

The future of children's and maternity services at the Friarage Hospital, Northallerton

Feedback and Outcome from the public engagement process

August 2012

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Foreword



Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

August 2012

Dear stakeholder,

I am pleased to present the report of the engagement exercise we have undertaken on children's and maternity services at the Friarage Hospital in Northallerton.

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group was keen to listen to what local people and the public have to say and try new ways of encouraging people to express their views and get involved.

We expected a good response and we were not disappointed. The public are very passionate about the Friarage. My GP colleagues in the CCG and I share that passion. We all want to have a safe high quality hospital.

I have enjoyed meeting many patients and members of the public over the last few months. It is good to be able to explain to them directly the challenges we are facing as a community, have a real discussion about the issues and address people's concerns head on.

We have tried to be open and honest, to listen and to respond. We did our best to reach out to everyone and follow up every suggestion and contact.

Over one thousand people have taken the opportunity to tell us what they think. This report summarises their views which we will take into account when we consider the options and make our recommendations to put in place safe, high quality, sustainable and affordable services into the future. We also plan to anonymise the stories people have shared with us and use them to help improve services and the quality of services, for example in hospital trusts, and community services in the future.

Finally I would like to express my thanks to everyone who responded.

Yours sincerely

Dr Vicky Pleydell
Shadow Clinical Accountable Officer
NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Executive Summary

Background

Clinicians at the Friarage Hospital in Northallerton – one of the smallest hospitals in the country and part of the South Tees Hospitals NHS Foundation Trust (STHFT) – foresee problems sustaining safe children's and maternity services in the future in the light of problems with the medical workforce, changing workforce legislation and safety standards and changing demands on the service.

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG), currently in shadow form, commissions services for the people of Hambleton and Richmondshire district council areas and Whitby. The CCG invited the National Clinical Advisory Team (NCAT) to offer evidence and guidance for any future decision-making by the NHS after concerns were expressed by local hospital doctors about the future of children's services in July 2011. NCAT is part of the Department of Health and provides clinical experts to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients.

NCAT carried out a review at the Friarage Hospital in December 2011 and agreed that there was a problem in sustaining services. It supported the ideas for the future being put forward by the hospital clinicians. The CCG wanted to ensure that the development and refinement of the options put forward were informed by local views and that the process was completely open and transparent. It launched a comprehensive pre-consultation engagement exercise, which ran from March to June 2012, to:

- Make the case for change
- Listen to and understand the views of local people
- Ensure that the views of local people were taken into account
- Reassure the local community about the future of the Friarage Hospital

NHS organisations have a statutory duty to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate (sections 242 and 244 of the NHS Act 2006). As the options being considered may result in a major change in the way local services are designed, organised and provided, it is expected there will be a need for formal public consultation about any proposals to secure the future of both children's and maternity services.

No decisions about changes to services will be made before a formal consultation process. Feedback obtained during the engagement process will be considered alongside clinical, financial and quality data to refine the options which will go forward to the formal consultation stage. In August 2012 the CCG will consider how children's services are commissioned in future in response to the issues raised by STHFT and the NCAT report.

In September 2012 the board of NHS North Yorkshire and York (NHS NYY) will consider detailed information, the views of the CCG, the views of the public and key stakeholders, which include local MPs, statutory authorities and the voluntary sector, as summarised in this report. It will then decide whether a case has been made for change and whether, based on the recommendations of the CCG, any of the options are to be considered as part of a formal consultation process, which would commence during the autumn of 2012.

The results of any formal consultation process will be analysed and used to agree the new configuration of services, following which an implementation plan will be developed to put the new arrangements in place.

The engagement process

The newly formed CCG, working in shadow form, was clear that it wanted an open and honest dialogue with members of the public and patients. It was keen to take its statutory duty to consult beyond the minimum required and make it a genuine conversation with local communities. It wanted the engagement process to be as robust and extensive a process as possible, with the findings being a vital component in the work on developing the final options for appraisal by the CCG.

A wide range of methods was used during the engagement process to reach out to as many people as possible through as many media as possible, both traditional and web-based. This approach facilitated communication and encouraged dialogue with local people at public meetings and in community settings, as well as through correspondence and questionnaires. Information was made available in the local community and electronically so that if people were not able to come to a public meeting they could access the same information by using the CCG or STHFT websites. "Talking heads" videos were used for clinicians to explain the issues and, for the first time, social media figured prominently in the approach taken, enabling the CCG and STHFT to reach thousands of active campaigners, particularly in the early stages of the process.

In addition to meetings with a number of key stakeholders, a total of 1067 members of the public were engaged with through public meetings, small "focus group" type discussions and conversations and through a survey.

What people told us

Patients and members of the public told us

- Local people have confidence in and value children's and maternity services at the Friarage Hospital.
- People value close proximity of services above quality and safety.
- There are some concerns about a midwifery-led service, e.g. the safety of ladies being transferred while in labour due to unforeseen complications.
- People are concerned at the potential impact on the ambulance trust and other acute trusts if services are moved from the Friarage Hospital.
- Whilst many people do not want to see any change, there is some recognition that the services do need to change in the future.
- There is concern that a gradual erosion of services at the hospital will lead to closure.

- Parents with “open access” facility for their children would like enhanced community services and hand-held records/personal care plan.

GPs told us

- They have been as fully involved in the CCG’s work on the future of children’s and maternity services as they would have wanted to be.
- They wish to be part of the option appraisal process.
- The majority do not consider additional investment should be made in children’s and maternity services at the expense of other services.
- The majority consider that a children’s assessment unit should be open 7 days a week.
- They recognise many standards expected for acute services are not deliverable within the realistic budget of a small hospital.
- They strongly support the Friarage as the front door into local healthcare for the people of Hambleton and Richmondshire and key to their vision of healthcare going forward.
- Whilst some Richmondshire GPs may decide to refer children to Darlington, should the Friarage no longer have inpatient facilities, they may continue to refer patients to a children’s assessment centre at the Friarage Hospital if they knew that the child would be seen by a consultant the same day.

Key stakeholders told us

- They have concerns there would be an adverse impact on patients having to travel further if services are moved.
- There is concern that a gradual erosion of services at the hospital will lead to closure.
- That communications and systems around protecting vulnerable children should be reviewed, future-proofed and fit for purpose.

How people’s views have been taken into account

Option appraisal

- Refinement of the seven original options by eliminating those which would result in no paediatric services and no obstetric deliveries at the Friarage Hospital.
- Clarification and refinement of the operating hours and criteria for accepting children onto assessment unit.
- Clarification of the care pathways which would support children who have open access to children’s services, including development of hand held records and a detailed care plan for each child.

Access

- Compilation of detailed information on travel distance and time as part of the impact assessment, recognising the importance of this issue in securing access to services in rural areas.

- Consideration of ways to improve transport services including ambulance provision.
- Accommodation for parents living a long distance from The James Cook University Hospital so they can stay with sick children sent there.
- All “open access” children to have a personalised care plan, with hand held records so that wherever they are seen, clinicians will have access to their details.
- Consideration of strengthening children’s community services, particularly enhancing nursing of “open access” children in the community rather than bringing them into hospital.
- Consideration of which specialist out-patient services could be brought into the community, eg diabetic and epilepsy care.
- Consideration of developing additional clinics at Catterick Garrison.

Quality

- Detailed risk analysis on the transfer of patients.
- Feedback to STHFT on perceived poor quality issues at The James Cook University Hospital.

1. Introduction

Nationally, there is an issue about the sustainability of safe children's services as a result of changes in child health, the reduction in time children spend in hospital, changes in workforce legislation, and changes in training for medical staff and in clinical standards. The Royal College of Paediatrics and Child Health has concluded that it will not be possible to staff all the in-patient paediatric medical staff rotas that currently exist in a safe and sustainable way.

The issues are particularly problematic at the Friarage Hospital because:

- the unit sees small numbers of children and has a small medical and nursing team, making it difficult to deal with staff sickness and vacancies.
- of its staffing structure: there are no experienced children's doctors in the hospital at night or at weekends.
- there is limited opportunity for development of specialist skills and specialist clinics.

As a result the unit is at risk of offering a poorer quality service than should be expected.

This issue was highlighted when STHFT, which runs services at the Friarage, was forced to temporarily close children's and maternity services between July and October 2009 in the interests of patient safety because of the availability of medical staff due to retirements, long-term sick leave and the national shortage of doctors.

With new safety standards being promoted by the Royal College of Paediatricians and Child Health, doctors at the Friarage have become concerned that services are becoming unsustainable and raised the issue with HRW CCG.

There are very similar issues facing maternity services nationally and locally. Concern amongst doctors at the Friarage about these services is now as strong as it is about children's services. Because maternity and children's services are interdependent, the engagement process has covered both paediatric and maternity services.

2. Purpose

This paper provides a report following the completion of a 4 month long public engagement exercise on the future of children's and maternity services at the Friarage Hospital in Northallerton. It describes the scope and scale of the engagement process and summarises the responses and comments received under a series of key themes and outlines the key views influencing options appraisal and future commissioning decisions

The governing body of HRW CCG in developing options for the future will need to take into account the engagement response.

3. Background

The Friarage Hospital is one of the smallest in the country. In 2005 a major review of services at the Friarage (called Clinical Futures) focused on how best to meet local people's expectations for a full range of district general hospital services and the need for those services to be safe at all times. Clinicians worked together at that time on an innovative solution to ensure that all key services at the Friarage were secured, including children's and maternity, with the understanding that they would need to be carefully monitored and might need to be examined again within five years.

Seven years has elapsed since that project, with all services remaining in place, However, it has now become necessary to look again at how best to secure the widest range of services locally following concerns raised by senior doctors at the Friarage in 2011 about the long term sustainability of children's and maternity services. The way they are currently provided cannot continue for much longer. If a solution is not found there is a real risk of falling short of the safety standards delivered in other units, unplanned closures and giving residents a lower quality of service than other areas.

HRW CCG is an emerging NHS organisation. It is part of the new commissioning arrangements for the NHS as detailed in the Health and Social Care Act (2012). It will be responsible for making a recommendation on the future of children's and maternity services in Hambleton and Richmondshire. The CCG's vision is for the Friarage to continue to be a high quality local hospital - the front door into hospital-based healthcare with a broad range of services. It is fully committed to its future and making it a vibrant district hospital for years to come.

The CCG has been working with clinicians and managers at STHFT (which provides hospital services at The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton as well as some community health services in Hambleton and Richmondshire) to see how best to provide children's and maternity services for local people in the future.

The CCG invited the National Clinical Advisory Team (NCAT) to offer evidence and guidance for any future decision-making by the NHS after concerns were expressed by local hospital doctors in July 2011 about the future of children's services. NCAT is part of the Department of Health and provide clinical experts to support and guide the local NHS on service reconfiguration proposals to ensure safe, effective and accessible services for patients.

An independent report from NCAT, published in January 2012, agreed that the children's services at the Friarage Hospital were not sustainable. What it also recognised was that any changes which were to take place to the children's services at the Friarage would also impact on the hospital's maternity service.

The CCG fully recognises the strength of feeling in parts of the local community about potential changes to their health services. Following the publication of the NCAT report it embarked on an engagement exercise so that it as commissioner of services, and STHFT as provider of services, could listen to the issues and concerns of everyone with an interest in these services.

4. The options under consideration

Seven possible options were highlighted in the NCAT report and considered by STHFT:

1. Keep the in-patient service as it is, i.e. retain the children's in-patient ward, and have more senior doctors present on site.
2. Run the Friarage as a 'small and remote unit' as the service cannot run to the standards expected in bigger units.
3. Run a five day working ward.
4. Run a paediatric day unit (as a five or seven day service).
5. Provide enhanced outpatient services (emergency as well as routine), increase specialist clinics and run a 'see and treat'/assessment facility but with no inpatient overnight facility.
6. Provide outpatient services.
7. Do not provide a children's service at the Friarage.

The preferred choice of doctors and other staff at the Friarage Hospital for running children's services was option 5, improving outpatient and assessment facilities during the day, and not to care for children overnight at the Friarage.

The options for maternity services were:

1. To retain high risk consultant-led maternity services at the Friarage Hospital
2. To establish a midwifery-led maternity unit
3. To maintain outpatient maternity services at the Friarage Hospital, with no deliveries.

5. The engagement (pre-consultation) strategy February to June 2012

It is the duty of every NHS body under Sections 242 and 244 of the NHS Act 2006 to involve the public and consult on

- Provision of services.
- Proposals for the development of services and any proposed changes in the way services are provided.
- Decisions affecting the operation of such services.

The newly formed CCG, working in shadow form, was clear that it wanted an open and honest dialogue with members of the public and patients. It was keen to take its statutory duty to consult beyond the minimum required and make it a genuine conversation with local communities.

The work around the Friarage was seen as just the first step on an ongoing programme of engagement. The CCG wanted to build on the successful Clinical Futures engagement work which Hambleton and Richmondshire PCT and STHFT had carried out in 2004/5. This also had focused on the difficulty of providing services at the Friarage into the future, because of its size. At the time the Clinical Futures work was held up as "a shining example of partnership working" by the then Chair of the North Yorkshire County Council

Overview and Scrutiny of Health Committee (OSC), Cllr John Blackie. Preparation for this public engagement exercise built on the Clinical Futures dialogue and involvement but the exercise went further in terms of the number of public meetings held and the variety of ways in which people could find out more and have their say.

