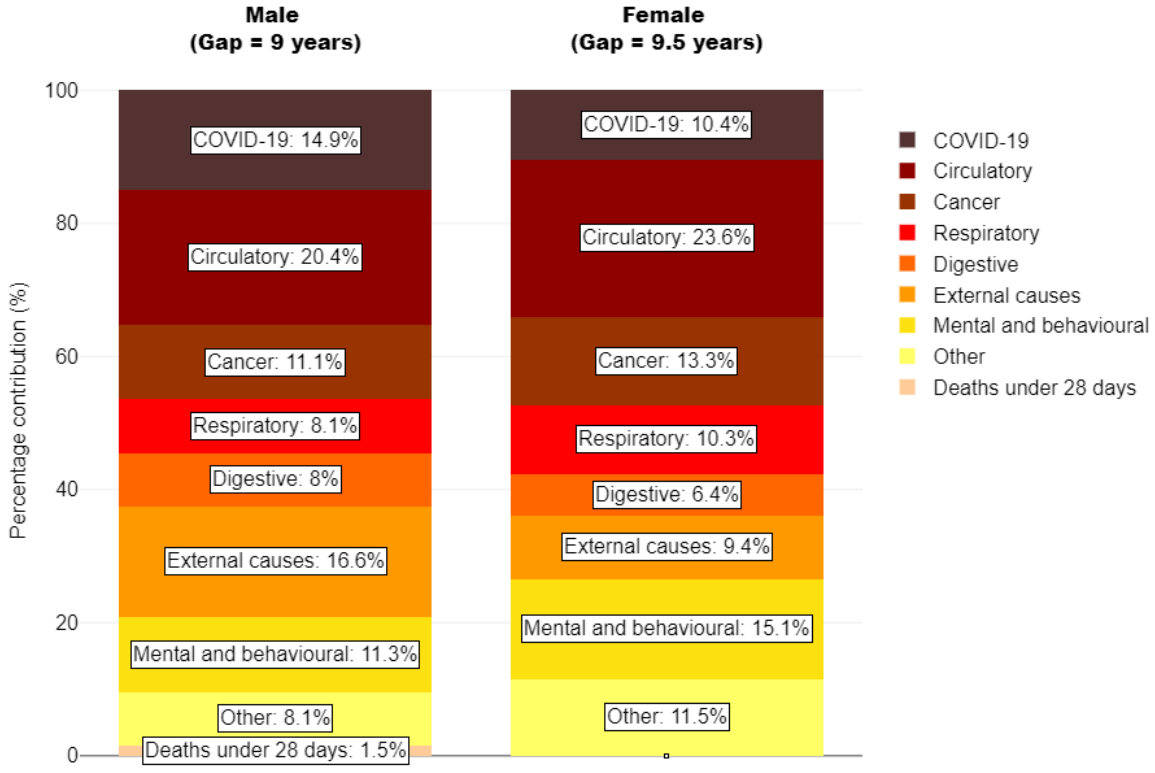
Inequalities in health and wellbeing for the North Tyneside population

Life expectancy is not equal. Health, wellbeing, illness and premature mortality are not evenly distributed across North Tyneside's residents. There is a gap in life expectancy and healthy life expectancy. Men and women in more deprived areas live shorter lives compared to residents in our least deprived areas, and also spend longer in ill health. This gap has widened and is bigger than the England gap. It is these differences that drive much of the work of the Health and Wellbeing Board and 'Equally Well', the joint Health and Wellbeing Strategy for North Tyneside for 2021-25.

Gap in life expectancy - drivers

The main drivers of this gap in life expectancy are heart disease and stroke. However the Task and Finish Group heard that mental health, injury, poisoning, suicide, cancer and Covid-19 have also played a part. Smoking and obesity are the main risk factors for some of these conditions – and there are inequalities in who experiences them.

Figure 4: what contributes to the gap in life expectancy?

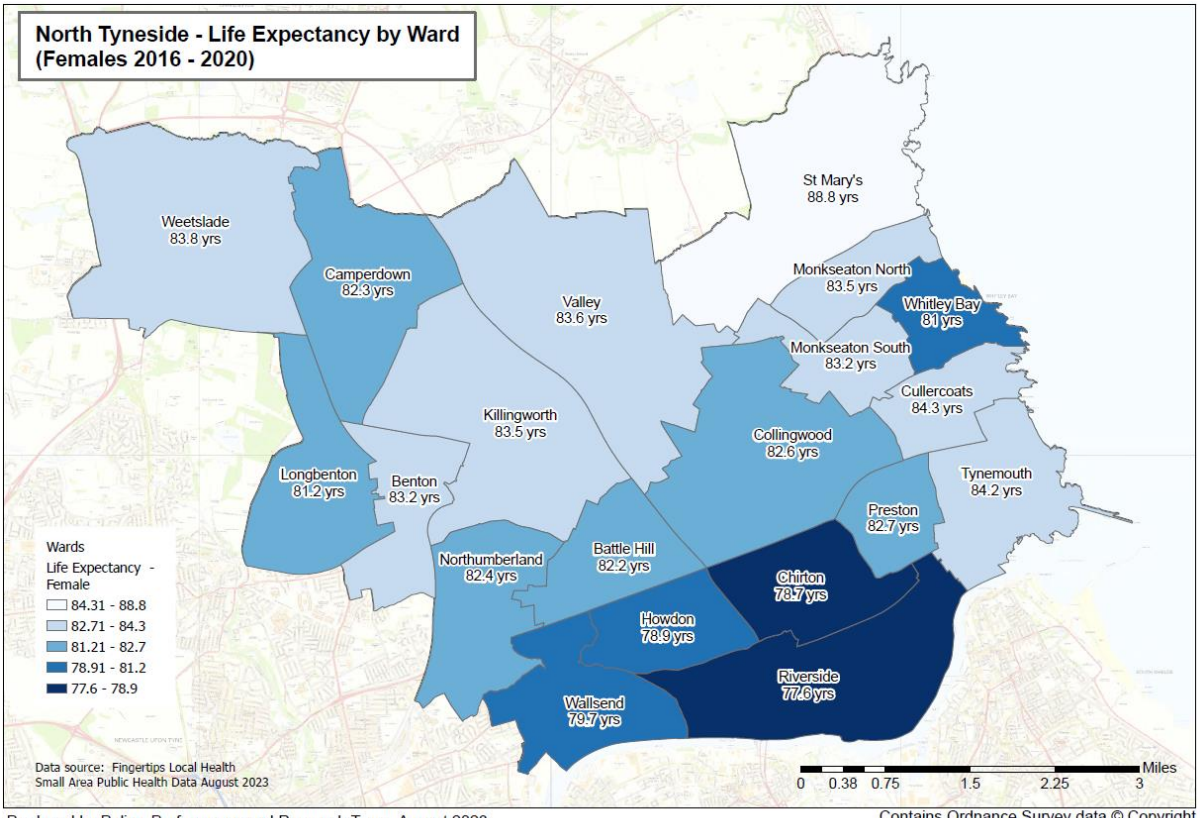


People in more deprived areas have shorter lives and spend more time in poor health. Self-reported poor health contributes to healthy life expectancy more than changes in mortality rates. Conditions that lead to mortality are not always the same conditions which make people feel unwell, such as back pain, or mental health. People with chronic musculoskeletal conditions are three times more likely to report poor health than those without. Access to treatment, during and post pandemic, may further impact self-reported poor health. Risk factors such as smoking status, lack of physical activity, education and income are associated with self-reported poor health.

Variation in life expectancy by ward

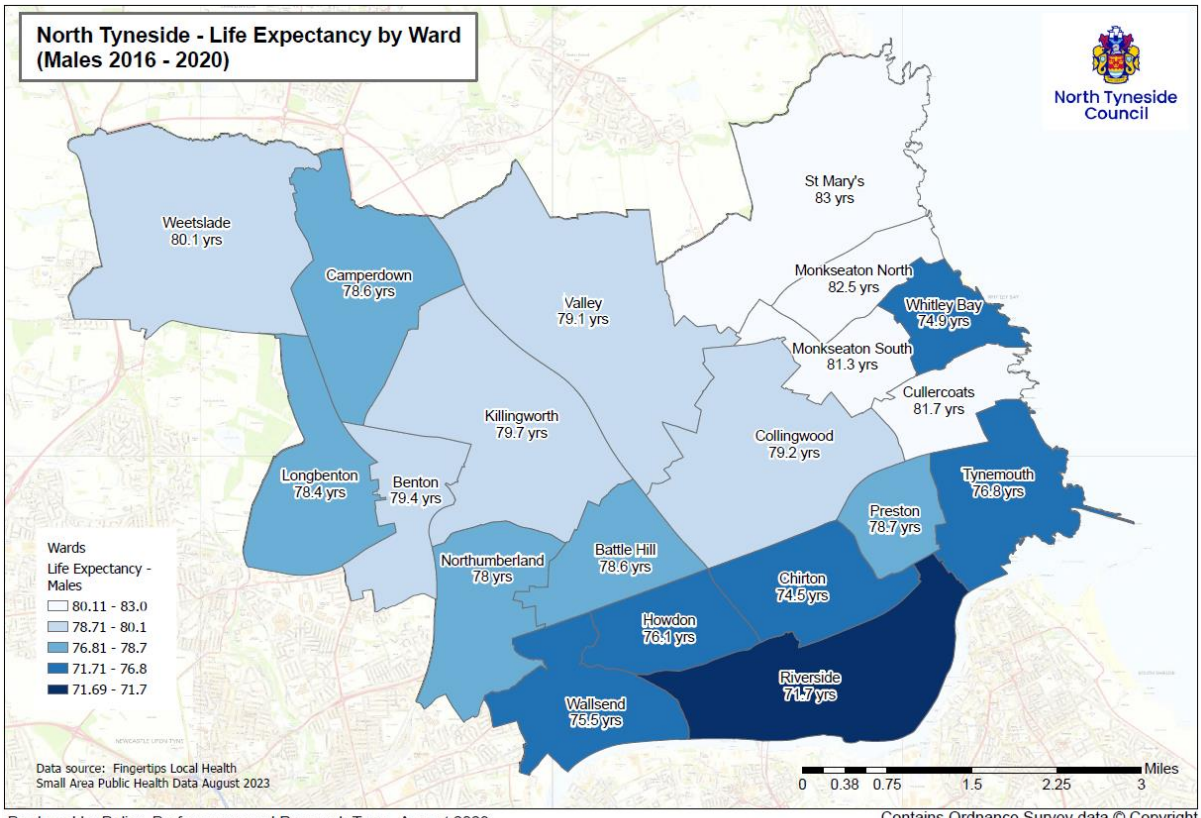
The Task and Finish Group obtained the following information demonstrating the differences in life expectancy by ward in the borough.

