

Children's and maternity services at The Friarage Hospital

Consultation Feedback Report

Consultation period – 2 September to 25 November 2013



This document along with supporting information about the proposals can be viewed online at

www.hambletonrichmondshireandwhitbyccg.nhs.uk

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1. Executive summary

This report presents the results of the public consultation undertaken from 2 September to 25 November 2013 into the future of children's and maternity services at The Friarage Hospital, Northallerton. It incorporates an analysis of the responses to the questionnaire that was available online and in hard copy, a summary of the emails and letters received and the themes raised and discussed at the nine public meetings held to discuss the proposals.

The consultation was organised and managed by the North Yorkshire and Humber Commissioning Support Unit (CSU), on behalf of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG). The data analysis was undertaken by Quality Health Ltd, an independent patient experience and health services research organisation.

There were 76 survey responses (46 online and 30 hard copies) and overall 293 members of the public attended the nine events.

The key themes emerging from this analysis are:

The most important aspect of maternity care stated by survey respondents was having **access to a high quality and safe service**. This is backed up by the themes from the public meetings, where this was regularly raised.

Similarly, the most important aspect of paediatric care stated by survey respondents was having **access to a high quality and safe service**. This is backed up by the themes from the public meetings, where this was regularly raised.

A significant majority (95%) of survey respondents **recommended taking forward Option 1** – the preferred option of Hambleton, Richmondshire and Whitby CCG: a Paediatric Short Stay Assessment Unit (PSSAU) with outpatient services and enhanced community services and a Midwifery Led Unit (MLU).

From the survey responses, the most cited reasons for recommending this option were around having **services as close to home as possible**.

Asked about opening hours for the **Paediatric Short Stay Assessment Unit (PSSAU)**, the majority of survey respondents (67%) suggested that it should be **open during extended hours (10am to 10pm Monday to Friday) and at weekends (10am to 4pm)** (54%).

The survey asked respondents, if they were due to give birth and lived in Hambleton or Richmondshire, whether they would choose a standalone **Midwifery Led Unit (MLU)** such as the one proposed for The Friarage Hospital to have their baby. **59% of respondents said that they would**; and 41% that they would not. Of those who said that they would, the most commonly cited reasons were: that it was closer to home; that it offered more personalised care; and that they would choose this as long as there were no complications.

Although the core responses to the questions are the same, there are some slight differences between types of respondents. In particular, those aged 39 and under appear to have different views on opening hours of services than those aged 40 and over.

A number of other options were suggested for consideration by the CCG. From the survey responses, three in particular received strong support. They were:

- To rotate consultants/specialists between The Friarage Hospital and other local hospitals
- To keep the current consultant-led service
- To grow or upgrade the current service

During our consultation, we also asked members of the public to put forward proposals for any alternative options they had for the future of children's and maternity services at The Friarage Hospital. We received three proposals which are detailed in section 9 of this report.

All the views collected will be presented to the CCG's Council of Members (a representative from each GP practice in the area) who will score the options and make a decision about how services should be delivered in the future. This includes the three new options received which will be scored using the same criteria which was used to score all previous options.

The decision will be presented to the CCG's Governing Body for final approval and the CCG and South Tees Hospitals NHS Foundation Trust will be responsible for implementing the model of service taken forward.

2. Introduction

Our mission is *“to commission (buy) first class healthcare which improves the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby.”* Our patients are at the heart of everything we do and ensuring local services are safe and sustainable is our number one priority.

We also have a legal duty under the NHS Constitution to commission high quality, safe services.

With this in mind, we have been leading a review of children’s and maternity services at The Friarage Hospital in Northallerton. The need for this review was identified in early 2011 when staff from The Friarage Hospital told us about their concerns for the future safety of these services. Doctors and nurses at The Friarage Hospital are concerned that they will not be able to retain their clinical skills (and develop new ones) because there are not enough mums-to-be and children using the services. In addition, a number of senior staff at The Friarage Hospital have recently retired and due to the differences in the way paediatricians are now trained, it is no longer possible to guarantee that the unit will have the medical staff needed for safe and sustainable services.

We have worked closely with our partners at South Tees Hospitals NHS Foundation Trust over the past two years to look at the issues facing The Friarage Hospital and how we can address them.

As part of this process, we have sought guidance from a group of independent health experts called the National Clinical Advisory Team (NCAT). NCAT assessed the services at The Friarage Hospital and agreed that the concerns around safety and sustainability were real issues in both children’s and maternity services and that we needed to address them.

As a CCG, we are driven by our values:

Integrity	Action
Energy	Courage
Transparency	Collaboration Focus

We are committed to involving people in our plans as early as possible and, in Spring 2012, we held a three month engagement exercise to talk to local people about the issues faced by The Friarage Hospital and the possible options for the future.