A joint engagement strategy – “A Vision for the future of children’s services at the Friarage Hospital, Northallerton” (Appendix 1) was drawn up by the communications/engagement teams at NHSNYY and STHFT and published in January 2012, to coincide with the publication of the NCAT review. This outlined the range of methods designed to engage with local stakeholders.

The strategy was approved by the North Yorkshire County Council Overview and Scrutiny of Health Committee (OSC) and the Strategic Health Authority, and shared widely with key stakeholders.

As the options being considered may result in a major change in the way local services are designed, organised and provided, the CCG and NHS NYY expect there to be a need for formal public consultation about any proposals to secure the future of both children’s and maternity services.

Purpose of engagement

The purpose of the engagement exercise was:

- **To make the case for change** - explaining to everyone with an interest in children’s and maternity services – patients, parents, the public, elected members, local authorities and partner organisations – the issues facing those services in the future, and the various options which were being considered in an effort to find a solution.
- **To listen to and understand the views of local people** about the various options.
- **To ensure that the views of local people were taken into account** in developing recommendations for the future of children’s and maternity services.
- **To reassure the local community** that the Friarage Hospital was the key component of the CCG’s vision for the future.

Key messages

There were three key messages which needed to be communicated:

- The case for change.
- This is not a “done deal”.
- Stakeholders can influence the decision-making process.

These were concerned with ensuring members of the public were given the correct information about the issues and the process which was being undertaken and they were made aware their views would be taken into account when making a decision on future options.

Methodology

A variety of approaches were used to communicate with as many people as possible, as effectively as possible, with a mix of information-giving (communications activity) and providing opportunities for people to have a say (engagement activity).

Table 1 – Approaches to communications and engagement

Information giving	Engagement activity
An on-going programme of publicity using press releases and syndicated articles in publications such as North Yorkshire Now, the Strategic Partnership newsletter, etc, as well as staff e-bulletins and briefings.	Meetings with key stakeholders including OSC, District Councils, Hambleton and Richmondshire Strategic Forum Health and Wellbeing Task and Finish Group, LINKs.
Regular articles in CCG and PCT newsletters.	Regular briefings/updates to a wider group of stakeholders including parish and town councils.
“Micro-websites” within NHSNYY and STHFT main sites to provide comprehensive information.	Ongoing programme of engagement with CCG’s constituent GP practices and a survey of all Hambleton, Richmondshire and Whitby GPs.
Posters and leaflets in GP surgeries and other health care facilities	A programme of nine public open meetings across Hambleton and Richmondshire.
Leaflets distributed through Army Welfare Service, libraries and supermarkets.	A questionnaire/survey available in hard copy at open meetings, via focus groups, and online, and distributed through Army Welfare Service, GaTEWAY (Gypsy and traveller empowerment working across Yorkshire), Richmondshire Homestart etc.
Leaflets distributed in paediatric and maternity departments at the Friarage and the community midwives discussed the issue with mothers-to-be under their care.	A series of 13 “focus group” type conversations at community locations to talk to mothers about the problems, the suggested options and listen to their views.
Use of social media (Twitter, Facebook) to promote meetings, signpost readers to website and survey, etc.	The establishment of a Stakeholder Involvement Group, made up of representatives of the CCG, South Tees and Darlington acute trusts, Darlington CCG, Yorkshire Ambulance Trust, local authority, elected members, LINKs, and patient groups.
Friarage Hospital notice boards.	Information packs were sent out to parents of children with open-access facilities and/or complex health needs, with an invitation to join a focus group or attend a meeting to provide their views.

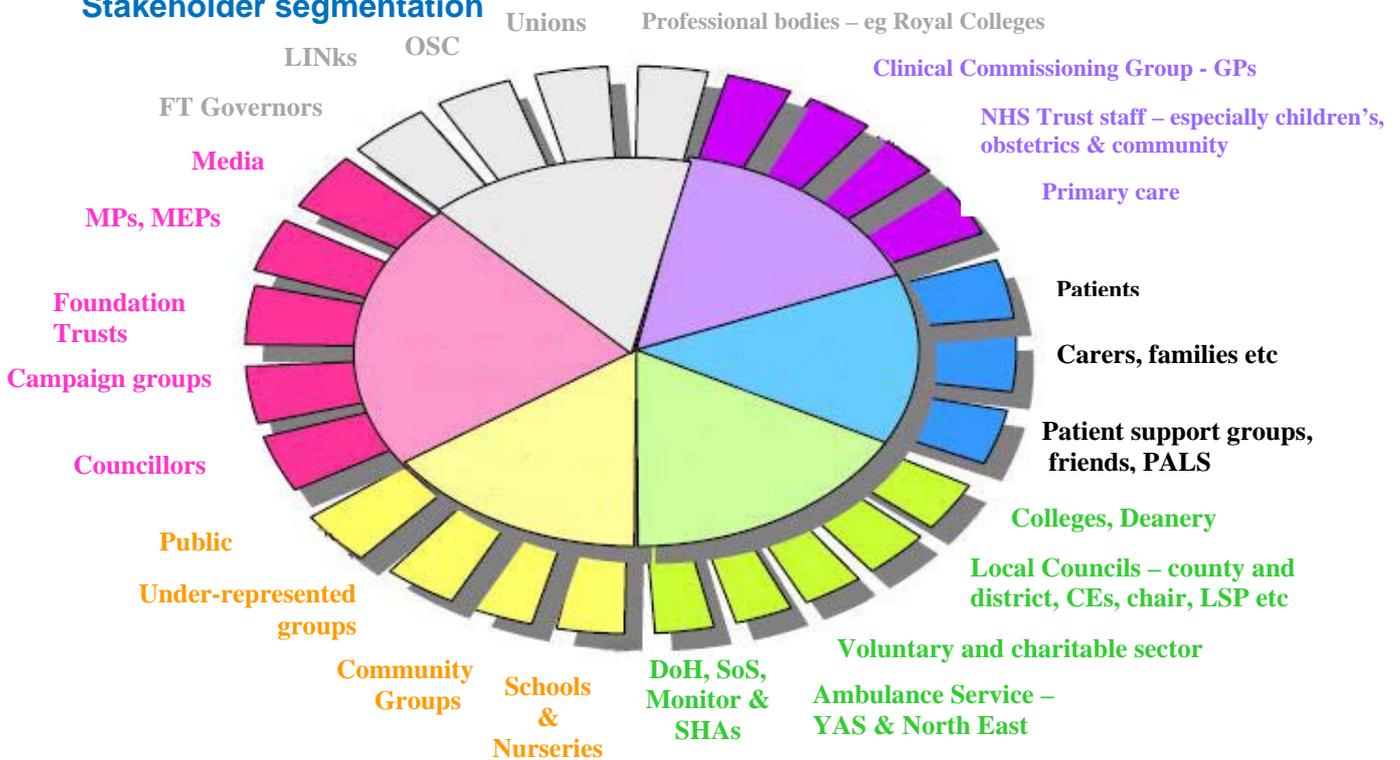
<p>Regular meetings with Friarage hospital staff. Information shared with all staff through the chief executive's (monthly) core briefing, board papers, staff bulletins, chief executive's blog and Talking Point - the in-house magazine. 5000+ STHFT members and governors received information through the members' newsletter Focus Point and factsheets. Regular briefings for governors, especially the five representing the Hambleton and Richmondshire constituency.</p>	<p>Briefing updates with the Friends of the Friarage Hospital.</p>
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Stakeholders

The engagement strategy had identified a wide range of stakeholders with whom it needed to engage, ranging from “organised” stakeholders representative of the wider community or having a legal role, as well as individuals, community groups and people likely to be the most affected by any changes in children’s and maternity services at the Friarage Hospital.

Table 2

Stakeholder segmentation



Overview of communications activity

Information about the case for change, the engagement exercise and how people could get involved was published extensively from March 2012 onwards using a wide range of methods.

Stakeholder updates

A list of key stakeholders was developed so that the CCG could quickly circulate information about meetings and progress by email or post (Appendix 2) as part of a regular programme of briefings and updates. All corresponders and survey respondents who had asked to be kept informed were added to the list during the engagement period.

Local media

Regular media releases were published to help raise awareness of the project and how local people could get involved. Copies of coverage cannot be included due to Newspaper Licensing Authority regulations.

Articles for newsletters and briefings

Syndicated articles were produced and distributed for use in local authority, voluntary sector and community newsletters and briefings e.g. *North Yorkshire Now* and the Strategic Partnership newsletter.

The articles were also used within the local NHS to brief staff at the PCT, CCG and hospital trusts, through staff e-bulletins, core briefs, blogs, the CCG monthly newsletters (*Practice Update* and *I'll tell yer this fer nowt*), the STHFT staff newsletter *Talking Point* and members' newsletter *Focus Point* etc.

Information leaflets and flyers/posters

Posters/flyers advertising the public meetings were issued to primary care facilities, libraries and customer service centres and emailed to stakeholders. They were displayed on notice boards at the Friarage Hospital.

Information leaflets were distributed to:

- GP surgeries and other healthcare facilities.
- Army Welfare Service.
- Libraries.
- Supermarkets.
- paediatrics and maternity departments at the Friarage.

An information display was made available at the nine public meetings held across Hambleton and Richmondshire, as were information packs. Posters produced for the information display at public meetings included a QR code for smartphone users to access online documents.

Information packs were also sent out by letter from the CCG to parents of children with complex needs and/or with an open access facility at the beginning of May.

Appendix 3 includes a copy of a general information leaflet explaining the background and the process of engagement and made widely available, as well as the posters and information pack produced for the public information meetings and handed to people on arrival at the meeting and the presentation given at public meetings.

Online mechanisms

A website (www.nyypct.nhs.uk/friarage) was launched by the PCT as a microsite within its main internet site and STHFT put information on their own website: (www.southtees.nhs.uk/hospitals/friarage/childrens-services/)

The websites carried a comprehensive range of information. This included the NCAT report, “talking heads” videos, the online survey, and information provided at the public meetings, with contact details for anyone wanting further information. Analysis of the website usage shows there were over 4,000 page views on the NHSNYY Friarage Hospital microsite from February to the end of June.

A twitter feed https://twitter.com/HRW_CCG and Facebook page www.facebook.com/pages/Hambleton-Richmondshire-and-Whitby-Clinical-Commissioning-Group were established and used to promote events, information resources and the online public survey. The use of social media, particularly Facebook, was a new approach for this engagement exercise, and proved significant, as the CCG and STHFT were able to reach thousands of active campaigners, particularly in the early stages of the process.

The CCG’s shadow clinical accountable officer, Dr Vicky Pleydell, set up her own blog, (www.vickypleydell.blogspot.co.uk). Blogs directly concerned with the issues at the Friarage Hospital provided another means for information to be disseminated.



Media coverage

A pro-active approach was taken with the media throughout the process. For example when the NCAT report was published the media were invited in to discuss the report and they have been kept updated regularly. Both the CCG and STHFT responded to all requests for one to one interviews – a labour intensive process at times for senior managers and clinicians, as well as the communications teams.

There was a high level of media interest from the end of January, when the NCAT report was published, onwards. This was particularly intense at the beginning of the engagement process, with considerable coverage by the broadcast and print media locally and regionally, and again at the end of May, when The Rt Hon William Hague joined a family rally and march organised by Cllr John Blackie and the Facebook Save Northallerton's Friarage Children's and Maternity Services Campaign.

The Facebook Campaign was organised locally following publication of the NCAT report and attracted over 3000 supporters. An estimated 2000 people attended the rally and march, following which a petition (Petition to Save Northallerton's Friarage Hospital's Children's and Maternity Services) containing over 10,000 signatures was presented to Simon Pleydell, Chief Executive of STHFT. This was subsequently passed to HRW CCG and received by the Board of NHS HYY at its meeting on 24 July 2012.

A considerable amount of activity was devoted to getting the correct facts into the public domain through the media, to counter misunderstanding and misinformation, as anecdotal evidence suggested that many people (including NHS staff) were approached to sign the petition on the basis that it was the Friarage Hospital as a whole which was under threat of closure. This was reinforced by comments made at the various focus groups from a number of ladies who had been told that A&E was closing or that the hospital itself was closing.

Appendix 4 provides details of all the media coverage obtained during and immediately following the engagement period.

Overview of engagement activity

During the engagement period the CCG/STHFT:

- Held 9 formal public engagement meetings in the main market towns of Hambleton and Richmondshire (independently chaired by a member of the North Yorkshire County Council Overview and Scrutiny of Health Committee).
- Attended 13 stakeholder and local community meetings.
- Attended a number of staff briefings/ discussion groups.
- Attended 13 mother and child groups (mother and toddler, breastfeeding support, stay play and weigh, stay and play, baby cafe, NCT coffee mornings, etc) to explain the issues and listen to people's views.
- Conducted a public survey, which resulted in 480 responses.
- Involved local GPs through email correspondence, newsletters and meetings.

Members of the public were able to feed back in several ways:

- By emailing views to a general email address.
- By writing a letter to the CCG via a Freepost address.
- By attending one of nine public open meetings arranged during the engagement period.
- By completing the CCG's survey questionnaire – online or in hard copy.
- All letters received were responded to individually.