Figure 5 – Map showing life expectancy by ward in North Tyneside (Females 2016-20)



Produced by Policy, Performance and Research Team, August 2023

Figure 6 – Map showing life expectancy by ward in North Tyneside (Males 2016-20)



Produced by Policy, Performance and Research Team, August 2023

Information on the variation in deaths from certain conditions was also obtained, as follows:

Figure 7 – Map showing deaths from circulatory disease by ward in North Tyneside (2016-20)

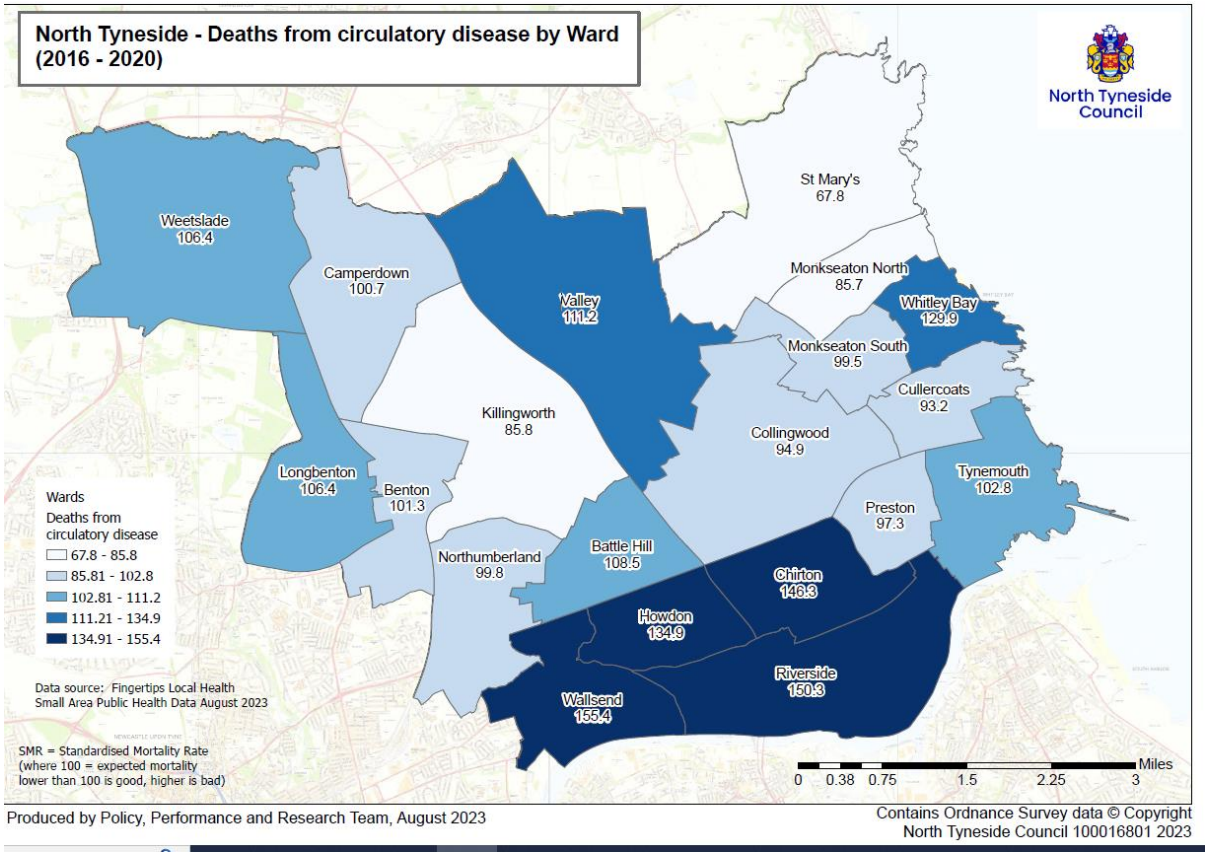
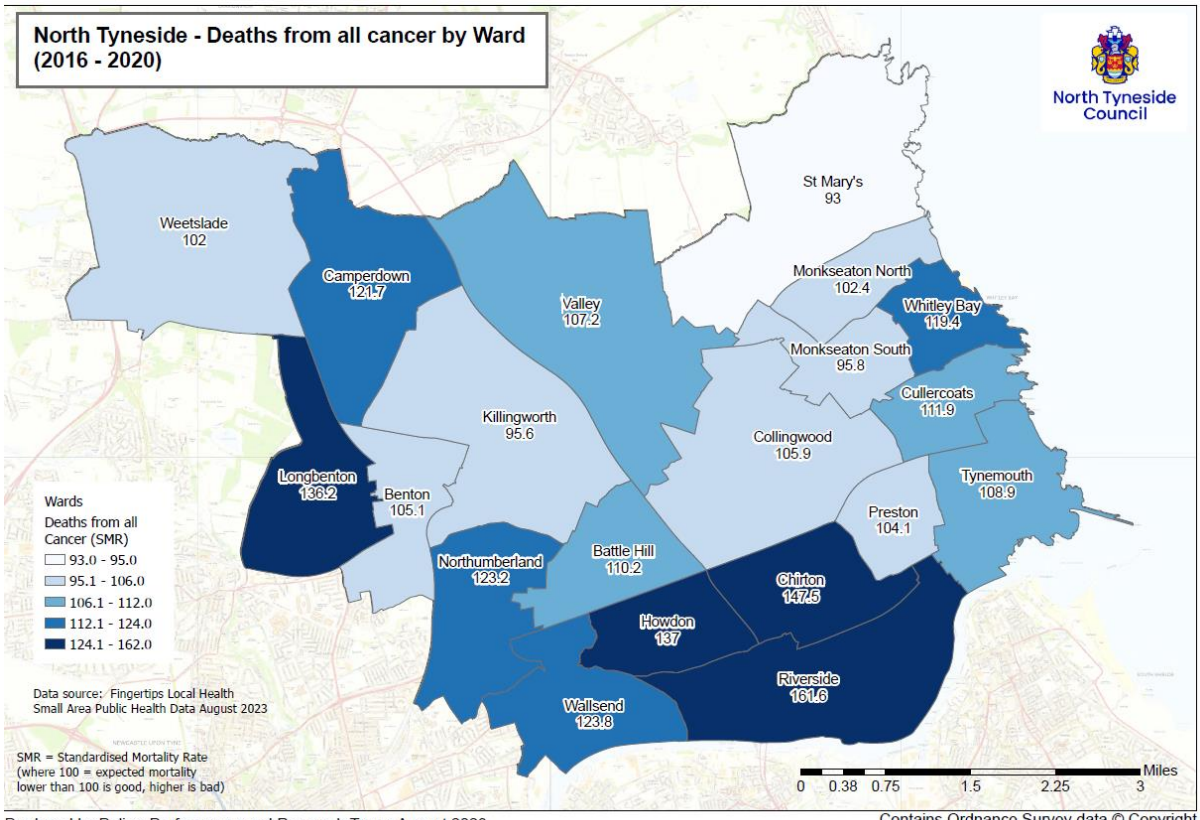


Figure 8 – Map showing deaths from all cancer by ward in North Tyneside (2016-20)



Produced by Policy, Performance and Research Team, August 2023

North Tyneside - ward level variation in the demand for healthcare

The Task and Finish Group learned that emergency hospital admissions rates between 2016/17 – 2020/21 showed variation between wards. Generally, this followed the deprivation gradient, although some differences were dependent on the reason for admission. This is demonstrated in the table below:

Figure 9: Causes of emergency hospital admissions in North Tyneside Wards

Cause of emergency hospital admission	Council Ward with highest emergency hospital admission	Council Ward with lowest emergency hospital admission
All causes	Riverside (1.76x England)	St Mary's (less than England)
Heart attacks	Chirton (1.67x England)	Monkseaton North (less than England)
Heart disease	Chirton 1.79x England)	Weetslade (less than England)
COPD (2016/17 – 2020/21)	Riverside (almost 3x England)	St Mary's (less than 1/3 England)

Factors driving utilisation of urgent and emergency care in North Tyneside

When probing as to the reasons why North Tyneside residents have a need to utilise urgent and emergency care, the Task and Finish Group were advised that the following determinants are likely to play a part:

- Our population is ageing
- As described above, life expectancy is stalling – and healthy life expectancy is falling
- There is an expected increase in long term conditions including mental health conditions
- There are inequalities in risk factors and in outcomes
- a post pandemic backlog/perceived backlog in elective care
- the cost-of-living crisis.

These matters are subject to ongoing monitoring as part of the Public Health team's programme of work, with the outcomes of that monitoring shared and considered within the Authority and Health and Wellbeing Board when considering policy, and with wider stakeholder organisations which in partnership have a role to play regarding health and wellbeing within the borough.

3.2 The current offer and performance: What are the current range of services and how do they perform?

'Emergency Care' and 'Urgent Care' – what's the difference, and is the difference understood?

An important point noted by the Task and Finish Group relates to the language used to describe the types of care available – 'emergency care' and 'urgent care'. However, the Task and Finish group has questioned whether the distinction between these types of care is widely understood by residents who may not have had cause to become familiar with this terminology and what it means.

This is an important matter. Understanding what these two care routes mean will help a resident to choose the right one, and be better able to gain access to the support they need when help is required. In turn this means that residents will get the appropriate care first time which will also be more efficient in terms of service delivery.

What is Urgent Care and how can it be accessed?

'**Urgent care'** is defined by the NHS as **providing medical care for minor injuries and minor illnesses which are not life-threatening**. Examples of urgent care needs might be a minor head, ear or eye problem; sprains, strains, cuts and bites, children's minor injuries and ailments; or abscesses or wound infections.

The NHS website suggests the NHS111 telephone number, a pharmacy, a GP, or visiting the Urgent Treatment Centre at Rake Lane Hospital with walk-in access from 8am to midnight, as ways of accessing urgent care.