At this stage, we discussed seven options with the public and their feedback helped us to develop them in more detail and gave us an insight into the views of local people.

Key themes that emerged from the engagement exercise were:

- Local people have confidence in and value children’s and maternity services at The Friarage Hospital.
- People valued close proximity of services above quality and safety.
- Whilst many people do not want to see any change, there is some recognition that the services do need to change in the future.

- Families with open access to The Friarage Hospital would like enhanced community services.

We took into account all the views collected from the public along with clinical evidence and guidance and the lessons we learned from visiting other hospitals around the country to look at how other services operated. Our Council of Members (which includes a representative from each GP practice in our area) then carried out a detailed appraisal of each option.

From this exercise, the following three options were shortlisted:

- A. Sustaining a 24 hour consultant led paediatric service and maternity unit (essentially keeping services the same by investing £2.7m in more consultants or senior doctors).
- B. Providing a Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Unit (MLU) with full outpatient services and enhanced services in the community.
- C. Providing paediatric outpatient services and Midwifery Led Unit (MLU) and enhanced services in the community.

The Council of Members firmly supported option B as their preferred option.

Following this process, the Board of NHS North Yorkshire and York (the statutory NHS body at the time) decided we should consult on options B and C only, after discounting option A from the consultation process because it was unsustainable and unaffordable.

This view was supported by the Independent Reconfiguration Panel who carried out an initial review of the process and subsequently agreed with this approach. (A copy of the letter from the IRP can be found in Appendix 1.) They gave us the go-ahead to begin our formal public consultation which launched on 2 September 2013. It ran for 12 weeks and closed on 25 November 2013.

During the consultation, we followed guidance from the Independent Reconfiguration Panel and asked for people's views on the two options that we believe will ensure children's and maternity services will be safe and sustainable for the future.

Throughout the consultation we continued to look at other models used around the country to see if there was an alternative solution that we had not yet considered. As part of our commitment to exploring all options, we also asked members of the public to get involved and submit suggestions for further options.

The outcomes of the consultation process and further options suggested are detailed in this report. Our Council of Members and Governing Body will use this feedback to help them reach a final decision about the best option for the future of children's and maternity services at The Friarage Hospital.

3. The current service and the reasons for considering change

The Friarage Hospital is one of the smallest in the country. At present, it has a children's outpatient and inpatient (overnight stay) service which includes a 14-bed children's ward. It also provides a maternity service in the community and in the hospital. This includes antenatal and postnatal clinics, a labour and postnatal ward and a 10-cot special care baby unit. The hospital is owned and run by South Tees Hospitals NHS Foundation Trust.

The issues facing children's and maternity services at The Friarage Hospital are complex; Children's and maternity services are linked, and cannot be run safely and independently of each other. These issues are explained in great detail in our Consultation Document and associated factsheets. These documents can be found online on our website www.hambletonrichmondshireandwhitbyccg.nhs.uk

In summary, the main problem is the low number of patients using the services:

- Staff are concerned that they will not be able to retain their clinical skills (and develop new ones) because the hospital is too small and there are not enough children and pregnant women using the services.
- The low numbers of patients using the services mean it is difficult to attract senior doctors and nurses to work at The Friarage Hospital. This has had an impact on staffing levels and it is no longer possible to guarantee that the unit will have the medical staff needed for safe and sustainable services.
- The Friarage Hospital has no middle grade doctors and is heavily reliant on our most senior staff (consultant paediatricians) who live within walking distance of the hospital, to help out colleagues when needed – day and night – and to be willing to cover a wide range of duties.

Fewer children are being treated as inpatients there:

- Around five children a day are admitted to the children's ward.
- Less than a third of the beds in the children's wards are used overnight.

Fewer babies are being born there:

- Around three or four babies are born a day which equates to 1,260 babies a year. This figure is not likely to increase in the next few years and means The Friarage Hospital has one of the smallest maternity units in the country.
- Whilst the overall numbers of births is expected to remain the same, more and more mothers need specialist care during their deliveries - a figure which is likely to increase over the next few years.

These issues mean that we need to consider making changes because:

- The safety and clinical quality of services is our number one priority – both now and to safeguard standards for the future.
- We cannot allow a situation where the quality of services at your local hospital depends on what day of the week it is, what time of day or night it is, or which staff are available.
- It is important that the most senior, experienced and specialist staff are on hand at the hospital 24 hours a day, seven days a week for the patients who need them. To achieve this we need to concentrate teams of highly trained professionals at fewer, larger hospitals to make services safer and better.
- At the same time, we need to provide the right balance of services in the community and closer to patients' homes. In particular, provide preventative and supportive care to patients so they are healthier and less likely to be admitted to hospital.