Public meetings

465 people attended nine open engagement events which were held between April and June 2012 at Thirsk, Hawes, Catterick Garrison, Richmond, Masham, Northallerton, Leyburn, Stokesley and Bedale.

The meetings were split into two sections. The first hour was an informal session for attendees to view a poster display which made the case for change and outlined the various options under consideration. QR codes on posters enabled smartphone users to access the NHSNYY website. The informal session also afforded the opportunity for one-to-one conversations with key clinicians and managers leading the process. A more formal session followed, with a presentation outlining the problems facing children's services at the Friarage Hospital, the knock-on effect which these would have on maternity services and the options which had been put forward to try and solve the problems. (Appendix 3(f)). In all meetings the CCG made it clear that any decisions would be made on the basis of the clinical opinion on safety, the health needs of the population, feedback from the public and affordability.

Lastly, members of the panel responded to questions from the audience, full details of which were published online on the CCG and STHFT websites and are given in Appendix 5.

Focus groups/conversations/ad hoc meetings

The CCG held 13 focus groups/conversations with mothers of babies and toddlers across the whole of Hambleton and Richmondshire. Staff went out to children's centre-led mother and baby groups, NCT breastfeeding support groups/coffee mornings and privately run mother and toddler groups and talked to a total of 112 mothers.

These were pre-arranged with group leaders/children's centre staff, but not publicly advertised in order to reach as representative a group of people as possible.

Mothers were asked firstly to comment on the quality of the maternity services they had experienced and on children's services if applicable. They were then asked what they knew about possible changes to children's and maternity services. The current situation was then explained to them and they were asked to comment on the options identified in the NCAT report.

The CCG also attended a meeting of the Richmondshire Youth Council, meeting 20 students from years 12 and 13 of Richmond and Wensleydale Schools to provide

information and respond to questions.

Meetings with stakeholder groups and individuals

Information was disseminated and feedback gathered from a number of stakeholder groups and individuals, including:

- North Yorkshire County Council Overview and Scrutiny of Health Committee (OSC).
- Hambleton and Richmondshire LINKs (Local Involvement Networks).
- Hambleton and Richmondshire Strategic Forum's Health and Wellbeing Task and Finish Group (set up specifically to look at the Friarage Hospital Children's and Maternity Services).
- "Save Northallerton's Friarage Hospital's Children's and Maternity Services" Facebook Campaign.
- North Yorkshire County Council Children's Services/The Children's Trust.
- Hambleton District Council.
- Richmondshire District Council.
- Richmondshire Youth Council.
- The Rt Hon William Hague, MP for Richmond.
- Ms Anne McIntosh, MP for Thirsk and Malton.
- NHS staff.
- GP members of HRW CCG.
- Ingleby Arncliffe Parish Council.
- Parents with children who have an "open access" to children's services because of complex health needs.

Regular liaison with the OSC took place throughout the period of engagement and their advice was sought on specific topics. The Chairman, Cllr Jim Clark, acted as independent chair for seven of the nine public open meetings and Cllr Heather Moorhouse, another member, chaired the last two meetings.

The Hambleton and Richmondshire Strategic Forum set up a Health and Wellbeing Task and Finish Group in February. Its identified purpose was to "oversee the collective engagement process and ensure that correct communications with regards to the future of the Friarage services are delivered to our communities". This met twice.

The CCG set up its own Stakeholder Involvement Group to comply with its statutory duties for consultation under the Health and Social Care Act. As it addressed the same issues as the Task and Finish Group, it was agreed in July to merge the two groups into a wider CCG led Stakeholder Involvement Group to eliminate any duplication of work.

A meeting was organised with the Facebook campaign group early on in the engagement process, and there has been ongoing dialogue with them, resulting in the group being represented on the Stakeholder Involvement Group.

STHFT had an ongoing programme of staff engagement at the Friarage Hospital, particularly with staff in children's services and maternity, as well as other specialities such as accident and emergency. An open drop-in session for staff was held by the chief

executive Simon Pleydell and director of planning Jill Moulton at the Friarage Hospital where staff could raise any issues of concern and ask questions.

Appendix 6 provides a schedule of meetings.

Online surveys

Public survey

A survey was created using the online tool, SurveyMonkey.

The survey asked participants about their experience of children's and maternity services at local hospitals, and what was important to them in choosing where to access healthcare services. Views on the various options under consideration were sought, as well as any other thoughts, comments or suggestions.

The survey was promoted through press releases, the trust and CCG websites and in the Twitter feed and Facebook pages. Paper versions were made available at open meetings, as well as small group discussions, children's centres, and via Richmondshire Home Start, GaTEWAY (Gypsy and traveller empowerment working across Yorkshire) and the Army Welfare Service.

480 people completed the survey. A general breakdown of responses is included in Appendix 7. More detailed analysis is included in the Feedback Analysis.

GP survey

36 GPs from Hambleton, Richmondshire and Whitby responded to a GP online survey compiled by the CCG which, like the public survey, was produced using the online tool, SurveyMonkey.

The survey sought views on the engagement process adopted by the CCG, and GPs views on the options and whether additional monies should be invested in children's and maternity services at the Friarage Hospital. Appendix 7 provides a general breakdown of responses to the GP survey.

There were 12 responses from Hambleton GPs, 12 from Richmondshire GPs, 2 from Whitby GPs and the remainder were unspecified.

Reach of engagement activity

Demographic information was collected from respondents to the online survey. The data collected showed that we engaged with audiences across different agencies, disabilities and ethnicities.

Efforts were made to engage with hard to reach groups, for example by using the Army Welfare Service and GaTEWAY (Gypsy and traveller empowerment working across Yorkshire) who work with gypsies and travellers in the county, as well as Homestart Richmondshire which offers support, friendship and practical help to parents with young children in local communities throughout the UK. Information was also presented to a meeting with the Richmondshire Youth council, which was attended by 20 young people,

several of whom completed the survey.

Altogether, 1067 members of the public people were engaged with face to face or through the survey. The table below provides a breakdown.

Table 3 - Number of members of the public engaged with

Town/village	No. survey respondents	No. of people attending public meetings	No. of people in small group discussions	Totals
Thirsk	78	60	28	166
Hawes	41	78	2	121
Catterick Village/Catterick Garrison	34	30	21	85
Richmond	28	28	5	61
Masham	10	25	-	35
Northallerton	182	120	18	320
Leyburn	40	41	-	81
Stokesley	16	28	19	63
Bedale	37	55	-	92
Other	14	-	29	43
Total	480	465	122	1067

6. Overview of feedback received

Feedback from partner organisations and key stakeholders

Local MPs

There has been a regular dialogue with the local MPs for the Hambleton and Richmondshire areas – The Rt Hon William Hague MP and Ms Anne McIntosh MP with briefings and updates provided by the CCG and STHFT. Mr Hague visited the Friarage Hospital in February to speak to management and staff in children’s and maternity services and also met with Dr Vicky Pleydell, shadow clinical accountable officer for the CCG. Simon Pleydell, Chief Executive of STHFT, met Ms McIntosh in January 2012. Offers of meetings were also offered to Ms McIntosh by the CCG.

Both MPs have expressed concern at the potential loss of inpatient children’s facilities at the Friarage Hospital and the implications for maternity services. Mr Hague has publicly asked for a “unique solution” to be found.

North Yorkshire County Council Overview and Scrutiny of Health Committee

The CCG and STHFT have kept the North Yorkshire OSC regularly updated, attending committee meetings and mid cycle briefings.

The Chairman of OSC and another committee member independently chaired the nine public meetings. The CCG undertook to work with the Committee on the content of a questionnaire similar to that piloted across Richmondshire GPs to be sent to all GPs whose patients might be affected by the possible changes and share the results of both surveys with the Committee in due course.

OSC also worked with STHFT to produce a questionnaire sent by the trust to hospital trusts which run children's units meeting the definition of "small" and "very small" as set out by Royal College of Paediatricians and Child Health. (<http://www.rcpch.ac.uk/facingthefuture>).

During the engagement period, a process of fact finding was conducted by the CCG, STHFT and the OSC in collaboration to explore with other NHS organisations the issues being faced in the delivery of children's and maternity services and the arrangements in place or being considered for the future service delivery. This involved visits to trusts in South Tyneside, Oxfordshire and Northumberland.

The outcomes of the survey and fact finding visits are detailed in the main report.

The OSC agreed at its meeting on 27 January 2012 to defer considering its own position on the matter until the end of the engagement exercise, by which time initial feedback would be known.

Richmondshire and Hambleton District Councils

Representatives from the CCG and STHFT have attended meetings with both Richmondshire and Hambleton District Councils. At an extraordinary meeting held on 9 May 2012 Richmondshire District Council resolved that it would "wish to see retained the 24/7 consultant led maternity and children's services at the Friarage Hospital and urges the NHS, taking into account the experience of other small consultant led units, to act innovatively and seek a unique solution to provide these services." Hambleton District Council invited the CCG and STHFT to make a presentation to their Council meeting on 15 May but insufficient time was available for a full discussion. The CCG and trust are waiting for an invitation to attend a further Council meeting.

Parish and Town Councils and other community/faith groups

Letters and emails expressing concerns, requesting clarification and making other comments were received from:

- Aiskew and Leeming Bar Parish Council
- Brompton Town Council
- St Martins Parish Council

- East Cowton Parish Council
- Masham Parish Council
- Grinton Parish Council
- Richmond Town Council
- Churches Together
- The Methodist Church Thirsk and Northallerton Circuit
- Northallerton Probus Club
- Northallerton and Villages Community Forum

The comments have fed into the qualitative analysis section of the feedback.

Hambleton and Richmondshire Local Involvement Networks (LINKs)

Representatives from the CCG and SHFT met with members of the Hambleton and Richmondshire LINKs on 5 March 2012 to explain the background and outline the various options which had been put forward. A lengthy discussion took place, with NHS staff responding to the many questions asked. No preference was stated for any options at this time.

The Children's Trust

Representatives from the CCG and SHFT met with members of the Children's Trust on 23 March 2012 to explain the background and outline the various options which had been put forward and responded to queries about acute and community care for children and mothers-to-be and particularly around child protection issues. The main priority from the Trust's point of view was the need to mitigate jointly any potential risks around change and ensuring the maximum support for the more vulnerable children and their parents at a local level. This would mean working carefully on systems, communications and teams.

NHS Foundation Trusts

SHFT compiled a questionnaire which was sent to chief executives of other organisations to help understand how services in other parts of the country are currently provided, particularly in hospitals which, like the Friarage Hospital, operate relatively small paediatric units and whether any public discussions about changes to services have taken place or are planned.

The questionnaire (through SurveyMonkey with a closing date of 14 June 2012) asked for some basic data about activity levels, staffing and some high level information about service plans and the information received will be used to help the decision-making process by providing comparative data on:

- How other trusts organise their paediatric and maternity services
- What changes to service configuration may have taken place

The aim was to assist the trust's thinking about the future by identifying options for service provision which may be in place or under consideration in other communities.

Feedback from GPs

General practitioners are now part of the commissioning process, with all local GPs being members of HRW CCG.

As such they have been kept fully involved in the work around the future of children's and maternity services at the Friarage since the senior consultants working in children's services originally approached the CCG in the summer of 2011 to explain the difficulties facing them in the future.

Section 7 provides a detailed analysis of feedback received from GPs.

Feedback from STHFT staff, unions and Friends of the Friarage

SHTHF met regularly with staff, unions and the Friends of the Friarage during the engagement period as part of standing meetings and also invited staff to come to drop-in sessions. The main issues were about the potential for rotation of consultants, the difficulties of training and the implications on A&E. There was also a concern that the MOD was withdrawing some support and the need for STHFT to respond to this.

The Friends of the Friarage Hospital are fully briefed and understand that nothing has been decided at this stage although they are concerned that they have spent a lot of money on the children's facilities and this was noted.

The GMB union (Yorkshire and North Derbyshire) sought clarification on a rumour that the Friarage Hospital was to close.

Feedback from parents with children who have an open access facility to children's services at the Friarage Hospital

Very early on in the engagement process concerns were expressed by parents of children with complex health needs about the effect any closure of the children's inpatient service would have on their facility to access services without referral through the GP.

Information packs were sent on 9 May from the CCG via the children's department at the Friarage Hospital to all parents with open access facility with a letter from Dr Vicky Pleydell offering the opportunity for face to face discussions on this either through a focus group or meeting. The pack was also accompanied by a hard copy of the survey which the CCG conducted. As the CCG did not have access to parental contact details because of data protection issues, the pack, letter and survey were also distributed via The Dales School in Morton-on-Swale and Mowbray School in Bedale.

A further letter was sent via the same routes, as well as email to parents who had responded to the survey inviting parents to a meeting on 17 July at the Friarage Hospital. Three parents came to the meeting, which was also attended by Dr Vicky Pleydell from the CCG, Jane Wiles, Children's Services Manager/Senior Nurse at STHFT and consultant paediatricians Dr Ruth Roberts and Dr Jon James.

In discussion the parents considered that a better quality of service might be available if

in-patient services were closed and an assessment unit was established. A discussion around their specific needs highlighted that they would welcome:

- The assessment unit being open 7 days a week.
- All parents with an “open access” facility being given hand held records and a personalised care plan agreed for their child.
- Enhanced community nursing being put in place to avoid the need to bring child into hospital, eg for intravenous treatment.