There are also two other Urgent Treatment Centres in Newcastle available to North Tyneside residents, at the Molineux Street Walk In Centre, in Byker and Ponteland Road Health Centre, in Cowgate; and an Urgent Treatment Centre in Wansbeck General Hospital in Ashington. In addition there is an Out of Hours home visiting service (18:30-08:00) and Out of Hours GPs. There is also access to a GP video consultation service for North Tyneside residents which operates 07:00-22:00 on weekdays and from 08:00 – 16:00 on weekends and bank holidays. The Task and Finish Group considers that these additional facilities, too, should be included in communication to residents when publicising routes towards urgent care.

What is Emergency Care and how can it be accessed?

'Emergency care' is defined by the NHS as **providing care for people with serious or life threatening needs**. Examples of serious or life-threatening care needs include suspected stroke, loss of consciousness, persistent and severe chest pain, severe burns and cuts, and serious head injuries.

The NHS website states that in the case of a serious or life-threatening illness or injury, to call 999 or to go to the nearest Emergency Department. For North Tyneside residents the website advises that the nearest Emergency Department will normally be the Royal Victoria Infirmary in Newcastle or NSECH in Cramlington.

The website also states that Emergency Departments are for emergencies only and that patients presenting with less serious problems will be referred for care elsewhere.

Making sure this information is well-known

The Task and Finish Group consider that regularly 'getting the word out' about the differences in these treatment pathways and when each is most appropriate would be beneficial for all of our residents. It would also help in conveying the message that appropriate care for all North Tyneside residents is available from a variety of sites and services, which should also bring reassurance. **We have included a recommendation to this effect at the beginning of this report**.

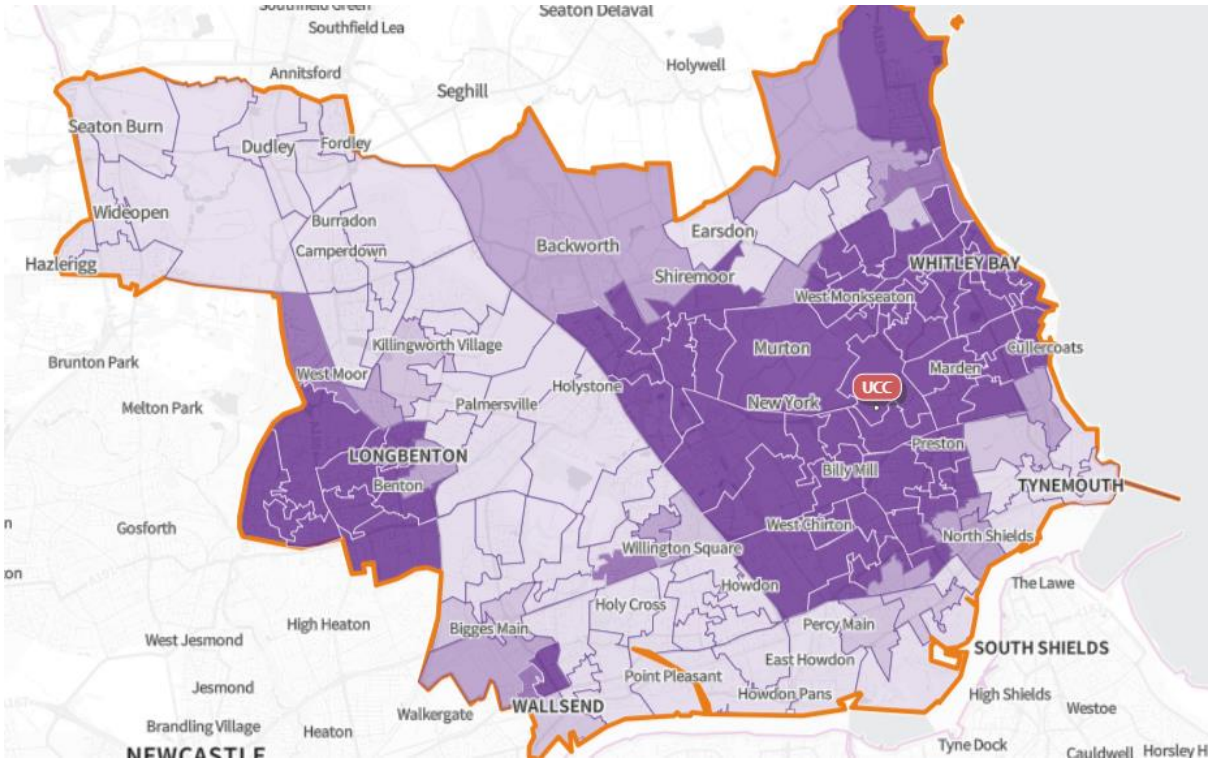
Access to Emergency and Urgent Care in North Tyneside

The Task and Finish Group received data showing that in 2019, 51.29% of our households were within 30 mins of a hospital by public transport or walking. This is better than the England average (33.18%) and North East and North Cumbria (38.66%).

99.42% of North Tyneside households were within 45 minutes (compared with an average of 66.64% in England).

The map below demonstrates proximity to hospital sites by North Tyneside residents. The darker the purple, the more households in that ward live within 30 minutes of a hospital by walking or public transport.

Figure 10 – Map demonstrating proximity of North Tyneside Households to hospital sites



Why is the distance people travel and location of Urgent Treatment Centres / Emergency Departments important?

The Director of Public Health provided the working group with some helpful insight, from a public health perspective, on this matter.

A larger hospital (even one which may be sited further away, such as NSECH) may bring positives. For example there may be specialised care, greater efficiency of services, and the potential for education and training. A larger hospital may also have advantages for recruitment and retention of healthcare staff, which is ultimately beneficial to patients.

However a longer distance to a hospital also has potential / perceived negative effects. As well as concerns about inequalities in ability to access non-emergency healthcare, there can be impact on outcomes and choices about non-emergency care. There is a fine balance between providing residents with the choice of accessing non-emergency healthcare at a local, easily accessible site with the clinical benefits offered by a larger specialist unit, which may involve some residents travelling further.

In an emergency situation, emergency care will always be provided at a site determined by clinical need and which hospital is closest to the patient.

The Task and Finish Group have considered this matter of distance / travel further, specifically in the context of North Tyneside residents and the siting of emergency care, and this is discussed below.

The importance of transport when accessing hospital sites

The Task and Finish Group requested and received useful information relating to how North Tyneside residents had travelled to hospital sites. The information focused on all North Tyneside residents who self-presented in 2014/15 (which was the last full financial year before the NSECH site opened) with those in 2022/23. The information excluded people who came to hospital by ambulance, and focused on attendance by other means.

The information also looked at how long a journey *should* take by car and public transport, not how long it *actually* took. This information was prepared on behalf of the local authority's Public Health team by the NHS North of England Commissioning Support Unit (NECS).

The data on transport journeys highlighted the following important points:

- **Car** – when travelling by car, most North Tyneside residents were within 12.5 minutes of the site they chose to attend. This was the case in 2014/15 and again in 2022/23
- **Public Transport** – the picture here was more complex. Journey times for patients who self-presented to Emergency Departments increased for North Tyneside residents between 2014/15 and 2022/23. In 2014/15 just over 60% of attendances would have taken less than 32.5 minutes on public transport, but this proportion fell to 18.9% in 2022/23. There were over 4,000 attendances in 2022/23 where it would have taken the patient over 57.5 minutes if they had travelled to the hospital site by public transport

Evidence viewed by the Task and Finish Group demonstrated that North Tyneside residents tended to attend the sites that they live closest to. However, when attendances for North Tyneside General Hospital, NSECH and the RVI are combined, there are still ward-level differences. Also, at all sites, attendance rates were higher in residents living in more deprived areas.

It is important to note that a person requiring emergency care would not be expected to travel by public transport, given the serious / life threatening nature of the medical conditions requiring this type of care. Ambulance travel (or travel as a passenger in a private car) would be expected for this type of care.

However, the Task and Finish group considers that the matter of transport is very important when evaluating the accessibility of non-emergency care at hospital sites – particularly those involving travel which is out of borough. It is an important area in which further specific work is needed. This is especially so in the case of travel for non-emergency care by residents living in areas identified as more deprived, where public transport may be the only option available.

The Task and Finish Group therefore recommends that further specific work on this area is performed with a view to improving transport arrangements for North Tyneside residents to hospital sites which are out of borough, in particular to the NSECH site. **We have included a recommendation to this effect at the beginning of this report**.

Utilisation of Urgent and Emergency Care by North Tyneside residents in 2022/23 – a 'Deep Dive'

The Task and Finish Group enquired as to the data available on access to emergency care and urgent care by North Tyneside residents. It was helpful to learn that a 'deep dive' of attendances in 2022/23 had provided data, in respect of each hospital site, as to from where in the borough residents have attended; when they attended; why they attended; and what happened in terms of ongoing care of those residents, after they had attended hospital.

It is worth bearing in mind the differences between emergency care and urgent treatment here. There are different reasons / medical conditions for accessing each type of care. Accordingly, it would be expected that the Urgent Treatment Centre and minor injuries unit attendance to be considerably higher than at the Emergency Departments of NSECH or the RVI. In addition, in the case of emergency care, choice is not usually applicable. In an emergency situation patients from North Tyneside would go to either NSECH or the RVI, dependent on clinical need and which hospital is closer to the patient.

The deep dive showed that in 2022/23 residents tended to have accessed sites nearer their homes. There were:

- 42,694 attendances at North Tyneside General Hospital Urgent Treatment Centre from North Tyneside residents, and
- 9,573 attendances at NSECH Emergency Department from our residents.

Residents also attended units in Newcastle and Northumberland, including

- 17,698 attendances at the Royal Victoria Infirmary Minor Injury Unit and Emergency Department (with highest numbers attending from Wallsend and the North West of the borough)
- 3,000 at Molineux Street Walk In Centre, Byker (highest numbers from North West and Wallsend)
- 976 at Ponteland Road Health Centre, Cowgate (almost all from the North West) and 970 to Wansbeck General Hospital Urgent Treatment Centre (again, highest numbers from the North West)
- Over 3,300 went elsewhere (highest from the North West)

The deep dive therefore demonstrated that North West residents were more likely to attend other units outside North Tyneside. It also showed that Wallsend residents were slightly more likely to attend North Tyneside General Hospital at Rake Lane than another unit.