What will the benefits of these changes be for patients?

- All patients can experience the same high standard of care, from the right healthcare professional with the right skills and experience to support their needs.
- Improving maternity and children's care will save lives. Centralising specialist services in our area means better outcomes for patients as specialists increase their skills and knowledge by dealing with larger numbers of similar complex cases.
- It is easier to attract and retain skilled staff if they are able to work in specialist centres with a high number of patients using the services.
- Specialist services will safeguard the quality of care patients will receive today – and in the future.
- By taking action, we will avoid the problem developing into a crisis in the future. We will avoid temporary and unplanned closures, which can be extremely traumatic for the patients and mums to be who had planned to use the services.

4. The options for consideration

During the consultation period, we asked for views on the two options described below. In both options, maternity services are the same; however, the options for paediatric services are different. If you would like to read a more detailed explanation of our options, and how local healthcare would look if they were implemented, please see pages 8 to 14 of our Consultation Document.

Option 1

- Open a Midwifery Led Unit (MLU) at The Friarage Hospital for women with low risk pregnancies. Women with high risk pregnancies can choose to give birth at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital. Ante-natal and post-natal care at The Friarage Hospital will remain as it is at present.
- Develop a Paediatric Short Stay Assessment Unit (PSSAU) at The Friarage Hospital.
- Continue to deliver community paediatric nursing and consultant paediatric outpatient services at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Option 2

- Open a Midwifery Led Unit (MLU) at The Friarage Hospital for women with low risk pregnancies. Women with high risk pregnancies can choose to give birth at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital. Ante-natal and post-natal care at The Friarage Hospital will remain as it is at present.
- Continue to deliver community paediatric nursing and consultant paediatric outpatient services at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Our preferred option

Our preferred option is Option 1. We believe it will keep as many services available locally as possible. It will also give us the opportunity to invest in community based services and deliver more care closer to home. At the same time, it will ensure that specialist services are provided in the most appropriate place and by the most experienced clinicians, ensuring we meet national safety and sustainability standards. Option 1 is supported by our local GPs and hospital clinicians.

5. Our legal and statutory obligations

The law requires NHS bodies to engage with members of the public when considering changes to health services and before making decisions. The duties focus on:

- Involving individuals in the development and consideration of proposals for changes in commissioning arrangements.
- Consulting the local authority, generally through its Overview and Scrutiny Committee, on any substantial variation in the provision of health services.

Our CCG and South Tees Hospitals NHS Foundation Trust have taken these legal duties into account in developing the consultation proposals and accompanying process. The scale and length of the proposed consultation period was discussed and agreed with the Chair of the North Yorkshire Health Overview and Scrutiny Committee prior to its start.

We followed guidance from the Department of Health and, in order to give people as much time as possible to consider our options, our consultation ran for 12 full weeks.

Secretary of State for Health's Four Tests

In 2010, the Secretary of State for Health introduced four tests to be used as a guide for NHS organisations when considering service change and re-design:

Support from GP Commissioners

- The clinical lead for this review is the CCG's Clinical Chief Officer, Dr Vicky Pleydell.
- Workshops have been held with the CCG Governing Body and its full Council of Members have been an integral part of the process to date.
- The Council of Members carried out the initial detailed options appraisal.
- The options were approved to proceed to formal consultation by the CCG's Governing Body at its meeting on 9th July 2013.
- The configuration of children's and maternity services at The Friarage Hospital has previously been considered by the Department of Health's National Clinical Advisory Team.

Strengthened patient and public community engagement

- Our local Voluntary Sector Forums and HealthWatch organisations have been kept up to date throughout the development of the options.
- An in depth engagement exercise was undertaken between March and June 2012, including events, online surveys, a number of focus groups and drop in sessions.
- We worked closely with the Facebook campaign group "Save Northallerton's Friarage Hospital's Children's and Maternity Services" to ensure they were kept informed and any queries were answered appropriately.
- There have been discussions with North Yorkshire's representative from the National Childbirth Trust.
- North Yorkshire County Council's Scrutiny of Health Committee has been kept informed during development of options and approved the consultation process.

- Discussions were held with Richmondshire District Council and Hambleton District Council regarding the options. A more detailed account of this discussion can be found on page 19 of this report.
- Correspondence was exchanged regarding the options with our two local MPs, William Hague and Anne McIntosh, who were both concerned about the impact of the changes on residents in their constituencies. Throughout the consultation process, regular telephone briefings were held.
- A group was established to work specifically with families of children who have open access to The Friarage Hospital to look at how future services can meet their needs.