7. Feedback analysis

Quantitative feedback from questionnaire

A total of 480 people filled in the survey. The questionnaire was designed using Survey Monkey and could be accessed on-line, through the dedicated website, in paper form by contacting the CCG offices or handed out to attendees of all of the nine public meetings. Surveys were also given to groups and individuals involved in discussions with the CCG. Paper copies could be returned using the Freepost address.

Respondents' nearest town

As well as providing the first part of their postcode, respondents were asked to indicate which of the towns where the public meetings were being held was closest to where they live.

The majority of respondents live nearest to Northallerton (182) or Thirsk (78). 109 of the respondents live in the Richmond, Leyburn and Hawes area.

Female respondents living in the Dales with children

93 women who responded to the survey live in the Dales area as classified above - 39 living closest to Hawes, 22 to Richmond and 32 to Leyburn. 62 of these ladies have children aged 16 or younger living in their household.

Sex of respondents

The vast majority of respondents are female (84%) with the remaining 16% male.

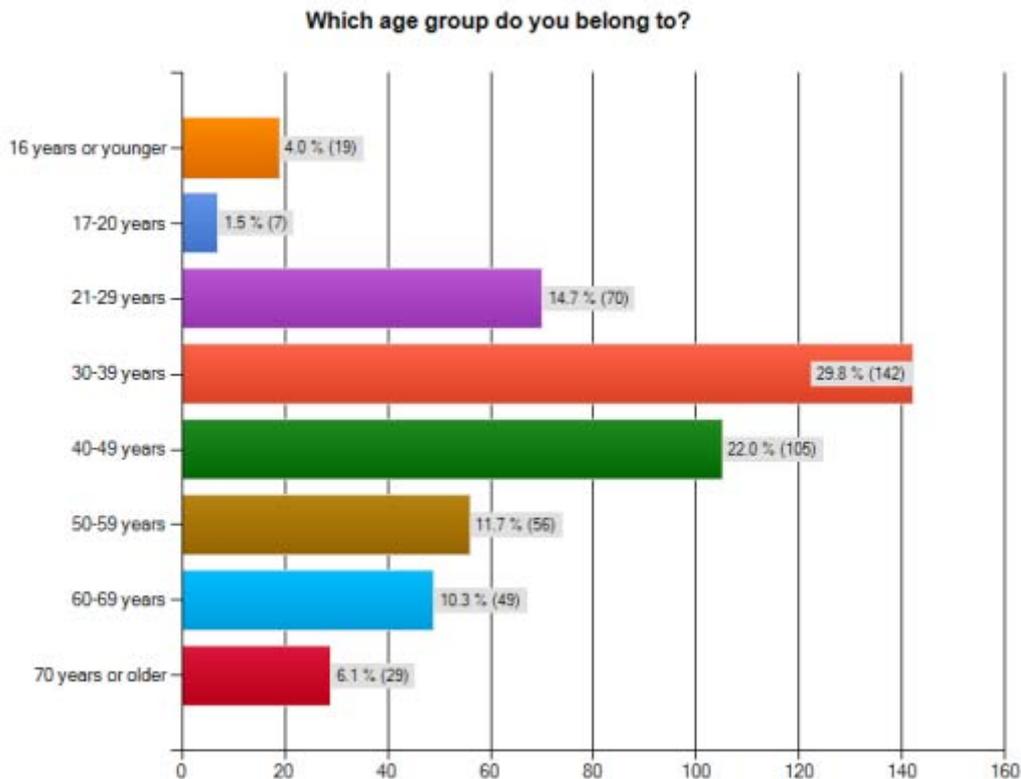
Number of children, aged 16 or younger, living in the household

65% (304) of all respondents who answered the question have children under the age of 16 living in their household. Of these, the majority have one (31%) or two children (24%).

Age Group of respondents

As shown in the chart below, the majority of all respondents are between 21 and 49 years of age.

Table 4 – Which age group do you belong to?



Over a half of all respondents could be described as women of child-bearing age (291 are between the ages of 17 and 49).

Access to a car

We wanted to know if respondents have access to a car that is mainly or solely for their use.

Although the vast majority do have access (424 respondents), there were 49 people who do not have such access. When we look into the answers that those individuals without access to a car gave to other questions in the survey, clearly there are implications for them accessing services.

Of those respondents who do not have access to a car, 30 have children under the age of 16 living in their household. The table below shows the number of children in those homes without access to a car.

4 of the respondents without access to a car, and with children under 16, live in the Dales, two in the furthest town, i.e. Hawes.

Comments from respondents from Hawes with children and no car

"We need the Friarage. We must try to keep the children's ward open, we have to travel far enough as it is when you have a sick child. You do not want to travel any further than necessary."

"You are alienating young families as pointed out at the Hawes meeting. Nurseries, schools and local businesses will all be affected. Look at the bigger picture."

Use of any local hospital services in the last 5 years

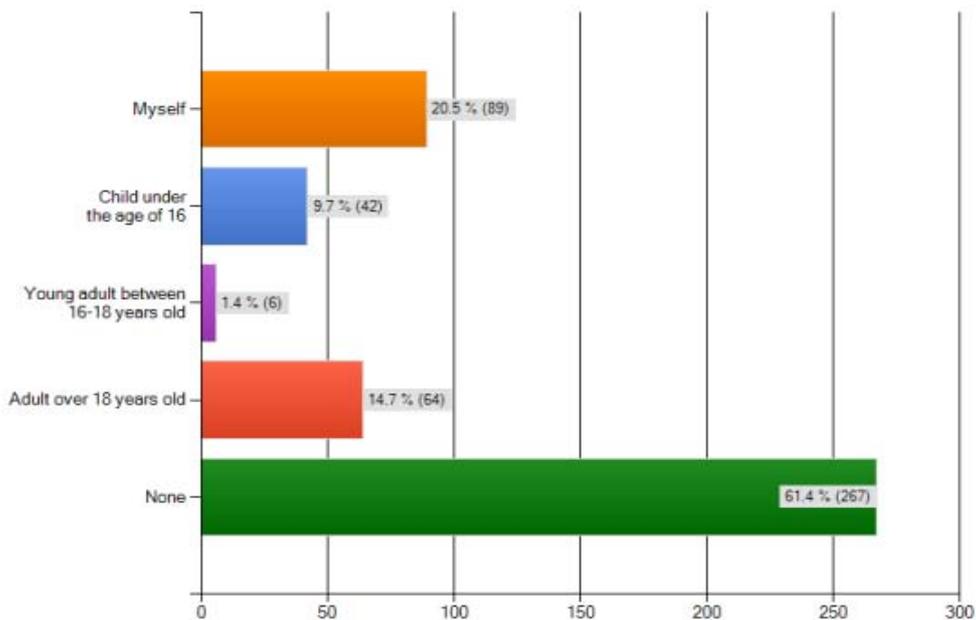
97% of all respondents, or their family, have used a local hospital service in the last 5 years. Only 16 people had not.

Living with a disability or long-term condition

We asked people to indicate if they themselves have a disability or long-term condition, and also asked about people within their household.

Table 5 - Living with a disability or long-term condition

Please let us know if you or any of the following people in your household are living with a disability or long-term health condition (e.g. MS, blind/ partially sighted, chronic back pain, etc).



Two people who had ticked the None response said that they are caring for relatives with a long term condition living nearby but not in the same household.

What are the TOP 3 most important things to you when using a health service?

We asked people to select their top three and also provided a text box so that they could list anything else that wasn't included in the list we provided.

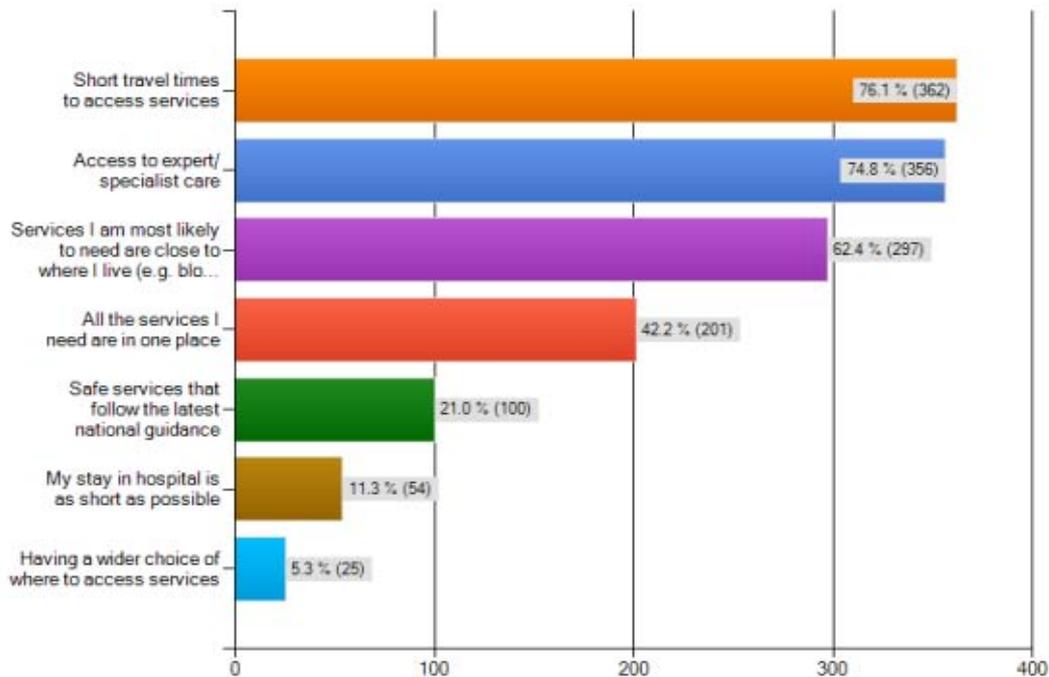
The 3 top priorities for our respondents when using a health service are:

- short travel times to access services.
- access to expert/specialist care.
- and having services I am most likely to need close to where I live (e.g. blood tests).

Having a wider choice of where to access services was the least important element when using a health service.

Table 6 - The most important things when using a health service

What are the most important things to you when using a health service? Please select your top 3 aspects from the list below.



What else is important to our respondents?

82 people used the space available to list other things that were not included in the list provided in the survey. In categorising these responses:

- 24% were about the importance of having a local service.
- 20% were about the quality of service provided.
- 14% could be categorised as wanting a more personalised service – words used included caring, respect, showing kindness, *“Preserving dignity, treating the person not the disease”*.
- 10% specifically mentioned distance.

For the “Dales” towns of Hawes, Richmond and Leyburn the aggregated totals show the same top three aspects in the same order as for all respondents. However, Richmond respondents considered services they are most likely to need being close to where they live is more important than all the services they need being in one place.

For the Northallerton and Thirsk respondents the aggregated totals show the same top three aspects in the same order as for all respondents.

However, Thirsk residents consider that access to expert/specialist care is the most important element, followed by short travel times to access services and thirdly services they are most likely to need are close to where they live.

Northallerton residents chose short travel times to access services as their priority, followed by services they are most likely to need are close to where they live, with access to specialist/expert care being their third choice.

For all other towns the aggregated totals show the same top three aspects in the same order as for all respondents.

Stokesley respondents consider access to expert/specialist care is more important than short travel times to access services.

Ethnic Group

The majority of respondents (96%) described ticked the White British (English, Scottish, Welsh) box.

Two people skipped this question, and 4 indicated that they preferred not to say. The rest of the respondents described their ethnic group as below:

5	Gypsy/ Traveller
4	White (Irish)
4	White (Other)
1	White and Asian
1	Chinese
1	North Yorkshire

Children's services experience

Recent experience of using children's health services at named hospitals in the last 5 years

The majority (304) of our respondents had some experience – themselves, and/or members of their family – of using children's health services within the last 5 years. We wanted to know where people had accessed services, and which services these were. We named 7 local hospitals and had a space for Other.

Out of the actual services experienced, we asked about children's inpatient overnight services, outpatient/day clinics, out of hours and emergency (A&E) services. Respondents were able to tick all they or their family have used.

The majority of those who answered this question had used children's services at the Friarage Hospital (274 respondents).

The next most used hospital children's services were James Cook (76 responses) and then Darlington (28), Other, and then Harrogate.

The majority of people had experience of outpatient/ day clinic services for children. Nearly a half of those who responded to this question had direct (or through family members) experience or of the children's inpatient overnight services at the Friarage Hospital (149), and 25 had some experience of those at James Cook.

Of those who had answered Other, 14 had used hospitals in Leeds (RGI or St James), and 8 had used hospitals in Newcastle (RVI or Freeman), others had used Carlisle, North

Tees or more than one.

We then asked respondents to rate this experience

The majority of people with experience of the children's services at the Friarage Hospital, rated their experience as being excellent (213) or good (56).

Out of the 76 respondents with experience of the children's services at James Cook, 65% considered it was good or excellent (23 respondents said care at James Cook University Hospital was excellent and 26 reported that it was good).

"All have provided excellent and good clinical and nursing care / therapy services."

"Both hospitals gave excellent service, we only went to James cook because my daughter needed reconstructive surgery but she was first seen and assessed at the Friarage."

"Quick and easy access with expert attention given by both medical and nursing staff."

"Staff were very friendly, we didn;t have to wait long, I was happy with the care my son received".

"Helpful and understanding. My son is disabled and 19 years old. Both Hospitals understood the importance that it was better for him to be on the children ward than on an adult ward."