Figures 11 to 14 below show where those residents who attended each site in 2022/23 lived, with the darker colours representing wards with higher rates of attendance. Residents tended to access the sites nearest their home. Figure 14 shows the attendance rate by ward for all three sites (North Tyneside General Hospital, NSECH and RVI) combined and shows that there were still ward level differences.

Figure 11 – North Tyneside General Hospital Urgent Treatment Centre Attendances by Ward (2022/23)

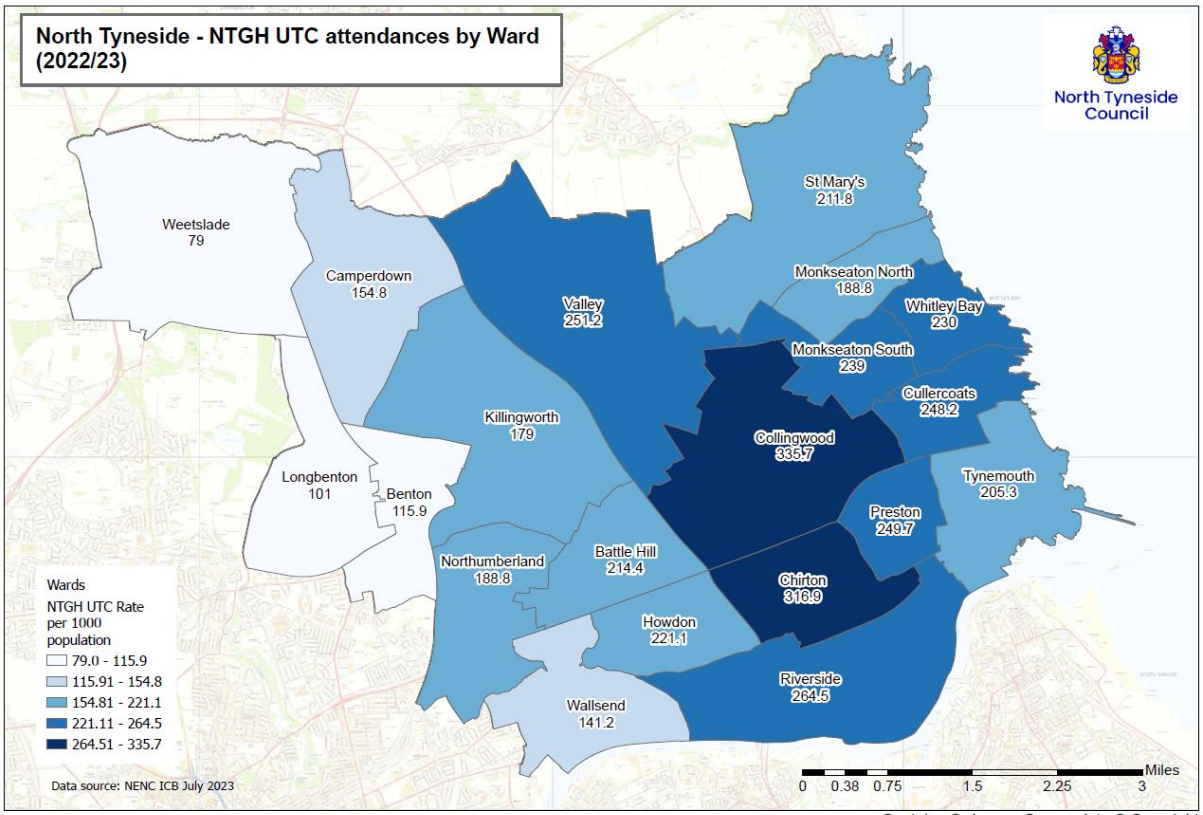


Figure 12 – North Tyneside General Hospital Urgent Treatment Centre Attendances by Ward (2022/23)

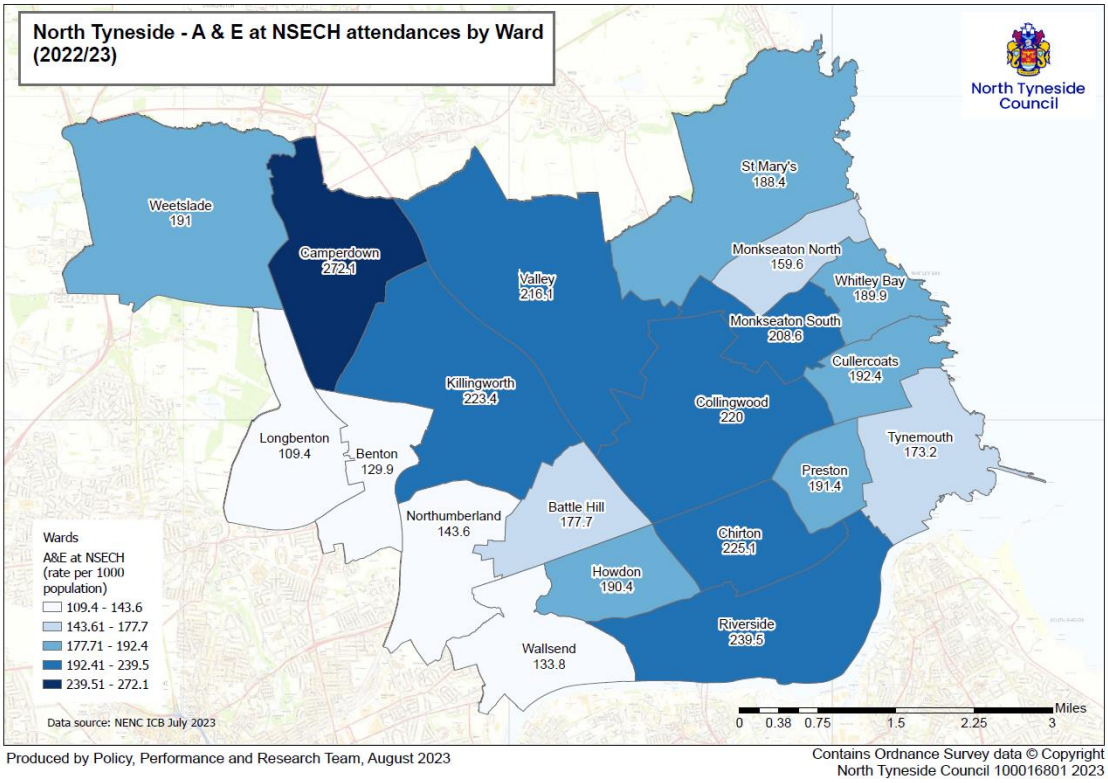


Figure 13 – Royal Victoria Infirmary Accident and Emergency Attendances by Ward (2022/23)

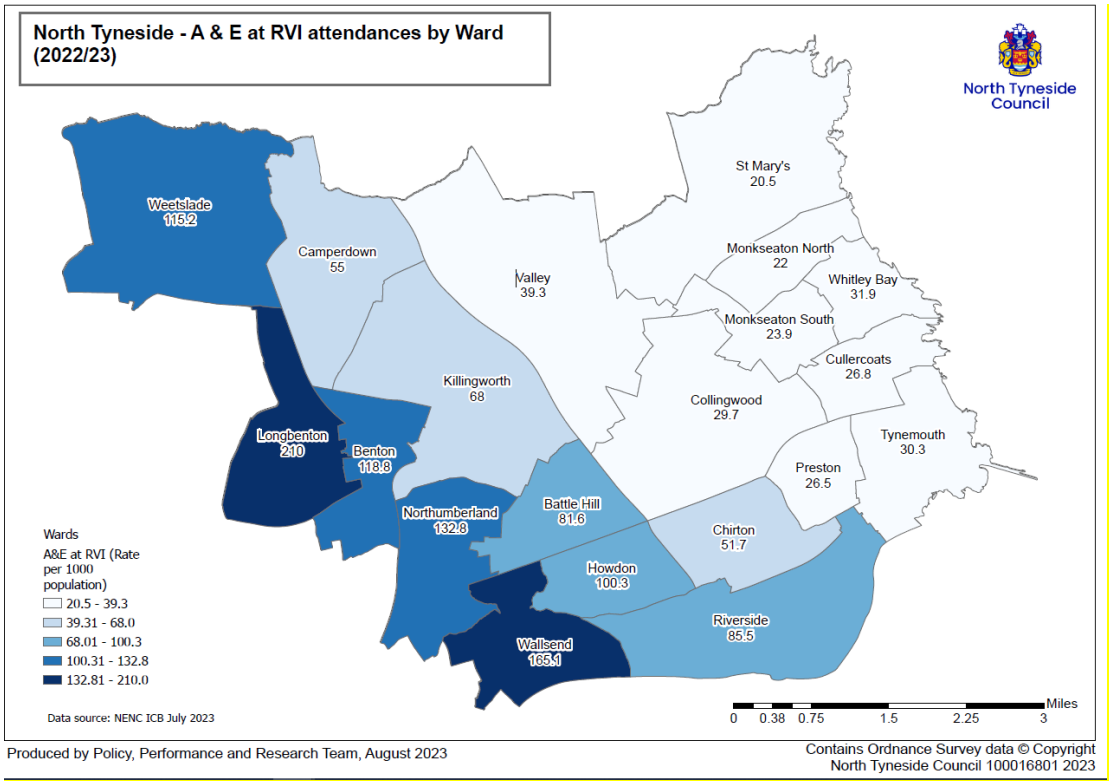
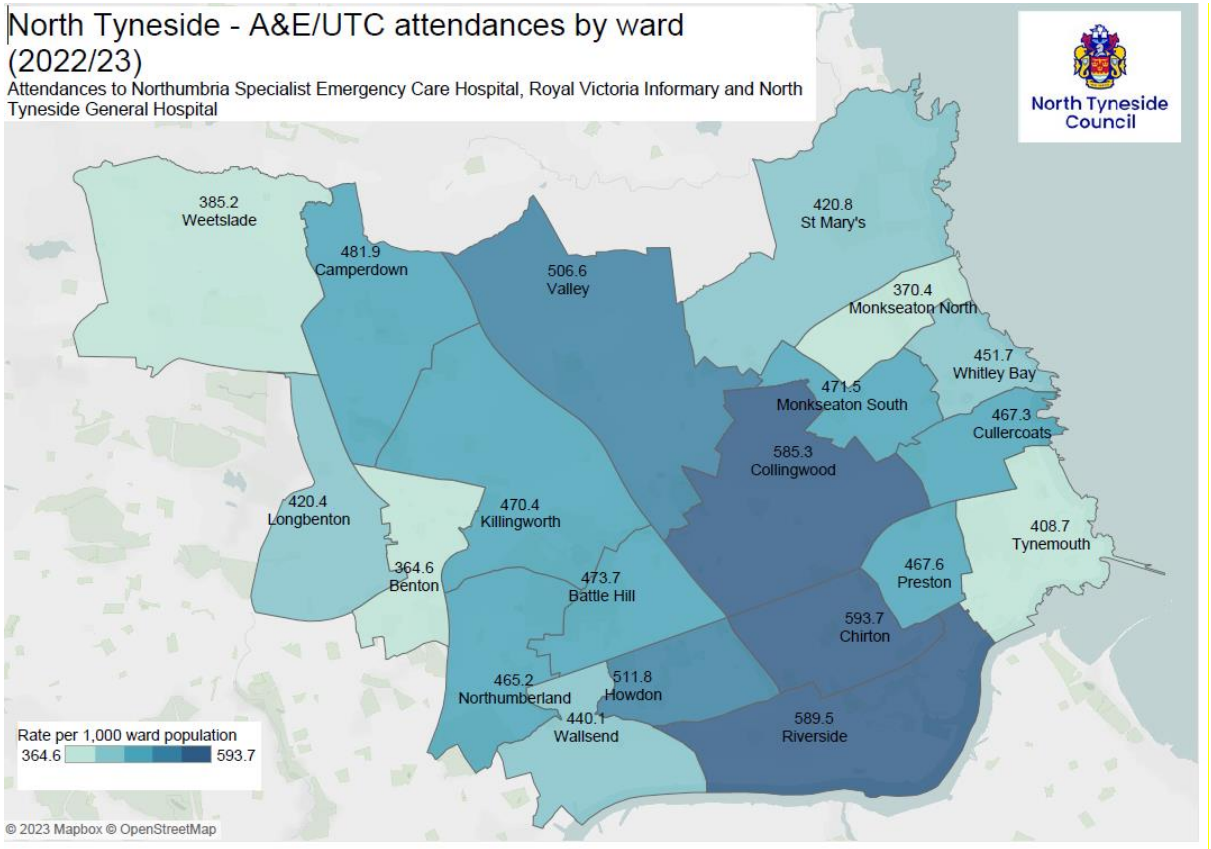