Clarity on the clinical evidence base

- The options address improvements in safety standards and staffing levels.
- The options have been reviewed by the GP lead from within the CCG and the Council of Members.
- Our options are in line with recommendations by the Royal College of Paediatrics and Child Health which agrees that the health service needs to make radical changes, including the centralisation of hospital services to reduce preventable deaths.
- The options have been developed with, and are supported by, clinicians at the South Tees Hospitals NHS Foundation Trust.
- The National Clinical Advisory Team (NCAT) clinically assessed the services at The Friarage Hospital and agreed that the concerns around safety and sustainability were real issues that we needed to address.

Consistency with current and prospective patient *choice*

- Our options will ensure women who are at low risk of complications can still choose to give birth locally at The Friarage Hospital in a Midwifery Led Unit. Women who are at high risk will have a choice of high performing hospitals in the local area in which to deliver their baby.
- Both our options include the option to invest more in community services, meaning that there will be more choice about where children can receive care.
- Our options will improve outpatient services using innovative solutions such as telemedicine.

North Yorkshire County Council Scrutiny of Health Committee

The consultation options were presented to the Chair and Scrutiny Team Leader on 8 July 2013. The Chair approved the consultation process and we agreed to share the drafts of all of our consultation documentation with the Chair, prior to publishing them. We also asked the Chair to approve Judith Bromfield, Chief Officer at Richmondshire CVS to act as Independent Chair for our public consultation meetings.

Change assurance

NHS England is responsible for supporting the commissioning of quality health services. Locally, they require assurance on the quality and thoroughness of public consultations carried out by NHS commissioning organisations. The NHS North Yorkshire and Humber Area Team was informed of the options at an early stage in their development and has been involved in a quality assurance and advisory capacity throughout this process. They will also continue to have oversight of the programme's implementation.

4. Consultation methodology

We wanted to involve as many people as possible in our consultation so we used a variety of approaches to let people know about the consultation and to provide people with the opportunity to have their say.

We looked at who our key stakeholders and target audiences were and we developed a communications and engagement strategy to ensure we reached those people in a timely and appropriate way.

Our Communications and Engagement Strategy can be found in Appendix 2. In summary we:

- Launched a dedicated webpage, consultation document and fact sheets
- Held nine formal public engagement meetings in the main market towns of Hambleton and Richmondshire (independently chaired by Judith Bromfield, Chief Officer at Richmondshire Council for Voluntary Services (CVS)) which 293 people attended
- Attended 18 stakeholder and local community meetings
- Arranged meetings with families of children who have open access to The Friarage Hospital
- Attended a number of staff briefings/ discussion groups
- Attended a mother and child group
- Conducted a public survey, which resulted in 76 responses
- Involved local GPs through email correspondence, newsletters and meetings
- Distributed 1,500 copies of our consultation document
- Produced a ten minute film to explain our consultation and encourage people to give their views. This was shown in various locations around Hambleton and Richmondshire and was available online for people to watch at their convenience
- Issued 6 proactive media releases to promote the consultation, which generated 40 items of coverage
- Responded to 15 media enquires

Information produced

We produced a Public Document (see Appendix 3) which summarised the journey so far, why we need to make changes and the options for the future. It also included a tear off version of our survey and details of our public consultation events. The document (and survey) was distributed to our stakeholders by email. The email also invited people to get involved and included posters and flyers for people to use to help us promote the consultation.

Our comprehensive stakeholder list includes:

- Local MPs – Anne McIntosh MP and Rt Hon William Hague MP
 - District and County Councillors
 - Hambleton and Richmondshire District Councils
 - Town and Parish Councils
 - North Yorkshire County Council
 - North Yorkshire County Council’s Health and Wellbeing Board
 - Scrutiny of Health Committees
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- NHS England Area Team for North Yorkshire and the Humber
 - NHS Area Team for Durham, Darlington and Tees
 - Neighbouring CCGs – Vale of York, Harrogate and Rural District, Scarborough Rydale, South Tees, Darlington and North Durham CCG
 - NHS Provider Trusts – South Tees Hospitals NHS Foundation Trust, Harrogate Hospital NHS Foundation Trust, York Hospitals NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust
 - Local Medical Liaison Committee - North Yorkshire branch (YORLMC Ltd)
 - Friarage Hospital maternity services liaison committee
 - Catterick Garrison civilian and military GP practices
 - Regional Union Officers
-
- North Yorkshire Forum for Voluntary Organisation
 - Northallerton & District Voluntary Service Association
 - Richmondshire Council for Voluntary Service
 - Stokesley & District Community Care Association
 - Thirsk, Sowerby & District Community Care Association
 - HealthWatch North Yorkshire
 - Neighbouring HealthWatch organisations
-
- All state schools in Hambleton and Richmondshire, via North Yorkshire County Council’s central schools website
 - Children’s Centres
 - Save Northallerton’s Friarage Hospital’s Children’s and Maternity Services Facebook campaign group Richmondshire Council for Voluntary Service
 - National Childbirth Trust
 - Friends of the Friarage
 - Families of children with open access to The Friarage Hospital
 - Health Engagement Network members