Of those who had poor or bad experiences, many commented on the difference between the feel of a hospital:

"...large and impersonal with no continuity of care"

"At the smaller hospitals (Darlington and Friarage) there was a much more personal feel to the service. The services received at James Cook were still very good, but there was less personal contact and more of a feeling of being a 'number'."

"At the Friarage he was treated with patience and as an individual. I was kept informed and looked after too. At James Cook the staff seemed rushed and didn't make my child feel much at ease."

One parent who had experience of the Friarage Hospital services and had rated these as being poor commented on the waiting time in A&E and for tests before transfer to the children's ward. A number of respondents commented about their experience of using the open access service at the Friarage. For example

One of our children has open access to the Friarage. The staff (consultants and nurses) at the Friarage knows us well and knows our child's challenges - consequently the continuity of care is good and we don't have to give a full medical history each visit. The Community Children's Nursing team are invaluable.

What influenced the decision to choose where your child was treated?

People were able to tick all that applied so many had ticked more than one. In line with comments that were made at public meetings, the majority of respondents cited distance as having the biggest influence over where they chose to have their child treated. Previous experience, the quality of services and then the reputation of the service were the next most influential.

In All other responses – these included:

- Parking itself [as opposed to the cost of parking] ((34 people).
- Waiting times (33).
- Advice of family/ friends (26).
- Public transport links (16).
- Community transport (1).

Of those people who had ticked Other (53 people) and had specified, some stated that they had not been given another choice (9), others that at the time the Friarage Hospital unit was closed (5).

Hospital Maternity Services

Who has used hospital maternity services in the last 5 years?

We wanted to find out how many of the respondents to the survey had either direct recent experience themselves of hospital maternity services, or if members of their immediate family had used them in the last 5 years.

Out of the 388 people who answered this question, 209 (54%) had used a service themselves, 54 (14%) had a daughter, granddaughter, niece or mother who had used hospital maternity services, and 20 (5%) said their wife/ partner or girlfriend had experienced services in the last 5 years. 116 respondents said that no-one in their immediate family had a recent experience.

We asked respondents to rate the experience of the person using the maternity service at the hospitals below

Ratings from all respondents

In the majority of cases (262) our survey respondents had used, or knew someone who had used, the Friarage Hospital maternity services. They rated the Friarage Hospital as mainly either excellent or good. There were 6 respondents who indicated that the experience at the Friarage Hospital was poor or bad.

James Cook had been used in 27 cases with the ratings fairly evenly spread. 13 people had used, or knew someone who had used Harrogate's maternity services.

Ratings by women who have used hospital maternity services themselves in the last 5 years

Our respondents have provided a wealth of information about their experiences in the space we provided for comments. Many of the patients' or relatives' stories have similar themes to those found in relation to the children's services – the importance of having continuity of care, a caring service and staff, high quality services, and the proximity of the service to where patients live, etc.

“Once labour was established I received outstanding care, however initially I was sent home from the hospital as it was thought that I wasn't progressed enough in my labour. My son was born 2 hours after I was initially sent home - it was a horrific car journey from the hospital home and back again and I hate to think of having to do that over a greater distance.”

Maternity services - what influenced your decision?

For the 207 women who have themselves used hospital maternity services in the last five years the top five factors affecting their choice were:

- Distance (151)
- Reputation (118)
- Quality of services (104)
- Previous experience (80)
- Advice of GP or health professional (73)

55 ladies said one of the factors affecting their choice was to be near family, carers and visitors. In Other (please specify):

- 4 mothers indicated that the speed of their labour meant that they wouldn't have been able to get to another hospital
- 3 respondents mentioned that one of the things that influenced their decision to use the Friarage Hospital was to have a Yorkshire baby
- 4 mothers used other hospitals during the temporary closure of the maternity unit at the Friarage Hospital

Full details of the quantitative analysis are given in Appendix 7.

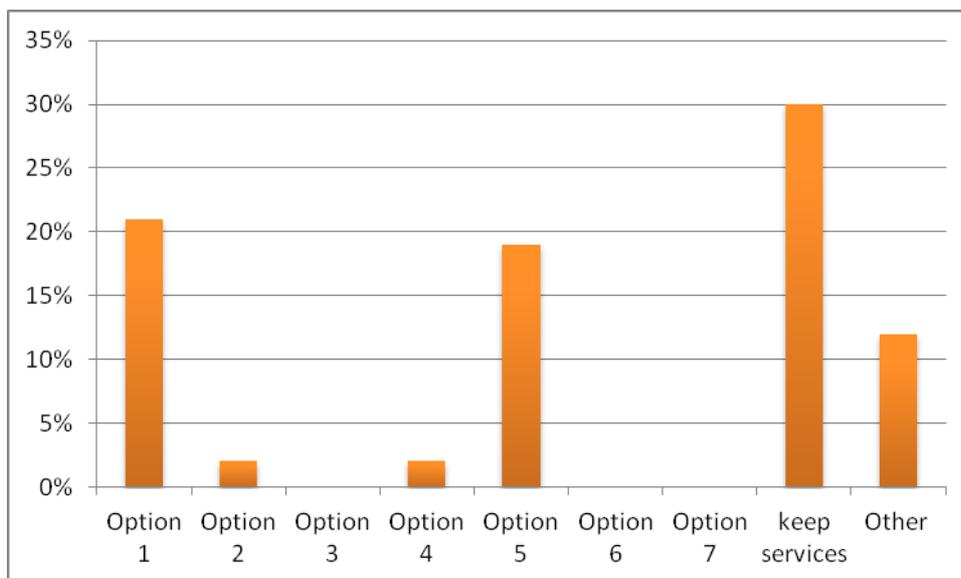
Qualitative feedback from questionnaire

Summary of feedback on options for children’s services (158 respondents)

The seven options on which people were asked to give their views are outlined in Section 4 above. People were only asked to provide qualitative views on the options because this was viewed as an opportunity to engage and listen, rather than asking people to “choose” a particular option. Information was received via various routes and methods including the public questionnaire, the online GP questionnaire and focus groups and other conversations. Views that are not quantifiable due to low response numbers and the nature of the response (GP, organisational and individual correspondence) are also provided.

In response to being asked for views on the options for children’s services 158 people gave qualitative feedback on options, with 5% (17) choosing multiple options.

Table 7 – Option preferences



21% stated a preference for option 1, 2% for options 2 and 4, 19% favoured the clinician’s preferred option, no 5. Only 3 people chose option 3, 7 chose option 4, 1 person option 6 and 2 people option 7. 5 people stated that they were happy with option 5 but not with its impact on maternity services at the Friarage Hospital. Of the people who did not state a preference, 30% wanted to retain services. 7% (24) understood the rationale for changing children’s services, although not all agreed with it.

Summary of feedback on options for maternity services e.g. having a unit led-by midwives for low risk births at the Friarage Hospital (350 respondents)

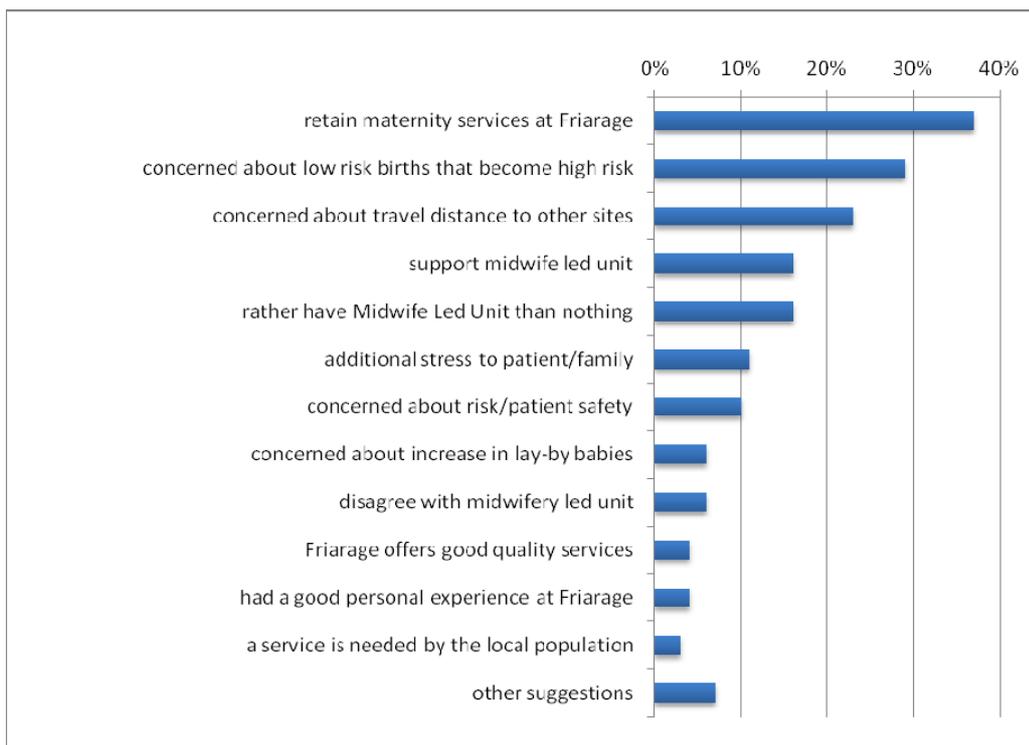
46% of people responding to this question supported the retention of full consultant-led maternity services at the Friarage. 37% wanted to retain a service at the Friarage

Hospital, 4% commented that it is a service needed by the local population, and 6% said they disagreed with a midwifery-led service.

32% were broadly in favour of a midwifery-led unit (16% would prefer to have a midwifery-led unit than no deliveries at all at the Friarage Hospital, 16% were supportive of a midwifery-led unit).

Comments focused on quality, access to services, patient safety and impact on family and personal circumstances.

Table 8 - Feedback on options for maternity services



Patient safety – 39% were concerned about risk and patient safety and 29% concerned about births which started as “low risk” in a midwifery-led unit suddenly becoming “high risk”, with mothers needing to be transferred to a consultant-led unit.

Transport – Travelling to other maternity units was a concern for 29% of respondents. 23% were concerned about the additional distance and 6% were concerned about an increase in babies being born in lay-bys.

Quality – 4% of respondents commented on the high quality of services at the Friarage Hospital, with a further 4% having had a good personal experience at the hospital.

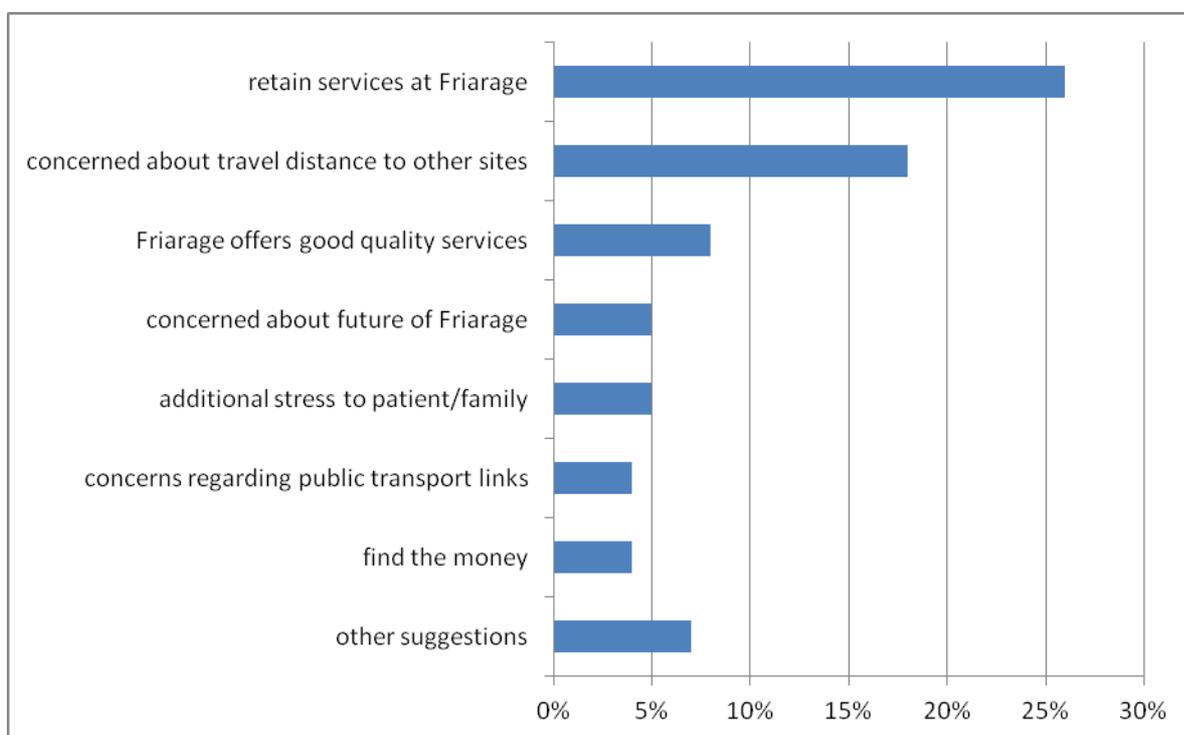
Impact on family and personal circumstances – 11% of people worried that moving services would impact on patients and their families and cause additional stress.