Figure 14 – Attendances to NSECH, RVI and North Tyneside General Hospital (Rake Lane)



In terms of when our residents attended hospital sites again the deep dive provided useful data. Generally, Mondays were the busiest day, but busiest times by site are collected and have been shared with the Task and Finish Group.

At North Tyneside General Hospital the highest attendance rates were seen in patients living in areas which are closer to the Urgent Treatment Centre there and areas of higher deprivation. There were also 7,440 attendances from residents of other local authorities (14.8% of 50,404 total attendances).

At NSECH, the highest attendance rates were seen in our residents who live closest to NSECH and in areas of deprivation.

At the RVI (Minor Injuries Unit & Emergency Department) , the highest attendance rates were seen in our residents who live closest to the RVI and in areas of deprivation.

Who referred residents to which treatment site?

- North Tyneside General Hospital - When asked who had referred our residents to the NTGH Urgent Treatment Centre, the most common referral source was 'self/family/friends' with 93.2% of respondents giving this answer. An additional 3.1% were referred by 'urgent care service'; 2.5% had been referred by NHS111; and 0.5% had been referred by a GP/practice nurse.

- NSECH: 60.7% arranged their own transport or walked, while 36.8% used emergency ambulance

- RVI: 75.9% arranged own transport/walked, while 18.5% used emergency ambulance

The deep dive found that there was a higher proportion of walk-in activity at the RVI than NSECH. Twice as many people used ambulances to get to NSECH compared to RVI.

Why did residents attend these healthcare sites?

For North Tyneside General Hospital Urgent Treatment Centre, the most common diagnosis categories were sprain/ligament injury, closed fracture, wound and bruise/contusion/abrasion. However over 25% of reasons for attendance were coded as "not applicable".

For NSECH the most common categories were 'not applicable' followed by respiratory issues, bruise/contusion/abrasion and cardiac issues

No diagnosis breakdown was available for the RVI.

What happened next for our residents, following their visit?

For North Tyneside General Hospital Urgent Treatment Centre, 76.8% (almost 33,000) were discharged home. A further 10.5% (almost 4,500) were transferred to another hospital – 3,221 went to NSECH Emergency Department, 260 went to NSECH Ambulatory Care.

For NSECH, 44.6% went to ambulatory care/short stay; 37.5% were discharged home; 15.0% were admitted to a ward; and 1.5% transferred to another hospital.

For the RVI, 74.3% were discharged, 25.1% were admitted to a ward, while 0.4% went to ambulatory care/short stay.

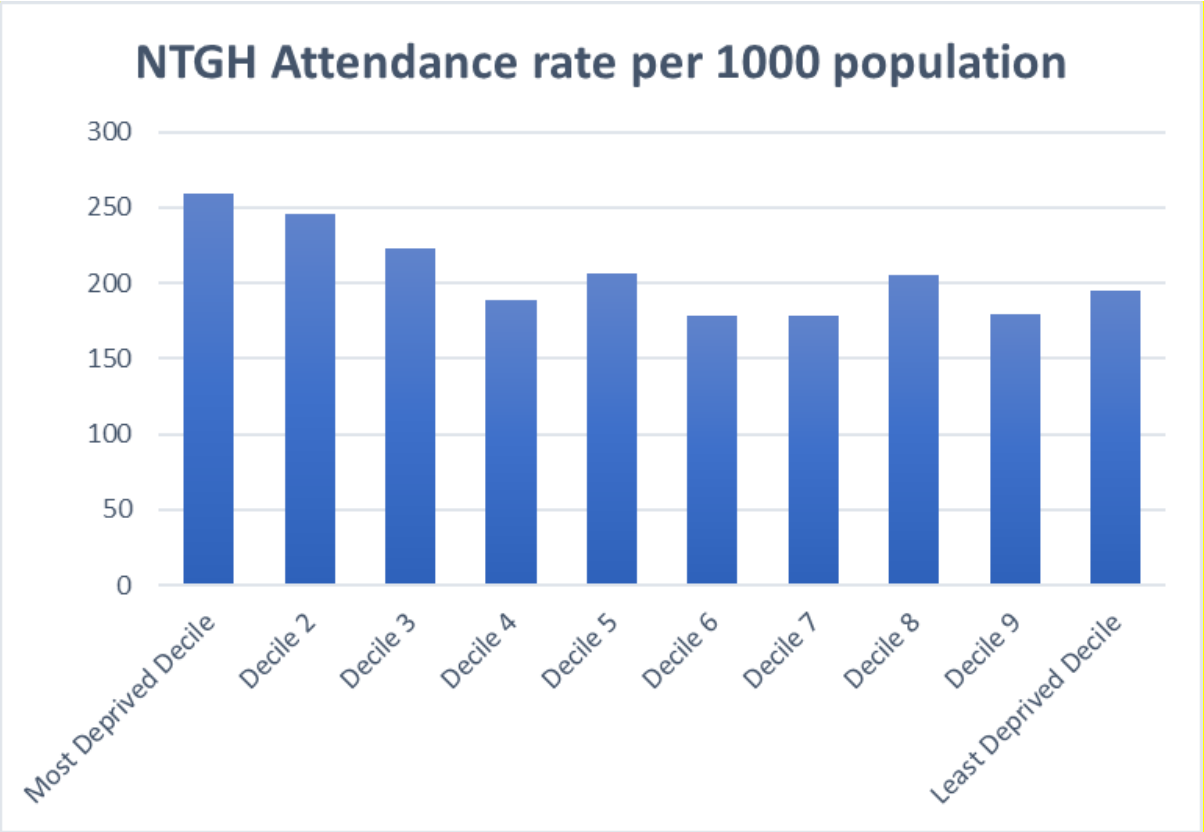
Does deprivation make a difference?

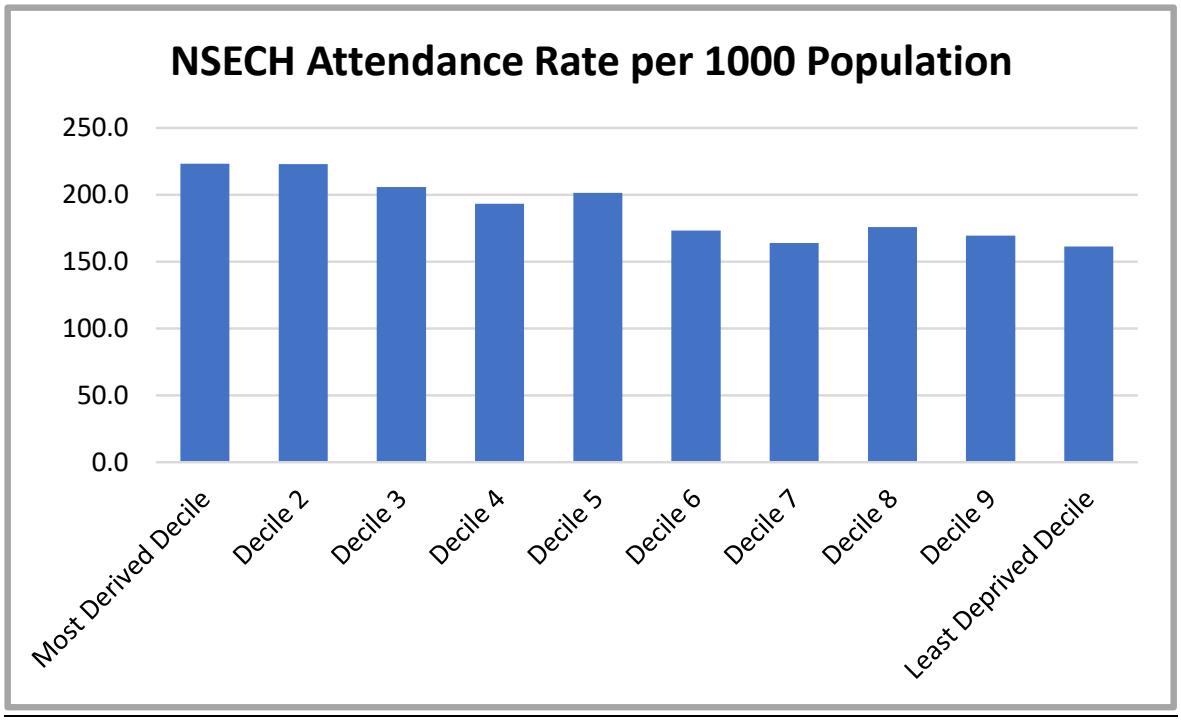
The task and Finish group considered whether deprivation may have had any bearing on these statistics.