Our document was also printed and copies were distributed widely to key locations around Hambleton and Richmondshire, including:

- GP surgeries / Health Centres
- Children's centres
- Libraries
- Supermarkets and village stores
- Children's day nurseries and primary schools
- The Friarage Hospital
- Town Halls
- Parish Councils

To support the consultation document, we produced a range of ten factsheets on specific topics which people had expressed an interest or concern about during the engagement process. These included travelling to hospital, the impact on A&E and why doing nothing wasn't an option.

We also produced a booklet of scenarios to bring to life the options for the future and demonstrate how local maternity and children's services would work in practice if our preferred option was taken forward.

All this information was made available on our website and hard copies were taken to our public consultation events. We also offered to post out copies for anyone who required them. Copies of these documents can be found on the CCG's website at <http://www.hambletonrichmondshireandwhitbyccg.nhs.uk/current-work/friarage-hospital-childrens-services/>

Our survey

We ran a survey which was open for the full twelve weeks of the consultation. The survey was hosted online on Survey Monkey and people could access the survey and complete it anytime. We also printed out hard copies of the survey and provided people with Freepost envelopes for them to be returned. In all our communications material and activity we mentioned the survey and asked people to complete it and give us their views.

In total 76 people completed the survey. A full breakdown of the survey results can be found on pages 22 - 39 of this report.

Media coverage and activity

We adopted a proactive approach to the media and worked closely with our local newspapers, radio stations and TV channels to raise awareness of the consultation and encourage people to get involved.

We issued a total of 6 proactive media releases throughout the consultation period and we devoted a considerable amount of time to responding to enquiries (15 in total), to make sure our key messages reached as many people as possible.

We had several requests for interviews and the CCG's Senior Team (along with colleagues from South Tees Hospitals NHS Foundation Trust) answered every request and readily took part in interviews on radio stations and local TV news programmes.

In total there were 40 items of coverage. They included:

- 11 news features on local television including BBC Look North and ITV Tees
- 5 dedicated radio programmes including BBC Radio Tees and Star FM which prompted members of the public to phone in and take part
- 24 articles in print, in local newspapers such as the Yorkshire Post, Northern Echo and Darlington and Stockton Times and in trade titles such as HSJ and Pulse Magazine

A full breakdown of our extensive media activity can be found in Appendix 4.

Online and social media activity

A comprehensive section was created on the CCG's website which contained a raft of information on the consultation including:

- An overview of the consultation
- Key documents, including factsheets
- Dates and times of the public meetings (and transcripts after they had taken place)
- Online survey
- Contact information

That section of the website had 490 unique visitors during the consultation period, showing that many people had visited our site to find out more.

A static advertisement for the consultation ran on the home page of our website throughout the consultation period and a link to the site was included in all of our other communications activities. During the consultation period, 2,240 unique visitors accessed our homepage and saw the advertisement for the consultation.

South Tees Hospital NHS Foundation Trust mirrored our approach and presented the same information on their website.

We used a number of social media channels including Facebook, Twitter and posting on sites such as Net Mums to send regular updates about the consultation and to advertise the public consultation events. On Twitter alone, 6 other organisations retweeted our information, meaning that around 6,000 followers in total heard our news.

Our Clinical Chief Officer, Dr Vicky Pleydell, also used her online blog to discuss some of the key issues coming from the public feedback. Her posts were shared widely and featured in GP Commissioning Online and a national magazine called GP.

This innovative approach to engagement has proved particularly successful and our CCG now has over 1,000 followers on Twitter, meaning our messages are reaching more and more people.

Public meetings

In partnership with South Tees Hospitals NHS Foundation Trust we held nine public meetings in key locations across Hambleton and Richmondshire. These were:

Thirsk
Richmond
Northallerton
Catterick Garrison
Masham
Leyburn
Bedale
Hawes
Stokesley

The meetings were all held in the evening, except for the one in Northallerton which we held on a Saturday so that people had more chance of being able to attend. In total, 293 members of the public attended our meetings, with some, such as those in Northallerton and Hawes being considerably busier than others.

The meetings lasted for an hour and a half and were chaired by Judith Bromfield, Chief Officer, Richmondshire CVS. At the meetings, we played a ten minute film which had been produced to bring the consultation to life, as we thought this would have more impact than a traditional presentation. The film was followed by a Question and Answers session where a panel from the CCG and South Tees Hospitals NHS Foundation Trust responded to the public's queries and requests for clarification in certain areas. Transcriptions of all the meetings can be found online at www.hambletonrichmondshireandwhitbyccg.nhs.uk

We produced an information pack for everyone who attended, which included a copy of the Consultation Document and survey. A full report on the key themes from the public events can be found on page 40 of this report.