Summary of feedback on other comments or suggestions about the future of children's and maternity services at the Friarage Hospital that have not already been covered (175 respondents)

26% of respondents did not want to lose children's and maternity services at the Friarage Hospital, with 5% expressing concern that this could de-stabilise other services at the Friarage Hospital and result in the hospital having to close.

Comments again focussed on quality, transport and travel and impact on family and personal circumstances.

Table 9 - Comments or suggestions about the future of children's and maternity services



Patient safety – 5% mentioned that they had concerned on the risk to patients of having to travel additional distances

Transport – 22% of people commented on transport – 18% were concerned about travel distance to other sites, and 4% were concerned about public transport links.

Quality – 8% considered that the Friarage Hospital offered good quality services.

Impact on family and personal circumstances – 5% said that they worried about the impact and additional stress on patients and families if services had to move.

Suggestions

- 24 people (7%) suggested in the question on children's services options that there should be flexible working of doctors e.g. rota across hospitals to keep up skills, doctors should travel to patients, job share for paediatricians, work in partnership across a larger NHS footprint. 2% made this suggestion in the question on maternity services and 3% under any other comments or suggestions.
- 8% of people commenting on children's services options said that Middlesbrough patients should be sent to Northallerton. 1% made the same suggestion under the question on maternity services.
- There were several statistically insignificant alternative suggestions made.

Comments

"Although I can see the reasoning behind using option 5 for paediatrics I think the knock on effect to maternity care from the lack of overnight paediatric cover is too great and therefore a solution which keeps maternity at the Friarage in its current form needs to be found."

"It is too far to expect people to go from this area especially as the Friarage has just been updated and many things been provided for the patients care through the league of friends. It will be too costly to travel to JC. We the general public after all pay for these things already there will be more babies delivered in lay-bys which is putting people's lives at risk."

"Having attended a well balanced presentation by Dr Ruth Roberts having no overnight admissions is understandable but a sad loss of convenience for our family who have used to ward for 9 overnight stays this year and we would need to choose between Harrogate and lose consistency of all our consultant care across ENT and paediatrics or go to James Cook which would hamper visiting but provide consistency of case and access to medical records."

"I feel by cutting this service you are alienating young families from living in the Dales. Without these services available young families may be put off which will have a knock on effect to other services in the area, eg schools, nurseries, shops. Having the unit midwifery-led would not work effectively as the majority of mums are classed as high risk. I can understand that you are struggling to get the staff but surely we should be saying 'how can we get people trained to these standards. Due to the rural position it is not practical."

"Option 5 - Within available resources provide as good a service for children and families as possible, this may overlap the ideas of options already outlined. We all want the best local services but as we knew only too well some compromises are necessary because of limited resources and recruitment problems."

"Any option other than Option 1 is not acceptable. The current services are exceptional. Any reduction in this local service would negatively impact on my family both in terms of access to relevant services for my children and in terms of us being able to continue to function as a family who require access to relevant

paediatric services. Travelling to Darlington, York or Middlesbrough is not an option for us.”

“Whilst it is disappointing to think children’s services may be reduced I would rather travel further and be assured I was seeing staff with sufficient knowledge and experience than keep a skeleton service at the Friarage run by staff with less experience. Quality of care must be a priority.”

“I would support the staff at the Friarage with option 5.”

“The only option is option 1. Keep the service as it is and have more senior doctors present on site. We already have to travel for an hour to get to the Friarage to ask us to travel another 30mins on top of that is just not acceptable. I had to do it and it was very frightening.”

“70% of patients at the Friarage live West of the A1 making Darlington a closer, quicker, and more travel friendly (better bus links) option for the majority of those people. In addition, there is no level crossing, and consequent delays, to contend with. Finances should be directed to services that are accessible to the user rather than being operated for the benefit of staff.”

“I am absolutely furious! My daughter is alive today thanks to the Friarage, if she had to go to James Cook god knows what would have happened. With many years spent in and out of hospital and with no transport how on earth would any semblance of normal family life or support for my son at home and my daughter in James Cook have been maintained? In addition I have contributed as a fund raiser to the new ward and cannot believe that having invested in such a state of the art service was all for nothing?”

Summary of qualitative feedback from public engagement meetings and focus groups

Public Meetings

9 public meetings were held across the area during the period of engagement which were attended by 465 members of the public, local authority members and other stakeholders.

Below is a summary of the main issues raised during the Questions and Answers sessions at these meetings.

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Table 10 -
Cloud tag of
the 100 most
frequently used
words in
comments
made at the
public
meetings



Access

- Concerns regarding access were raised the most, four times as much as any other topic.
- Increased travel distances and concerns about impacts such as increased risk to patients, poor public transport links, periods of bad weather was by far the main concern.
- The impact on families/ additional stress due to longer distances to care.
- The need for local services for babies and children and concerns regarding the impact of further distances on children and their families were the second most popular issue.
- Several people were concerned about lack of parking at James Cook University Hospital.

Options

- The options were discussed, with the alternative of swapping by sending Middlesbrough patients to Northallerton being mentioned a number of times.
- There were also suggestions around flexible working of doctors e.g. rotas across hospitals to keep up skills.
- Several people expressed concern that a decision had already been made, some expressed support for midwifery-led units and some suggested a reduction in administration costs to pay for services to stay the same.

Additional Pressure/Capacity

- Concern was expressed about the capacity at Middlesbrough, Darlington and Harrogate hospitals to cope with additional patients
- Concern was also expressed about pressure on the ambulance service having to cover longer distances to hospital plus additional cost

Future of Friarage

- Concern was raised that services would be eroded at the Friarage Hospital, threatening its future.
- The local NHS was asked to take in to consideration the population increase expected in North Yorkshire due to housing developments.

Focus groups

Focus groups were held at mother and baby/toddler groups across the area during the period of engagement. 102 women participated and below is a summary of the main issues raised.

Access/transport

- Concern was expressed regarding distances that may have to be travelled both to give birth, and to take children to paediatric services, plus concerns at distance for family/friends visiting inpatients and people relying on public transport.

Options

- There was some support for a midwifery-led maternity service.
- Some expressed their preference for services to stay the same.

Additional pressure/capacity

- Women raised the issue of pressure on the ambulance service having to cover longer distances to hospital, plus additional cost and recognition was needed that North Yorkshire is a vastly rural area.

Safety and Risk

- Women said they would be a little worried at accessing a midwifery led service, without the reassurance of knowing there was back-up from specialist doctors on site if necessary.
- There was recognition that there was increased risk at the Friarage Hospital due to it being a smaller hospital.

Quality

- Many women participating in the focus groups acknowledged the excellent quality of maternity and paediatric care at the Friarage.
- Some also commented on their good experience and bad experience of care at James Cook University Hospital and Darlington.
- Women said they preferred to have their babies born within the North Yorkshire boundary.

Family circumstances

- Some suggested that army medics could support plans by helping to deliver locally based services.

Comments

“I would like midwifery-led unit if everything was going to be straightforward, although I would like to have backup.”

“I wanted to have my baby at the Friarage as it’s a nice hospital, wouldn’t have wanted to go to James Cook, but Darlington is an option for me in future if there are no deliveries at the Friarage”

“I went on the march but I thought problems were just around the money. It would be a shame if the consultant -led service had to close – it’s a long distance to go elsewhere. But I wouldn’t want to go to Darlington – I want a Yorkshire baby - my family’s from Yorkshire. I would find it easier to get to Darlington than Middlesbrough if something was wrong with my child overnight. I wouldn’t go to James Cook as my family isn’t nearby. They are closer to York or Harrogate so would go there, even though I know Middlesbrough is sister hospital.”

“I chose to go to the Friarage. I have a toddler born in Warrington. I understand the situation regarding services as I had it explained when in hospital. I had a very quick labour and only just made it to the hospital. I wouldn’t have managed to get any further, the baby would have been born in a layby. I would have considered Darlington but not James Cook. I would really like a midwifery-led unit. My sister in law used the

one at Hexham and it was good experience. I would take children to Friarage if they were ill. I don't know Darlington. If my child was seriously ill I would like them to go to James Cook. It's a shame about maternity – not so bad for children. But it's a long way to go to James Cook.”

“I chose the Friarage as I work in children's social care and know the staff. I have good relationships with paediatricians. It is a more relaxed service for maternity, my partner could come into theatre with me when I had a c-section.”

“I feel that people should be given the choice of whether to have maternity led service or go to James Cook. It would be better than nothing to have a midwifery-led unit. Darlington is closer for me – would prefer facilities to stay but would choose to go to Darlington if I had another child.”

“I understand the rationale for a midwifery-led unit, but in practice would not want things to change. It would be difficult if you had other children, because you would need to find childcare.”

“I have 3 children, first born at Friarage, but it was a very bad experience. Had better experience at Darlington the next time, they were fantastic, but when I went back to Darlington to have my third child it was not as good.

“I would like to be given the choice of whether to have care at midwifery led unit or the main consultant-led service, but I would probably want to choose the reassurance of being in a big hospital with the backup.”

“Transport – this is an issue for army people especially. They don't know if their husbands would be there for the birth. Darlington is an option though.”

“I had my baby at Darlington because the Friarage unit was closed in 2009. It was a very good service at Darlington. I was cautious at first, but I couldn't rate it more highly.”

“If I was pregnant I would not want a midwifery-led unit – I would want high tech back up. The idea of more children's outpatients clinics at Catterick is good idea.”

“My twins were born very early and there was no SCBU in Cyprus – very backward compared with UK. I would like more services in Catterick. Many women on the Garrison don't have cars or don't drive.”

“I didn't have a choice of where to have my baby – my GP (Catterick Village) said to go to Friarage. It was friendly, calm, relaxed. I had bad experience in Northern Ireland with previous child. This time it was really good.”

“I had a choice – but my midwife told me to choose the Friarage because she said Darlington wasn't as good, and you like to get a recommendation off someone you know.”

“Midwifery-led unit works well in Northern Ireland. It's a good option if there aren't any complications.”

“Will it put a strain on services at Darlington and Middlesbrough?”

“Increased outpatients at Catterick would be welcomed.”

“I use paediatrics a lot as my child hasn’t been well, but there wasn’t any need to stay overnight. I am pleased at the idea of an assessment unit. The Army Welfare Service had to take me to James Cook and to the Friarage as I don’t have a car. They really look after us.”

“I think it is terrible that they would have to close the inpatients and maternity because of training and recruitment. I would not be happy going to Darlington – I want my children to be Yorkshire born. My son has open access and has had overnight stays. He also has hearing problems – he goes to Darlington for hearing problems as they have better hearing aids. For his other problems he goes to the Friarage. I would like maternity and paediatrics to stay the same.”

“The Friarage was like being in a private hospital. We had our own room, but everyone was welcome. Just fantastic, really good. Aftercare very good, had precipitous birth, consultants were great and came back to see how everything had gone.

“James Cook was really good, I was on high dependency ward, week early, all scheduled, fantastic. I wanted to go home as soon as possible, so they helped to get me out quickly.”

“I heard maternity is closing and the whole hospital is closing down.”

“Children’s services– not so bad if it is just inpatients and affecting a few. I thought it was all closing.”

“Can I go back to the Friarage for a holiday? I would go back tomorrow at drop of a hat. I felt secure and safe – really important at that time, especially when it is your first.”

“A relative of ours knows the consultants and has got the impression that the hospital won’t continue”.

“It’s a big issue – parking and petrol. Visitors travelling is a problem.”

I want North Yorkshire on my baby’s birth certificate. This is a big thing for me.

“I want to keep the hospital services.”

“Travel is difficult. My 2nd baby was born in 50 minutes and I would need an ambulance.”

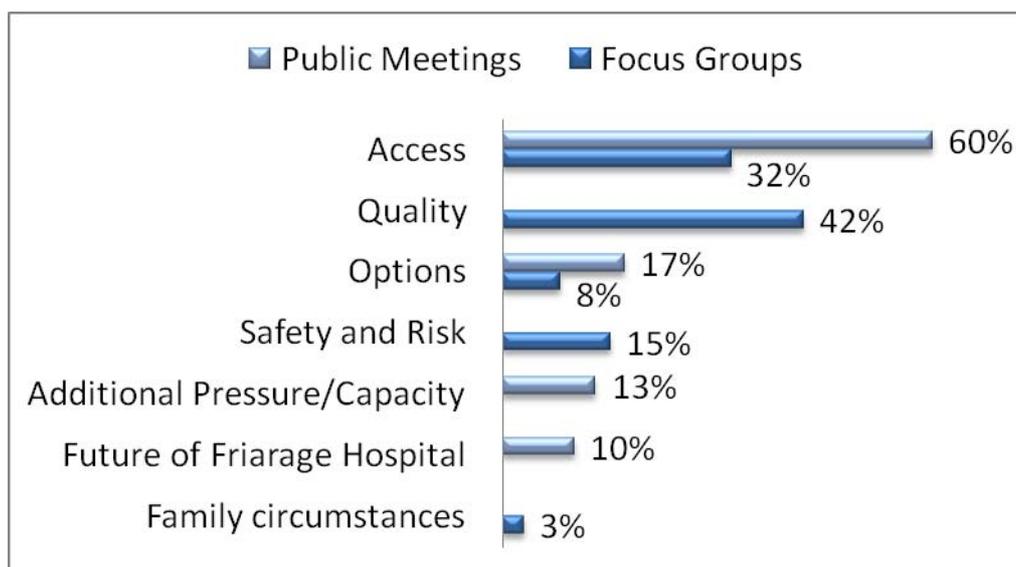
“Wouldn’t there be pressure on another service e.g. ambulance if it closed?”