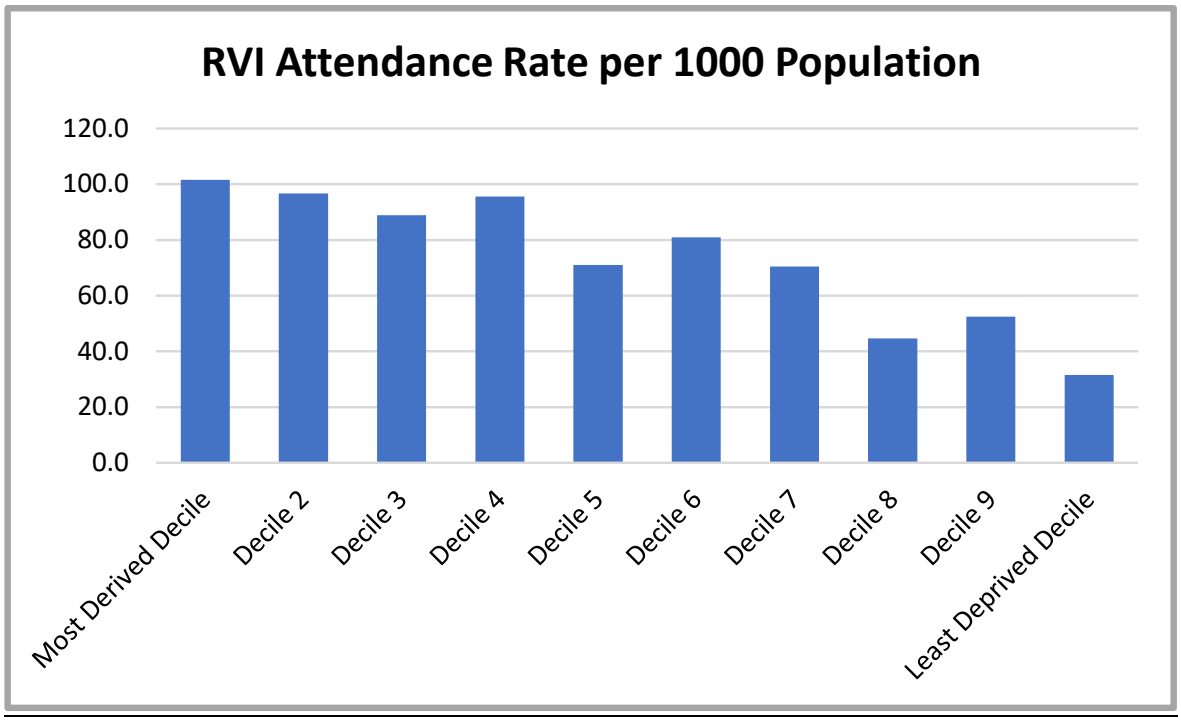
The data demonstrated that at all sites, attendance rates for North Tyneside residents were higher in more deprived areas and lower in less deprived areas.

The Indices of Multiple Deprivation (IMD) profile for the RVI is slightly different to NSECH as the demographics with the highest attendance rates at each site will be feeding into this.

Figure 15 – Attendances per 1000 Population at North Tyneside General Hospital, NSECH and RVI




NSECH Attendance Rate per 1000 Population
250.0
200.0
150.0
100.0
50.0
0.0
Most Derived Decile
Decile 2
Decile 3
Decile 4
Decile 5
Decile 6
Decile 7
Decile 8
Decile 9
Least Deprived Decile


RVI Attendance Rate per 1000 Population
120.0
100.0
80.0
60.0
40.0
20.0
0.0
Most Derived Decile
Decile 2
Decile 3
Decile 4
Decile 5
Decile 6
Decile 7
Decile 8
Decile 9
Least Deprived Decile

Impact of changes to North Tyneside General Hospital Urgent Treatment Centre

North Tyneside General Hospital Urgent Treatment Centre was initially open 24 hours per day, but as discussed later in this report, those opening hours were revised with the Urgent Treatment Centre now closing between midnight and 8am. In the 12 months since overnight opening was suspended:

- There was an increase of 0.3 North Tyneside residents per day at NSECH in the hours that North Tyneside General Hospital was closed (i.e. an average of around one person every 3 days)
- An additional 0.2 North Tyneside residents presented at the RVI each night (i.e. an average of around one person every 3 nights)
- There was no increase in complaints, incidents or other indicators of poor healthcare quality.

How are these hospital sites performing?

The Task and Finish Group was keen to understand performance at the sites offering emergency care to North Tyneside residents, and received the following information in response.

Figure 16 - Regional & National performance core metric position for Northumbria Healthcare Foundation Trust:

Measure		Standard	Performance	England *(all english providers)*	North East regional rank	National rank
A&E	seen within 4 hours *(all type)*	95.0%	94.1%	74.0%	1	1
Diagnostics	seen within 6 weeks	99.0%	96.8%	74.8%	1	6
18 weeks RTT	incomplete pathways	92.0%	80.3%	59.1%	1	2*
NCWT 62 day GP	treatment within 62 days	85.0%	72.2%	59.2%	2	21

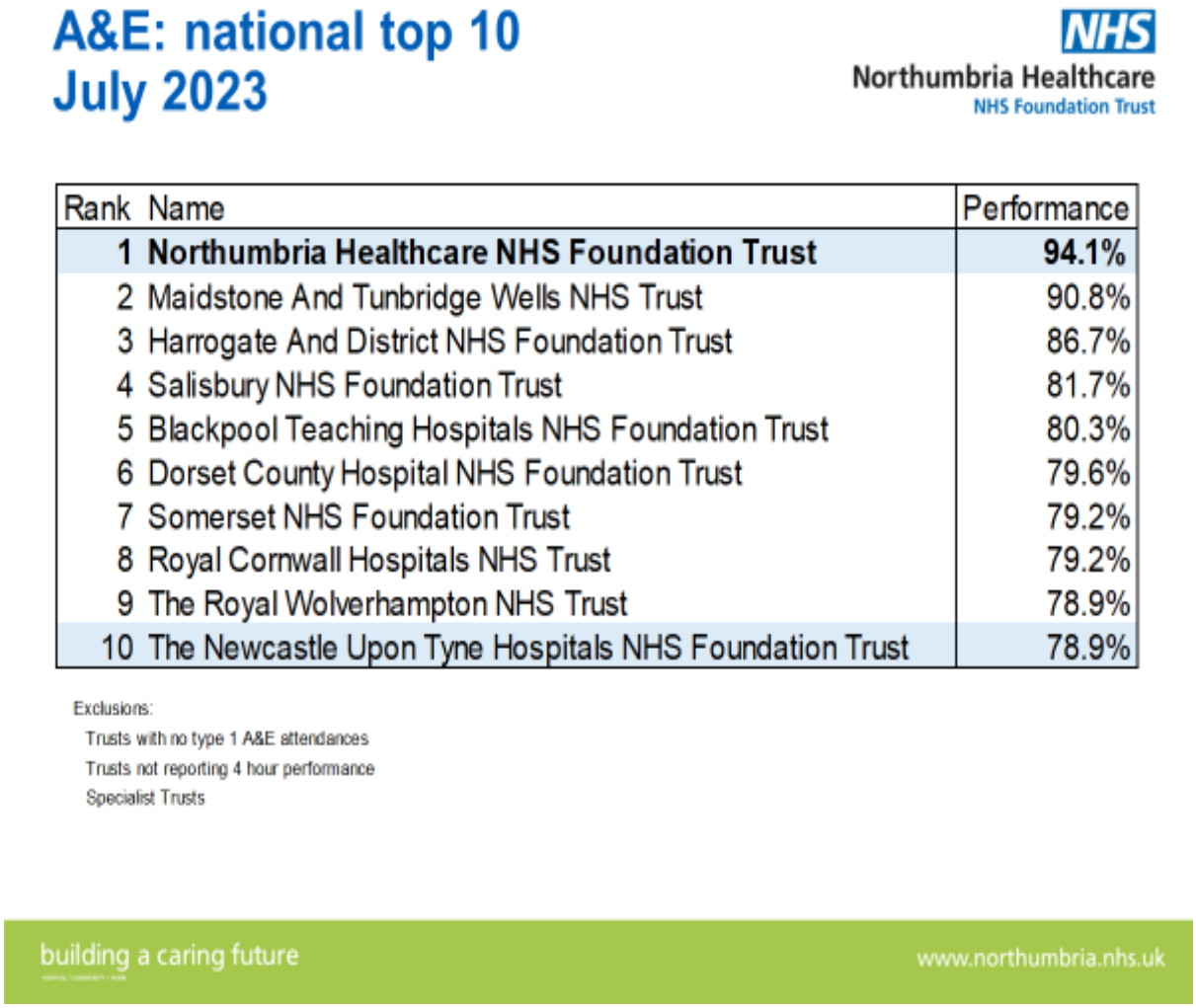
*RTT ranking includes Royal Berkshire – figures to be confirmed

Notes

1a. Accident & Emergency: July 2023 (NHS England)
1b. Accident & Emergency rank: based on all types
2a. Diagnostics: June 2023 (NHS England)
2b. Diagnostics rank: excludes independent sector, mental health, community and specialist providers, and trusts where waiting list size is 0
3a. 18 weeks RTT: June 2023 (NHS England)
3b. 18 weeks RTT rank: exludes mental health, specialist and community providers
4a. NCWT: June 2023 (NHS England)
4b. NCWT rank: excludes specialist providers
5. North East regional rank based on the following providers:
County Durham & Darlington, Gateshead, Newcastle, Northumbria, North Cumbria, North Tees & Hartlepool, South Tees, South Tyneside & Sunderland

The Task and Finish Group also received information on the ranking of Healthcare Trusts for performance regarding Accident and Emergency, as shown in the table below:

Figure 17: Ranking of NHS Trusts for Accident and Emergency, July 2023



A&E: national top 10 July 2023

NHS
Northumbria Healthcare
NHS Foundation Trust

Rank	Name	Performance
1	**Northumbria Healthcare NHS Foundation Trust**	**94.1%**
2	Maidstone And Tunbridge Wells NHS Trust	90.8%
3	Harrogate And District NHS Foundation Trust	86.7%
4	Salisbury NHS Foundation Trust	81.7%
5	Blackpool Teaching Hospitals NHS Foundation Trust	80.3%
6	Dorset County Hospital NHS Foundation Trust	79.6%
7	Somerset NHS Foundation Trust	79.2%
8	Royal Cornwall Hospitals NHS Trust	79.2%
9	The Royal Wolverhampton NHS Trust	78.9%
10	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	78.9%

Exclusions:
Trusts with no type 1 A&E attendances
Trusts not reporting 4 hour performance
Specialist Trusts

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The Task and Finish Group were pleased to note the very high levels of performance which were in evidence with regard to expected national standards set for each measure. In particular the Task and Finish Group noted that Northumbria Healthcare NHS Foundation Trust was ranked either first or second of all Trusts in the region, and also compared very favourably in national ranking, indeed having been ranked first in respect of Accident and Emergency.