Being inclusive

As part of our consultation work, we wanted to reach as many members of our population as possible and our communications and engagement approach reflects this. Our consultation document was written in a user friendly manner and included a glossary of terms to explain the different terminology. Our film and face to face events ensured that our information was accessible to a wider range of people who might not be able/or want to read the consultation document. Our consultation document and survey was widely shared with diverse groups and individuals and the results appear to be in line with the demographics of our local area.

All our documentation was available in a different format or language, on request. Examples of how we targeted our communications activity include:

- Families of children with complex needs and disabilities – we set up a group to work closely with this group of patients to ensure they were kept informed and supported through the consultation. More information can be found on page 19.
- Young parents and expectant parents – we know that in certain areas we have a higher than average rate of teenage pregnancy so we wanted to target this group. We used social media such as Twitter, Facebook and we used sites such as NetMums to advertise the consultation and the public events. We also displayed posters and leaflets in children's centres and health centres where this group may regularly visit for appointments.
- Military families – we sent copies of all of our information to the military practices in our area and liaised with the Regional Healthcare Director for the local military.

Engagement with key stakeholders

Families of children with open access to the paediatric ward at The Friarage Hospital

During our engagement exercise in 2012, we identified a group of people that would be most affected by the proposed changes - families and carers of children who have open access to the paediatric ward at The Friarage Hospital.

Open access is provided on a long-term basis to some children with complex health needs to provide speedy access to specialist paediatric care. It is also provided on a short term basis to children who have been discharged from hospital to allow many children to return to their own home sooner.

We made a commitment to work closely with this group to discuss how we could ensure future services meet their needs.

Prior to the start of the consultation, and to keep up with progress made during the engagement exercise, we held meetings in January and April 2013.

A number of suggestions came from the meetings including a discussion around community nursing services and what types of treatment could be carried out in the child's own home in the future, to avoid the need to go in to hospital. This is one area that the CCG has committed to take forward.

We also discussed patient records and, with the introduction of the Health, Education and Care Plan next year, we are confident that wherever children need to access treatment, clinicians will have all the information they need to easily decide on the most appropriate care.

We organised a further meeting for August 2013 to provide an update on progress being made. However, uptake was poor. We therefore thought it would be more appropriate to send a written update instead which can be found in Appendix 5.

During the consultation period, we wrote to all members of the group (the letter was sent directly from the paediatric department at South Tees Hospitals NHS Foundation Trust

which holds the patient database) and invited them to attend a special consultation drop-in event on 6 November. There were some very useful discussions between these families and Dr Vicky Pleydell, our Chief Clinical Officer and Dr Ruth Roberts, Consultant Paediatrician at The Friarage Hospital. The event gave these families a chance to understand the proposed changes in more detail and provided the CCG with some more insight into what community services could be put in place to help support care for these families closer to home.

One major step forward that has come from ongoing discussions with this group is the introduction of the GP Gateway Project. This project has been driven by the CCG and a parent we have worked closely with throughout this review, Andrew Newton.

The aim of the project is to provide a more inclusive service through primary care with efficient and seamless links to community and specialist care. The patient and their individual needs will be the key central focus rather than the pathways directing the patient into the system.

Children with long term health issues are often under the care of a paediatrician who replaces their local GP due to the complex needs of the child. This requires parents and carers to regularly visit the paediatrician for general medical consultations, many of which could be dealt with by a GP.

An example would be a child who suffers trauma at birth resulting in cerebral palsy, who will quite rightly fall under a Paediatrician for their medical needs. Whilst this is something that is essential for the first few years, as time goes by many of the visits are for general check-ups and could quite easily be dealt with by a GP.

The care of these children with lifelong complex needs could be handed back to the GP if the GP had a means of virtual communication with the consultant such as a live link back to a paediatrician when needed. This would give the GP the specialist clinical support in decision making and the back-up of a Paediatrician who could provide more detailed insight and speed up any referral process to specialist services such as Ear, Nose and Throat or Neurology.

Discussions are underway with the CCG leads and clinicians, paediatricians at The Friarage Hospital and Andrew Newton to implement a pilot where the CCG will monitor key outcomes in primary, community care and specialist care. It is envisaged that a cohort of patients and their families will be identified to take part in the pilot and help us build our evidence base.

Mother and child groups

During our engagement exercise in 2012, we visited a number of mother and child groups.

To continue this work, we wrote to all children's centres in the local area twice during the public consultation and asked if they would like us to visit again and provide further information on the consultation and our preferred option for the future.