“Everyone speaks highly of the Friarage. I didn’t feel it was an option to go anywhere else. No one gave us a choice, but I would have chosen it anyway for the reputation.

Darlington would not be an option.”

“If we had to travel further it would have put baby in more distress and danger. Plus how will you encourage people to come to the dale if there is no proper service. My husband doesn't like motorway driving. It's a massive issue for him and for a lot of people. And this is someone who has a car.”

Table 11 - Summary of main themes raised in public engagement meetings and focus groups



Summary of qualitative feedback from correspondence

Summary of themes within letters from local organisations

A total of 14 letters were received from organisations:

- 6 from Parish Councils
- 5 from Voluntary/community organisations
- 3 from Town Councils

Several organisations had written to either the CCG or STHFT as a result of reading the media coverage of the NCAT review before any of the public meetings had taken place. They expressed their support for the value of the Friarage Hospital in Northallerton to the local population. The majority expressed disagreement with any plans to move services to another hospital. The main concerns were:

Access

- Distances that may have to be travelled both to give birth and to take children to paediatric services, plus concerns at distance for family/friends visiting inpatients and people relying on public transport.
- Pressure on the ambulance service having to cover longer distances to hospital plus additional cost.

- Concern was expressed that partners of soldiers are isolated and some don't speak English as a first language or at all.

Erosion of services leading to hospital closure

- Concerns that plans for maternity and paediatric services could be the 'thin end of the wedge'.

Support

- However, there was some recognition that things could not stay the same because of the increased risk to patient safety at Northallerton due to it being a smaller hospital.
- There was support for finding the best solution for future provision. Some people considered that reassurance was needed about the future of the hospital and service improvements within the hospital should be better promoted.

Summary of themes within letters from individuals

A total of 15 letters were received from individuals. Most people had responded as a result of hearing about the proposals in the local media or attending a local engagement meeting. Most wrote to express their support for the value of the Friarage Hospital in Northallerton and disagreement with any plans to move services to another hospital. In the event that services moved, the main concerns were:

- the impact on patients needing to travel further if services moved; and
- erosion of services at the hospital eventually leading to closure.

Summary of feedback from GPs

There has been regular communication with GPs about the future of children's and maternity services at the Friarage Hospital in Northallerton.

The following table details the written communications sent to GPs and the various meetings held when the children's and maternity services at the Friarage Hospital were discussed.

Table 12 – Communications with GPs

Date	Method	Topic
December 2011	Practice Newsletter	General update
9 February 2012	Meeting	LMC liaison meeting
23 February	Meeting	Shadow governing body
February 2012	Practice Newsletter	General update
8 March 2012	Meeting	Tripartite meeting (CCGs, PCT and LMC)
13 March 2012	Meeting	Development session
March 2012	Email from Shadow Clinical Accountable Officer	Practices' views on the issues sought
29 March 2012	Meeting	Shadow governing body
March 2012	Practice Newsletter	General update
26 April 2012	Meeting	Shadow governing body
April 2012	Practice Newsletter	General update
1 May 2012	Meeting	Development session
3 May 2012	Meeting	Hambleton locality meeting
4 May 2012	Email from Project Manager Engagement on behalf of Shadow Accountable Officer	Request to display posters
17 May 2012	Meeting	Development session
24 May 2012	Meeting	Shadow governing body
24 May 2012	Workshop	Development of assessment criteria for Friarage Hospital proposals
May 2012	Practice Newsletter	General update
12 June 2012	Email from Shadow Clinical Accountable Officer	Update and request to complete GP survey
21 June 2012	Email from Shadow Clinical Accountable Officer	Reminder to complete GP survey
28 June 2012	Meeting	Shadow governing body
July 2012	Practice Newsletter	General update
3 July 2012	Meeting	GP council meeting about Friarage Hospital proposals
16 July 2012	Meeting	Combined locality leads

There was recognition amongst the 6 local GP practices who responded to a request for GP practice comments from Dr Vicky Pleydell, Shadow Clinical Accountable Officer, in March 2012 that change was inevitable in order to best optimise patients' chances of recovery, meet working time directives and ensure future viability.

GP survey

A number of Richmondshire GPs responded to an invitation to participate in a survey compiled by the Richmondshire District Council Scrutiny Committee. Subsequently the CCG agreed with the Health OSC the format of a more comprehensive questionnaire which was sent to the 117 GPs in the CCG in June (Appendix 7).

36 GPs from Hambleton, Richmondshire and Whitby responded to the online survey broken down as follows:

.Table 13 – responses to online GP survey

Number responding	Locality
12	Hambleton,
12	Richmondshire
2	Whitby
10	Not stated

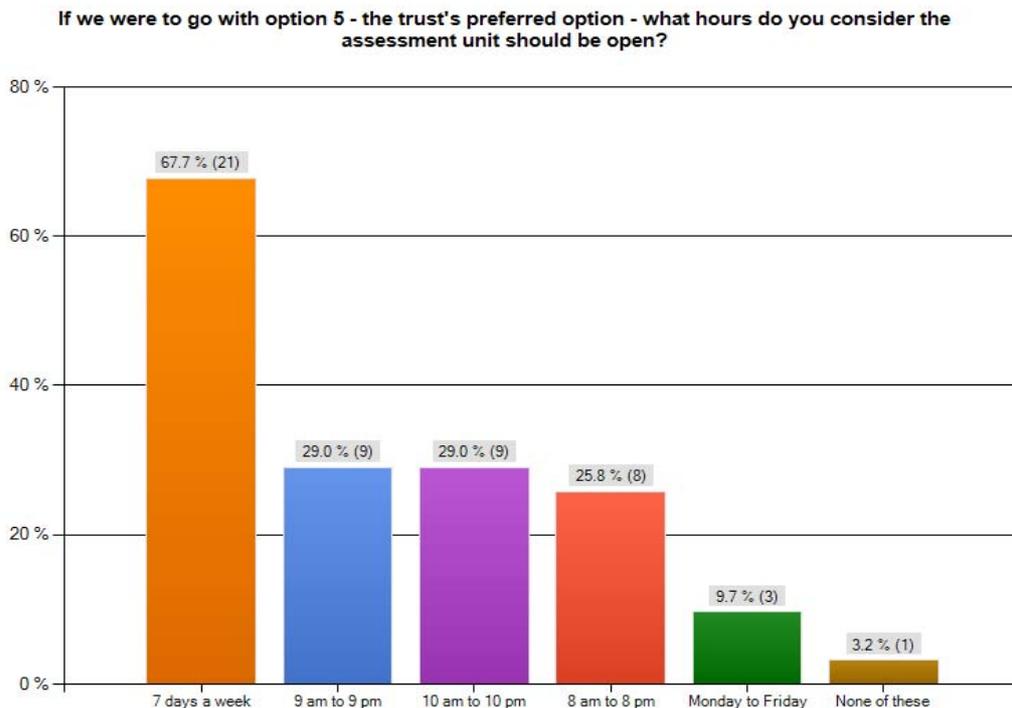
A clear majority of GPs (90.3% or 28 out of the 31 who chose to answer the question) were comfortable with the process being followed with respect to consideration of the future of children’s and maternity services. 88.9% (32 out of 36) considered that they had been as fully informed, updated and involved as they would have liked in the work currently being done.

22 (60.1%) said that there was a high or reasonable level of awareness amongst their patients of the issues facing the Friarage Hospital. A number of suggestions were made for developing new outpatient speciality clinics in the community. Some GPs were not familiar enough with current services to comment. Others suggested a range of specialist clinics they would like to see provided closer to people’s homes:

- Cardiology 5
- Children’s orthopaedics 3
- Neurology 2
- Allergy 2
- Musculo-skeletal 2
- General surgery 1
- Rheumatology 1
- Nephrology 1
- Oncology 1
- Haematology 1
- Renal 1
- Transplant 1
- General surgery 1
- Cystic fibrosis 1
- Oncology 1

27 GPs (67.7%) would support a seven day 12 hour assessment unit, should the option go head to improve community-based out-patient facilities and set up a “see and treat” facility. Opinions on the preferred hours of opening were varied.

Table 14 – Preferred hours of operation of assessment unit



21 (67.7%) considered their patients would be broadly in favour of a midwifery-led maternity unit at the Friarage Hospital if it was not possible to maintain a consultant-led service, whilst there was recognition that not everyone would choose to use one.

“I think some patients would be happy to deliver at a midwifery-led unit but many would probably choose to deliver in a different hospital.”

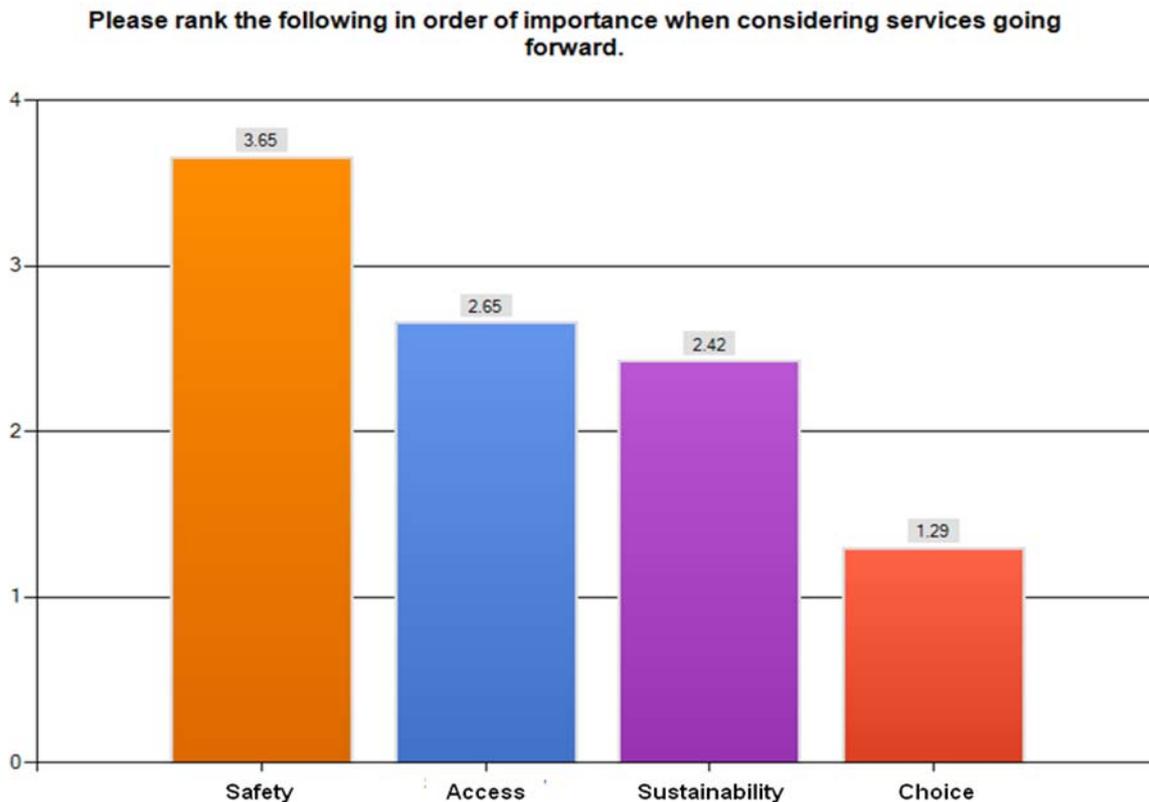
“I think pregnant women are very anxious nowadays and a lot of support and encouragement and emergency alternatives would need to be reinforced in order for the patients to choose this option.”

“I get the impression that most women feel uncomfortable with the lack of medical support in a midwifery-led unit. However, I feel this is due to ignorance of how the system could work and a reliance on medical intervention during labour and delivery which is due to fear of what could go wrong.”

“Would possibly need good links/support through Darlington to sell a midwifery-led unit as South Tees is perceived as too far away in an emergency. I feel most patients will opt to go to Darlington for a consultant opinion.”

When considering services going forward, a clear majority of 25 GPs (80.6%) considered safety the most important criterion, with sustainability and access to services in 2nd and 3rd places. 24 GPs (77.4%) considered choice was the least important criterion.

Table 15 - Ranking of criteria for services going forward



21 (70% of those who chose to respond to the question) did not support the view that the CCG should consider investing additional resources to sustain 24/7 consultant-led services for paediatrics and maternity, as this would require disinvestment in other services. One GP from Richmondshire spoke up strongly for the case to seek additional resourcing externally, commenting that “we should accept rural areas need more resources and fight for this. Rural medicine will always cost more in resources and time”.

Summary of themes from local GPs

GPs who responded to the survey were asked for views on specific aspects. Below is a summary of their qualitative feedback.

Views on developing a midwifery-led unit at the Friarage Hospital in Northallerton

Feedback

- As long as it's safe.
- Some service is better than no service.
- Only if all possible other options had been exhausted.
- I feel most women feel uncomfortable with the lack of medical support in a midwifery-led unit. However I feel this is due to ignorance of how the system could work and a reliance on medical intervention during labour and delivery which is due to fear of what could go wrong.
- As long as women know that if they become high dependency they may be transferred. We have managed before without Friarage Hospital but patients are so happy with the service they receive there and the care shown so losing it would

be difficult.