It would be helpful if performance could be publicised to North Tyneside residents. **We have included a recommendation to this effect at the beginning of this report.**

The Task and Finish Group noted that a survey of patients' experience regarding Emergency Care had been sought. The results of that survey are shown below, and again demonstrate a high level of patient satisfaction (the Trust ranking joint 11th from 122 Trusts included in the survey).

Figure 18: Results from Emergency Care (Type 1) Survey, 2020

Emergency Care Survey – Type 1

Emergency care (type 1) survey – 950 patients invited, returned 242 responses (27%), this is above national average (23%) though lower than the 38% return rate in 2020.

Northumbria tied 11th out 122 Trusts when comparing Number of 'Better' sections and the overall Average section Scores.

The Trust scored "better than expected" for Hospital environment and facilities and scored "Somewhat better than expected" for Arrival at A&E and Leaving A&E.

Rank	Trust	n	Arrival at A&E	Waiting	Doctors & Nurses	Care & Treatment	Tests	Environment and facilities	Leaving A&E	Respect and dignity	Experience overall	Average Section Score	Number of 'Better' sections
1	Barnsley Hospital	278	7.9	4.5	8.7	8.2	8.3	8.3	7.2	9.2	8.2	7.8	7
1	James Paget University Hospitals	354	7.0	5.0	8.3	8.3	8.4	8.8	7.2	9.0	8.3	7.8	7
3	Salisbury	397	7.1	4.3	8.4	8.2	8.4	8.5	7.3	9.2	8.0	7.7	5
4	George Eliot Hospital	199	7.5	5.0	8.2	8.1	7.7	8.7		9.2	8.1	7.8	4
5	Airedale	267	7.6	4.8	8.4	8.2	8.2	8.5	7.0	9.0	8.0	7.7	4
5	Calderdale and Huddersfield	222	7.3	4.8	8.5	8.1	8.6	8.0	6.6	9.0	8.0	7.7	4
7	Yeovil District Hospital	364	7.1	4.4	8.5	8.1	8.1	8.1	6.8	9.1	8.1	7.6	4
8	Guy's and St Thomas'	150	7.7	4.4	8.4	8.0	8.2	8.2	6.9	9.3	8.2	7.7	3
8	University Hospital Bristol & Weston	196	7.5	4.6	8.3	8.4	8.1	8.4	6.5	9.2	8.1	7.7	3
8	Portsmouth Hospitals University	212	7.6	5.1	8.0	7.8	7.7	8.8		8.8	7.7	7.7	3
11	**Northumbria Healthcare**	**242**	**7.6**	**4.2**	**8.3**	**7.9**	**8.0**	**8.7**	**7.1**	**8.7**	**7.9**	**7.6**	**3**
11	Hampshire Hospitals	325	7.0	5.1	8.3	8.0	8.0	8.3	7.1	8.8	8.1	7.6	3
11	University College London Hospitals	182	7.6	4.6	8.4	8.3	7.9	7.9	6.9	9.1	8.0	7.6	3
14	Moorfields Eye Hospital	296	7.8	4.6	8.2	7.7	7.7	8.3	6.1	9.2	8.3	7.5	3
15	Sherwood Forest Hospitals	205	7.7	4.7	8.2	7.9	8.1	8.5		9.0	8.0	7.8	2
16	Chesterfield Royal Hospital	242	7.3	5.2	8.1	7.9	7.9	8.1		8.9	8.1	7.7	2
17	Royal Devon University Healthcare	295	6.8	4.5	8.3	8.0	8.5	8.5	7.0	9.2	7.9	7.6	2
17	South Tees Hospitals	189	7.4	4.3	8.4	8.1	8.4	8.0	7.0	9.0	7.8	7.6	2
17	Dorset County Hospital	438	6.7	4.9	8.2	7.9	8.1	8.3	7.4	8.8	7.9	7.6	2
20	Homerton Healthcare	152	7.0	4.1	8.4	7.8	8.5	7.8	6.1	9.0	8.0	7.4	2

The Task and Finish Group also learned that Northumbria Healthcare NHS Foundation Trust is nationally recognised as best consistent performer against the Emergency Department standard. Data demonstrates a consistently low mortality within the Trust, as expected, using national statistic of Summary Hospital Level Mortality (SHMI) 89.3.

3.3 Gain an understanding of the decisions made to reach this point, including:

- **Northumbria Specialist Emergency Care Hospital**
- **Battle Hill Walk In Centre**
- **North Tyneside General Hospital**

Background to decisions regarding these sites

As alluded to earlier in this report, in 2015 arrangements for emergency and specialist care provision in North Tyneside began to change.

In June 2015, a new hospital site – NSECH at Cramlington – was established, from which emergency care comprising an Emergency Department, same day emergency care and in-patient care (in addition to a range of other specialist healthcare services) would be delivered. The rationale for these changes was to seek to ensure better clinical outcomes for patients. The model adopted was predicated on allowing patients to see a specialist much earlier in the patient journey than previous healthcare models had allowed. For certain health conditions in particular, such as stroke and chronic obstructive pulmonary disease, when earlier specialist care can be made available there is clear evidence of improvement in clinical outcomes.

North Tyneside General Hospital (Rake Lane) then became a site from which urgent care (rather than emergency care), and a range of other services, would be delivered. The distinction between emergency care and urgent care is discussed earlier in this report (see 3.2 above).

The Task and Finish Group heard that considerable consultation and engagement (commencing in 2008) had informed the decisions to make these changes. This engagement had involved the Scrutiny functions, at that time, of North Tyneside Council and neighbouring authorities. The case for change was focused on a range of different factors including:

- Clear clinical evidence that demonstrated that centralising the treatment of complex and life threatening illness, including critical care and maternity, would save lives and provide the best possible outcomes for patients
- For Northumbria Healthcare NHS Foundation Trust to be successful in recruiting and retaining doctors it had recognised that it needed to reorganise so that it was safely staffing one centralised department as opposed to three geographically diverse sites.

Northumbria Healthcare NHS Foundation Trust has commented that an open and honest debate was held with the public and key stakeholders at the time concerning these matters. This engagement confirmed support for the better patient outcomes likely to result from the changes. The performance data and patient feedback set out above (see 3.2) would indicate these benefits have in fact been realised through the new arrangements beginning from 2015.

Decisions - Urgent Treatment Centre and GP Out of Hours

The Integrated Urgent Care Service was to provide Urgent treatment Centre provision, based at the North Tyneside General Hospital site and the GP Out of Hours service. It is worth noting that the Urgent Treatment Centre opening hours are 08:00 – 00:00. This is longer than the national Urgent Treatment Centre standards which are 08:00 – 22:00. The decision to increase the opening hours of the UTC was made by the former CCG to provide increased access to UTC facilities in North Tyneside.

In anticipation of and following the opening of NSECH in June 2015, between May and July 2015, the Task and Finish Group heard that local people had been asked to provide their feedback on urgent care in the borough. Further formal consultation took place from 7 October 2015 to 21 January 2016 on a range of options which would replace the structure of provision at that time. Those services were

- Urgent care services at North Tyneside General Hospital, Battle Hill Resource Centre and Shiremoor Health Centre
- GP Out of Hours provision

In addition, a review titled 'Right Care, Time & Place – A Review of Urgent Care Services in North Tyneside' was presented to the (then) CCG Clinical executive in June 2016, the Council of Practices in July 2016, and the CCG Governing Body in October 2016.

Based on the outcomes of the consultation, the CCG Governing Body agreed to decommission the existing urgent care services at North Tyneside General Hospital, Battle Hill Walk In Centre, Shiremoor Health Centre and the GP Out of Hours service from 2017 and commission a new integrated services via a competitive procurement process.

Following this procurement and an additional consultation process the then CCG awarded a new Integrated Urgent Care Service contract to Northumbria

Healthcare NHS Foundation Trust. Following a mobilisation period, the contract commenced on 1 October 2018.

Northumbria Specialist Emergency Care Hospital – services provided

NSECH was developed to include an emergency department with 24/7 consultant access, for both ambulances and walk in patients. As outlined earlier the rationale for these changes and enhanced consultant access was to seek to ensure better clinical outcomes for patients. There is clear clinical evidence that earlier specialist care can result in much improved prognoses for certain medical conditions.

A specialist consultant is present on all admitting speciality wards for twelve hours per day, seven days per week. NSECH also had dedicated diagnostic facilities, including Computerised Tomography (CT) Scanning, Magnetic Resonance Imaging (MRI), Ultra Sound Sonography (USS and Xray), blood science / lab.

Ambulatory care is also delivered via the NSECH site – Medical Ambulatory Care (MAC), Surgical Assessment Unit (SAU) and Emergency Gynaecology, in addition to critical care (Intensive Treatment Unit – ITU; Respiratory Support Unit – RSU, Cardiac Care Unit - CCU and Hyper Acute Stroke Unit -HASU).

There are 9 specialty wards, emergency theatres, a Catheterisation lab, endoscopy, and facilities for high risk Elective surgery. NSECH has a maternity unit which is consultant and midwifery led. It also has homesafe and discharge teams.

North Tyneside General Hospital – services provided

Current services provided at North Tyneside General Hospital include elective and planned operations – both inpatients and day cases; sub acute wards for on going medical care and rehabilitation. There is a physiotherapy outpatients department and medicine and surgical outpatient appointments are also provided. Palliative care and a range of diagnostics – endoscopy, CT /MRI/Xray/ USS and blood sciences, and discharge services, are also provided from this site.