Only one children's centre asked us to attend as the others felt that we had already engaged extensively with their attendees and they already had enough information to hand to take part in the consultation if they chose to.

We went to a breastfeeding support group in Bedale on 13 November 2013. Our attendance at this session was pre-arranged with the Children's Centre Manager and therefore not publicly advertised. Three mums were at the session and provided their feedback by filling in the questionnaire.

Scrutiny of Health Committee

We worked closely with our local scrutiny committee, North Yorkshire County Council's Scrutiny of Health Committee, before and throughout the consultation. The consultation process was approved by the Chair and we attended two full committee meetings during the consultation period to brief the committee on the proposals, progress being made during the consultation period and to answer any member's queries or concerns.

We also sent all of our neighbouring scrutiny committees a copy of the consultation document and offered to attend their meetings to provide further information. We were pleased that our invitation was taken up and we attended meetings with Redcar and Cleveland Health Scrutiny Committee, Darlington Borough Council Joint Health Overview and Scrutiny Committee and Tees Valley Health Scrutiny Joint Committee to play our film and answer any questions about the impact potential changes would have on their local residents.

A summary of the feedback received from the Health Overview and Scrutiny Committees is provided in section 8.

Local Authorities

We are fully committed to partnership working and engaging with our partners in local authorities. As part of the consultation process, our Senior Team and colleagues from South Tees Hospitals NHS Foundation Trust attended public meetings with Hambleton District Council, Richmondshire District Council and North Yorkshire County Council's Richmondshire Area Committee to discuss the consultation and answer queries and concerns. These meetings were also well attended by members of the public which further strengthened our engagement activity. A summary of the feedback received from the Local Authorities is provided in section 8.

GPs and practice staff

As our member GP practices will ultimately be making the decision on the way forward for the future of children's and maternity services at The Friarage Hospital, we worked hard to keep them informed and up to date throughout the consultation process.

We briefed them at our regular CCG locality meetings and practice development events and we highlighted the consultation in our practice newsletter and other email communications.

To help us promote the consultation, we asked GP practices to display posters and information leaflets. We also gave each practice a copy (or link to) our ten minute film about the consultation for them to play on their practice television screens.

Staff engagement

As a CCG, we are committed to making sure our staff are the first to know of any developments within the organisation. Prior to the launch of the consultation, we briefed staff and asked for their support in promoting the consultation and also to make sure they had access to any relevant information in case they were asked questions by any partners or members of the public. We issued regular updates throughout the consultation, at team meetings and in the CCG's newsletter. A number of staff also attended the public events to provide support and to gain an understanding of the public's reaction to the consultation.

South Tees Hospitals NHS Foundation Trust had an on-going 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 Director of Service Strategy and Infrastructure, Jill Moulton and the Divisional Manager for Women and Children Fran Toller at The Friarage Hospital in November where staff could raise any issues of concern or ask questions. Appendix 5 shows the key themes discussed at the meetings and the questions that were raised.

There were also a number of meetings held on a more one-to-one basis with staff who would be most affected by any changes. These meetings were attended by service managers and HR representatives from South Tees Hospitals NHS Foundation Trust.

Response rate to the consultation

The consultation was well promoted and an enormous amount of effort was made to proactively inform our target groups, such as mothers to be and parents of children in the local area, as well as the more general local population about the proposals.

However, compared to the amount of people that took part in the engagement exercise, response to the consultation was low, with only 76 responses being received through the public survey. We would like to thank the 293 people who took the time to attend our public consultation events.

The response rate consultation may be partly explained by the success of the engagement exercise in 2012. As such a detailed and extensive engagement was carried out only 12 months prior to the consultation and one explanation of this may be many people felt they had already had their say and did not feel the need to take part in the consultation. We also believe that there is now a good level of understanding amongst the public of the clinical case for change. We have been explicit about the issues facing the services throughout the engagement exercise and consultation period and this may have helped people understand that change is necessary to ensure services are safe in the future.

The CCG sought legal advice on the consultation in general and asked that the specific issue of the low response rate was considered. The advice received was that "providing the process itself had been conducted lawfully, a low response did not invalidate it". We are therefore confident that, in view of the wider opinion received; this is not in itself a concern.

7. Detailed analysis of the survey responses

A total of 76 formal responses to the survey were received. The results are detailed here.

Differences between groups of respondents

The demographics of the different respondents are detailed on page 32 of this report. There were some apparent differences between different groups of respondents, when analysed according to some these factors – in particular, when looking at the different pattern of responses between men and women; between those living in Richmondshire and those living in Hambleton; and between those aged 39 and under, and those aged 40 and over. However, it should be noted that the numbers involved in these analyses are small, which makes accurate statistical comparison difficult.