- I think some patients would be happy to deliver at a midwifery led unit but many would probably choose to deliver in a different hospital.

Suggestions

- Would possibly need good links/support through Darlington to sell a midwifery-led unit, as South Tees is perceived being too far in an emergency. Feel most patients will opt to go to Darlington.
- I think pregnant women are very anxious nowadays and a lot of support and encouragement and emergency alternatives will need to be re-enforced in order for the patients to choose this option.

Concerns

- If paediatric service is moved, this could affect the viability of the midwifery- led unit at the Friarage.
- Do not support, it is unacceptable.
- Patient opinion seems to be set against losing the consultant component.
- It is difficult to match the James Cook University Hospital as the Friarage Hospital is a small unit.

Views on investing in additional resources to sustain 24/7 consultant led service at the Friarage Hospital

Feedback that supported proposed investment

- This depends on the level of investment required. If this could be done without too much expense it could save the Friarage Hospital from becoming a cottage hospital and in the long term maintain a service.
- If they could get the Consultant cover reliably.
- Would like to know what the alternative would be for the patient, what the nearest hospital would be and what would be put in place.

Feedback that did not support proposed investment

- It is difficult to match The James Cook University Hospital as the Friarage Hospital is a small unit.
- The numbers of children affected does not warrant that kind of expense.
- Not justified – I believe the CCG is taking the right approach.

GPs were also asked their views on the PROCESS being followed by the CCG with regard to the future of children's and maternity services. Five GPs responded and the main concern raised was the rurality of the area.

GPs provided other feedback, suggestions and concerns both within the survey and in email correspondence to the CCG. The main themes are summarised below. This part of the questionnaire is combined with the e-mail feedback

Feedback

- Pleased that any significant savings will be used to enable improvements in non-acute services within the Friarage catchment area.
- Care provided in the Friarage is valued and has always been of a high standard.
- Disappointed that the preferred option will remove acute paediatric and ward services from the Friarage Hospital and feel that this represents a significant reduction in services.
- They value having a known and trusted paediatric consultant available for advice.
- Recognition that standards expected for acute services (medicine, surgery, anaesthetics etc.) are not deliverable within the realistic budget of a small hospital.
- Strong support for the Friarage Hospital to continue to take acute medical admissions and A&E to operate at current levels.
- Hope all gets sorted to best benefit the patients, some of whom travel huge distances.
- Personally maternity at the Friarage Hospital has offered care and support and life saving care for my family and I will be very sorry to see it go as I think a large teaching hospital cannot offer the same family/home from home style care but I can see that if this is the safer option it needs to happen.

Suggestions

- If decision is made to move maternity and paediatric services, it would be best to move everything in one go rather than phase it.
- Accept the paediatric outpatient model, but please make provision for same day assessment of urgent but not obvious admission cases by paediatric consultants.
- Moving a child to an inpatient ward much further away from their family would be detrimental, moving to a more integrated service between primary and secondary care would reduce the need to admit. There is evidence that acute paediatrics should not be reformed in isolation and that some of the best schemes are integrated with primary care – perhaps this should also be considered as an option?
- Overnight cover from paediatrics is essential if maternity services/A&E remain in their current form within the Friarage Hospital.
- Paediatric out-patients is essential to the Friarage Hospital.
- Any significant savings could be used to improve transport services between hospitals.
- I feel the alternative options with associated transport issues are not fully understood/apparent at this time to make full decision although I accept funding remains a critical stumbling block.
- This is all beyond our control e.g. Royal Colleges, working time directives. I think we need to be pragmatic, realistic, sustainable and safe.
- You can only be as open/transparent as possible and try to engage the public and the doctors as best as you can.

Concerns

- Would like to see open dialogue through public consultation and democratic process to develop the future proposals.
- Must recognise the difficulties increased travel distances will cause to patients and their families.
- Must recognise the increased cost and additional pressure to ambulance services.
- Need to consider the potential impact of the changes on the Northallerton Voluntary Transport Scheme.
- Centres of excellence can become impersonal due to their size and patient turnover.

- Closing the Friarage Hospital to acute paediatrics admissions and out of hours and making the Friarage Hospital a midwifery-led unit is not sustainable without an increase in beds at JCUH which would also cost money. Opening a review clinic at Catterick Garrison will also cost money.
- Poorly children may need to be admitted for observation, especially where there is parental concern due to the travelling times/ distance.
- It is difficult to participate in non core activities when consistent squeeze means less resources are spread thinner and thinner.

8. Petition

A petition was presented to STHFT. This was subsequently handed over to HRW CCG. The petition totalled 10,326 signatures, details of the organiser and the description of the petitions are detailed below:

Table 16 – Details of Petition received by South Tees Hospitals NHS Foundation Trust

Petition Received		
From	Signatures	Description
Save Northallerton's Friarage Hospital's Children's and Maternity Services	10,326	<p>The petition states the summary and background as "South Tees NHS Trust are proposing to reduce or change paediatric and obstetric services at Northallerton's Friarage Hospital."</p> <p>The action petitioned for is "We, the undersigned, are concerned citizens who urge South Tees NHS Trust to reconsider the above proposals and maintain full children's and maternity services at Northallerton's Friarage Hospital".</p>

STHFT's response to the petition was as follows:

"The turnout at today's family rally and the volume of signatures in the petition really show the strength of feeling and high regard that the people of Northallerton and the surrounding area have for this wonderful hospital. It is a feeling we share and we remain committed to the long-term future of the Friarage Hospital.

"However our ability to deliver – and sustain - such high quality services in paediatrics and maternity is coming under increasing pressure and that is also something we can't just ignore – this is about having safe and sustainable services in the Friarage Hospital for the local population into the future.

"I am happy to receive this petition and deliver it to Hambleton, Richmondshire and Whitby Clinical Commissioning Group, which is leading the current public engagement exercise, and the petition will be fed, along with everything else, into

the decision-making process once the engagement period ends on 25 June.

“Finally I would like to reiterate that nothing has been decided at this stage and if the CCG need to develop proposals for significant changes to services they will be subject to a full public consultation, possibly later this year.”

Whilst the number of signatures is significant and reflects the breadth of support and affection of local people for the Friarage Hospital as a whole, anecdotal evidence from CCG, STHFT and PCT members of staff and their families when approached to sign the petition was that many people collecting signatures either considered a decision on downgrading of services had already been made and also, in many cases, that the whole hospital was under threat. This was borne out in the focus group meetings.

9. Learning from the Engagement Process

Evaluation of the engagement process and feedback provided has highlighted areas for future improvement whether for other engagement activity or if the recommendations for the Friarage Hospital children’s and maternity services need to be formally consulted on. These include:

Production of information

- Providing more clarity on the decision making process, and the roles of the CCG, STHFT and NHSNYY.
- Providing a more comprehensive narrative about the future of the Friarage as a whole, the services which have been invested in, and the opportunities for future investment.
- Providing more clarity on the purpose of the “engagement” phase. People thought that the favoured option of NCAT and the clinicians at STHFT was going ahead and did not understand that this was an engagement exercise which offered an opportunity to have their views listened to before any options were finalised.

Availability of resources

- Further consideration of the time and resource of the key people involved (eg clinicians and senior managers from the CCG and STHFT) if the project moves to a formal consultation phase. Attendance at the nine public meetings during the evening was a huge commitment for the comparatively few numbers of the public attending in some venues.
- Ensuring adequate communications resource and administrative capacity to support the engagement activities.

Surveys

- Reviewing the design and analysis of future questionnaires/ surveys.

Communications

- Ensuring correct information about public meetings is used by broadcast and print media.
- Ensuring broadcast media use most appropriate local news channels for news items – encourage syndication between Yorkshire and Tyne Tees.
- Further consideration of the distribution channels for leaflets and other information including opportunities to use children’s centres, mother and toddler groups, etc.

Engaging with people/meetings

- Recognising that the desire of some communities for public meetings to make their view heard must be responded to, but that many other people are intimidated by such meetings and need another way to express their opinions.
- Continuing to go out to existing group meetings.
- Ensuring suitability of venues for public meetings, specifically their ability to be accessed by public transport. Recognising that this does not always align with the availability of affordable venues in market towns which are able to accommodate high attendances.
- Timing of public meetings is not likely to meet everyone’s requirements.
- The informal part of the meeting might be best held after the formal presentation and Q&A session.
- Ensuring credible speakers at public events.
- Considering the use of AV equipment at public meetings during informal sessions to display “talking heads” videos.
- Further consideration of how to engage groups of people with special needs.

10. Outcomes from the engagement exercise

The CCG and STHFT have undertaken a clinically-led pre-consultation engagement programme.

The aims were to:

- explain the reason why change is required
- gather the views of clinicians, local people and key stakeholders
- ensure those views were considered in the planning of future children’s and maternity services for the population of Hambleton and Richmondshire

The feedback from stakeholders has been used to inform the option appraisal process, developing the clinical options to be assessed against a set of key criteria prior to a decision being made by the board of NHSNYY.

In addition, the rich amount of qualitative data obtained from the engagement process will be collated and shared with service providers so that they can use the information as part of their patient experience measurement for service improvement.

11. Key views influencing options appraisal and future commissioning decisions

Patients and members of the public told us

- Local people have confidence in and value children's and maternity services at the Friarage Hospital.
- People value close proximity of services above quality and safety.
- There are some concerns about a midwifery-led service, e.g. the safety of ladies being transferred while in labour due to unforeseen complications.
- People are concerned at the potential impact on the ambulance trust and other acute trusts if services are moved from the Friarage Hospital.
- Whilst many people do not want to see any change, there is some recognition that the services do need to change in the future.
- There is concern that a gradual erosion of services at the hospital will lead to closure.
- Parents with "open access" facility for their children would like enhanced community services and hand-held records/personal care plan.

GPs told us

- They have been as fully involved in the CCG's work on the future of children's and maternity services as they would have wanted to be.
- They wish to be part of the option appraisal process.
- The majority do not consider additional investment should be made in children's and maternity services at the expense of other services.
- The majority consider that a children's assessment unit should be open 7 days a week.
- They recognise many standards expected for acute services are not deliverable within the realistic budget of a small hospital.
- They strongly support the Friarage Hospital as the front door into local healthcare for the people of Hambleton and Richmondshire and key to their vision of healthcare going forward.
- Whilst some Richmondshire GPs may decide to refer children to Darlington, should the Friarage Hospital no longer have inpatient facilities, they may continue to refer patients to a children's assessment centre at the Friarage Hospital if they knew that the child would be seen by a consultant the same day.

Key stakeholders told us

- They are concerned there will be an adverse impact on patients having to travel further if services are moved.
- There is concern that a gradual erosion of services at the hospital will lead to closure.
- That communications and systems around protecting vulnerable children should be reviewed, future-proofed and fit for purpose.

12. How these views have influenced the development of the final options going forward and the commissioning intentions of the CCG

Option appraisal

- Refinement of the seven original options by eliminating those which would result in no paediatric services and no obstetric deliveries at the Friarage Hospital.
- Clarification and refinement of the operating hours and criteria for accepting children onto the assessment unit.
- Clarification of the care pathways which would support children who have open access to children's services, including development of hand held records and detailed care plan for each child.

Access

- Compilation of detailed information on travel distance and time as part of the impact assessment, recognising the importance of this issue in securing access to services in rural areas.
- Consideration of ways to improve transport services including ambulance provision.
- Accommodation for parents living a long distance from The James Cook University Hospital so they can stay with sick children sent there.
- All "open access" children to have a personalised clear care plan, with hand held records so that wherever they are seen, clinicians will have access to their details.
- Consideration of strengthening children's community services, particularly enhancing nursing of "open access" children in the community rather than bringing them into hospital.
- Consideration of which specialist out-patient services could be brought into the community, e.g. diabetic and epilepsy care.
- Consideration of using additional clinics at Catterick Garrison.

Quality

- Detailed risk analysis on the transfer of patients.
- Feedback to STHFT on perceived poor quality issues at The James Cook University Hospital.

13. Next steps

The findings from the exercise will ensure that the clinicians in the CCG are aware of local people's views when they respond to the issues raised by STHFT and develop their recommendations to the board of NHS NYY.

No decisions about changes to services will be made before a formal consultation process. Feedback obtained during the engagement process will be considered alongside clinical, financial and quality data to refine the options which will go forward to the formal consultation stage. In August 2012 the CCG will consider how children's services are commissioned in future in response to the issues raised by South Tees Hospitals NHS Foundation Trust and the NCAT report.

The board of NHS NYY is responsible for making a final decision on the proposals, as well as demonstrating compliance with the national requirement for strengthened public and patient engagement in the process of service change. In September 2012 the board will consider detailed information, the views of the CCG, the views of the public and key stakeholders, as summarised in this report. They will then decide whether a case has been made for change and whether, based on the recommendations of the CCG, any of the options are to be considered as part of a formal consultation process, which would commence during the autumn of 2012.

The results of any formal consultation process will be analysed and used to agree the new configuration of services, following which an implementation plan will be developed to put the new arrangements in place.

14. Further information

Further information, including the annex of appendices, is available on the CCG website – www.nyypct.nhs.uk/friarage.