A service called CARE Point is also based at North Tyneside General Hospital (single point of access multi-disciplinary team). This facilitates:

Admissions Avoidance:

- 7 days a week, discharge and admission avoidance. GPs can refer into CARE Point to prevent an admission into hospital
- This single point of access can undertake assessment and deploy resources accordingly
- Social Work Team, Discharge Nurses, Therapists, Practice Nurse, Reablement, Community Rehabilitation Team
- The reablement team can support people to remain at home and regain independence
- Functions include: Home First, Discharge to Assess, Admission Avoidance, Trusted Assessor Model. Trusted assessor schemes are a national initiative designed to reduce delays when people are ready for discharge from hospital
- Links to Virtual Wards, 2 hour Urgent Care Response at newly established Community Single Point of Access (based at Cobalt Exchange)
- Admission avoidance is also enabled via Care Call(Community Alarm Assistive Technology) and delivers part of the Falls Pathway: Falls First Responder Service in partnership with North East Ambulance Service

Facilitated Discharge

- Social Workers – assessments, care planning
- Discharge Nurses – based on wards, discharge planning, Trusted Assessor Model to support discharges into care homes
- Community Rehabilitation Team – Home First, intermediate care at home, support into step down facilities, support into short term placements
- Reablement – Home First, discharge to access, regaining independence before decisions are made around ongoing care packages
- Pharmacy
- Nurse Practitioner
- Occupational health and physiotherapy input

3.4 Community and patient voices: Understand what is known about community views, and whether residents know how and where to access emergency care

The Task and Finish Group was advised that there is extensive local authority and NHS engagement with residents and patients. Information referenced earlier in this report, including the deep dive set out in 3.1 and the patient feedback referenced in 3.2, reinforces this point and demonstrates some of the approaches used to collect community views. The Task and Finish Group also learned that the ICB commissioned Patient Forum, North Tyneside Council's Residents' Panel and Residents' Survey give regular valuable feedback.

In addition, Healthwatch – an independent statutory body which at a local level aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality – also provides valuable insight. In 2018 Healthwatch performed some focused work on people's experiences of getting care when they need it starting before the pandemic. This covered GP access as well as urgent and emergency care.

This study examined the impact of GP access on the use of urgent and emergency care services. From patient interviews carried out at the Rake Lane site and at NSECH, it was identified that:

- NTGH Urgent Treatment Centre interviews - 47% of people spoken to said they could have been seen by a GP
- NSECH Emergency Department waiting room interviews – this figure was much lower, most people were from Cramlington area.

Since this research was conducted however, the Task and Finish Group was advised that there are more GP services available out of traditional hours.

Some people say they like to be able to book same-day appointments at the Urgent Treatment Centre. However other people say they would rather sit and wait to get something sorted rather than book a same-day slot.

People's rationale for going to a hospital site rather than GP was that they can do all the tests there and then and have access to specialists; or they felt they wouldn't have been able to get a GP appointment (though most people hadn't tried to get an appointment). Availability of GPs in evenings and weekends was also cited as a reason.

Healthwatch's survey also indicated that people are confused about the plethora of services available (though this did seem to be changing over time), which reflects the evaluation set out by the Task and Finish Group earlier in this report (see 3.2 above). After Battle Hill walk in closed, Healthwatch reported that people were confused about where to go at first but this is not mentioned as much in Healthwatch's most recent 2022/23 feedback.

Healthwatch also highlighted that transport is key – they reported this as a real challenge in getting to and from hospital and this has been raised with the Health and Wellbeing Board. As outlined above in Section 3.2, the Task and Finish Group has made a specific recommendation relating to transport availability to hospital sites.

3.5 **What could be improved and how would that happen: Understand any existing plans and develop recommendations on how need is met and how to respond to any community views**

As set out at the beginning of this report under 'Key Findings and Recommendations', having considered all information and evidence described above, the Task and Finish Group has highlighted three main areas in which improvements could be made:

- The agreed performance standards for emergency healthcare provision covering North Tyneside should be regularly communicated to North Tyneside residents, by the local authority working with partner organisations
- A communication campaign should be developed within the borough involving North Tyneside Council and partner organisations, highlighting

the distinction between ‘emergency care’ and ‘urgent treatment’ and when, where and how to access each type of care

- Further specific work should be undertaken by North Tyneside Council working with Northumbria Healthcare NHS Foundation Trust, and other partner organisations as required, to explore transport options that might be implemented to improve accessibility to the NSECH site for North Tyneside residents (when visiting for non-emergency care or when visiting loved ones in this hospital).

Timescale for Reporting

The Overview and Scrutiny Co-ordination and Finance Committee agreed that work would be undertaken with a view to reporting by the end of December 2023, in order to ensure sufficient pace for this important scrutiny work and timely reporting of findings.

Methodology

The Scrutiny Task and Finish Group adopted the following methodology to obtain and evaluate evidence relevant to the agreed Terms of Reference:

- Briefing note prepared by the Director of Public Health and Consultant in Public Health, *Population health and urgent/emergency healthcare need in North Tyneside*, circulated to and considered by Task and Finish Group members in advance of fieldwork commencing
- Initial evidence gathering and scrutiny question session with senior officers from North Tyneside Council and Northumbria Healthcare NHS Foundation Trust (with information also provided at this session on behalf of the Integrated Care Board)
- Site visit to North Tyneside General Hospital (Rake Lane), North Shields
- Site visit to Northumbria Specialist Emergency Care Hospital (NSECH), Cramlington
- Concluding session (Task and Finish Group members) for evaluation of evidence and formulation of findings and recommendations

Membership of the Task and Finish Group

The following elected members attended the sessions of the Task and Finish Group as shown:

Monday 4 September 2023	Monday 9 October 2023	Tuesday 10 October 2023	Monday 16 October 2023
Cllr Jim Montague Cllr Liam Bones Cllr Cath Davis Cllr Margaret Hall Cllr John Johnsson Cllr Andrew Spowart	Cllr Jim Montague Cllr Cath Davis Cllr John O'Shea Cllr Andrew Spowart	Cllr Jim Montague Cllr Cath Davis Cllr John O'Shea Cllr Andrew Spowart	Cllr Jim Montague Cllr Cath Davis Cllr John Johnsson Cllr John O'Shea

Acknowledgments

The Scrutiny Task and Finish Group would like to acknowledge the information, contributions and support provided by the following organisations and individuals during the course of the Task and Finish Group's work:

North Tyneside Council

- Mr Paul Hanson, Chief Executive
- Mrs Eleanor Binks, Director of Adult Social Care
- Mrs Wendy Burke, Director of Public Health
- Mrs Louise Gray, Consultant in Public Health
- North Tyneside Council staff based in North Tyneside General Hospital (Rake Lane)

Northumbria Healthcare NHS Foundation Trust

- Sir Jim Mackey, Chief Executive
- Dr Birju Bartoli, Chief Operating Officer
- Dr Eliot Sykes, Business Unit Director for Emergency Surgery and Elective Care
- Mrs Elaine Henderson, Director of Nursing
- All staff in the wards visited during site visits to North Tyneside General Hospital (Rake Lane) on 9 October 2023 and Northumbria Specialist Emergency Care Hospital (Cramlington) on 10 October 2023

NHS North East and Cumbria – Integrated Care Board

- Mrs Anya Paradis, Director of Place (North Tyneside)

Glossary of Terms and Abbreviations

Ambulatory Care	Services provided as an outpatient – patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted into hospital overnight
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
Emergency Care	providing care for people with serious or life threatening needs
ED	Emergency Department
Healthwatch	Established under the Health and Social Care Act 2012 to gather and champion the views of users of health and social care services, in order to identify improvements and influence providers' plans
ICB	Integrated Care Board (for North East and Cumbria)
MIU	Minor Injury Unit – located at the Royal Victoria Infirmary, Newcastle
NEAS	North East Ambulance Service
NSECH	Northumbria Specialist Emergency Care Hospital, at Cramlington
NTGH	North Tyneside General Hospital, at Rake Lane in North Shields
Rake Lane	North Tyneside General Hospital, at Rake Lane in North Shields
RVI	Royal Victoria Infirmary, Newcastle
Type 1 department	Major accident and emergency, providing a consultant-led 24 hour service with full resuscitation facilities
Type 2 department	Single specialty accident and emergency service (e.g. ophthalmology, dentistry)
Type 3 department	Other accident and emergency injury unit / walk in centre, treating minor injuries / illnesses
Urgent care	providing medical care for minor injuries and minor illnesses which are not life-threatening
UTC	Urgent Treatment Centre. There are Urgent Treatment Centres available to North Tyneside residents at: • North Tyneside General Hospital at Rake Lane, North Shields • the Molineux Street Walk In Centre in Byker, Newcastle • the Ponteland Road Health Centre in Cowgate, Newcastle • Wansbeck General Hospital in Ashington

Appendix 1

Motion agreed by Council on 16 March 2023

"NHS healthcare is at the top of residents' priorities. However locally residents are still forced to travel out of North Tyneside to access 24-hour emergency care, which is particularly difficult for residents that do not drive. This is compounded by the consistent failure of ambulances to respond within target times for call outs including heart attacks and strokes and having to waste valuable time queuing to discharge their patients to A&E.

North Tyneside Council believes that our residents would receive better healthcare provision within the borough if 24-hour accident and emergency care was re-instated at Rake Lane and the walk-in centre at Battle Hill reopened and if the Conservative Government provided the resources to allow this to happen.

North Tyneside Council notes that it was a conscious decision taken by Northumbria Healthcare Trust to relocate these services out of the Borough and to refuse to reverse that decision despite repeated requests.

It is widely accepted by experts that to deal with the ever-increasing number of the population over 65 that NHS spending should rise every year at inflation +4 percent as it did during the last Labour Government, The Conservative Government have only done this once in their 13 years in power.

North Tyneside Council asks the Mayor to: -

- *Write to the NHS Trust asking them to set up a taskforce, with local authority involvement, to improve access to emergency care in North Tyneside, with a particular focus on restoring 24-hour accident and emergency at Rake Lane and walk-in services at Battle Hill*

- *Write to the Secretary of State for Health to outline our priorities for returning these two care services to North Tyneside and to ask him to provide the resources to do it.*