The overarching differences observed in the responses are:

- When looking at the most important characteristics of maternity services, there are slightly different patterns between groups, but the most important characteristic for all groups is “access to a high quality and safe service”.
- Similarly, when looking at the most important characteristics of paediatric services, there are slightly different patterns between groups, but the most important characteristic for all groups is “access to a high quality and safe service”.
- When looking at PSSAU opening hours, extended hours were favoured by women versus men; by Richmondshire residents versus Hambleton residents; and (significantly more so) by those aged 39 and under, versus those aged 40 and over.
- When asked if they would choose a standalone MLU such as the one proposed for The Friarage Hospital to have your baby, men were more likely to say “yes” than women; and Richmondshire residents more likely to say “yes” than Hambleton residents.

Thinking of maternity care, what is most important to you?

75 respondents answered this question, where they were asked to rank in order various characteristics of the maternity service. The characteristic selected most was “**access to a high quality and safe service**” (mentioned by 71 respondents, 95% of those answering the question), followed by “**availability of specialist care**” (mentioned by 70 respondents, 93% of those answering the question).

Looking only at first preferences, the characteristic selected most was “access to a high quality and safe service” (selected as first preference by 53 respondents, 71% of those answering the question).

There were slight differences in the pattern of responses to this question between men and women – although it should be noted that the numbers are small. No men ranked “availability of specialist care” as their first preference, compared to 5 women (9%). 1 man (6%) ranked “care closer to home...” as his first preference, compared to 7 women (13%). 4 men (25%) ranked “distance from home to hospital” as their first preference, compared to 16 women (29%). But overall, “access to a high quality and safe service” was the most popular first preference for both sets of respondents, accounting for 69% of men, and 75% of women.

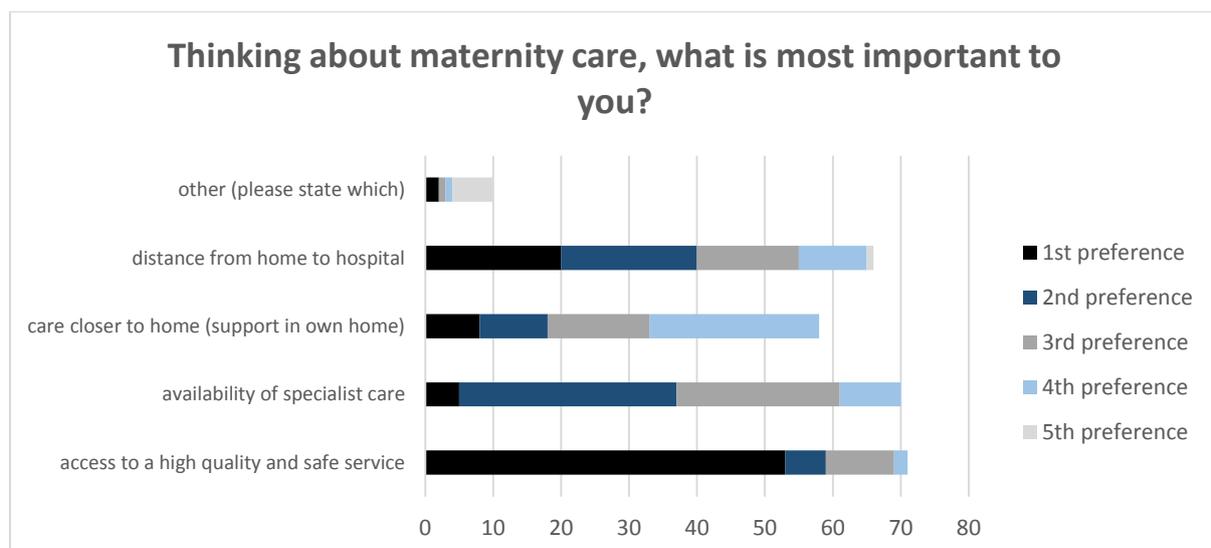
There were slight differences in the pattern of responses to this question according to where people live – although it should be noted that the numbers are small. 3 Richmondshire residents (16%) ranked “care closer to home...” as their first preference, compared to 5 Hambleton residents (10%). 4 Richmondshire residents (21%) ranked “distance from home to hospital” as their first preference, compared to 15 Hambleton residents (30%). But overall, “access to a high quality and safe service” was the most popular first preference for both sets of respondents, accounting for 74% of Richmondshire residents, and 72% of Hambleton residents.

More of those aged 39 and under said that “access to a high quality and safe service” was their first preference (82%), compared to those aged 40 and over (62%). However, this was the most popular first preference of both groups.

10 respondents selected “other” as an option. These suggestions included supporting local services, good staff, and choice. Of these, 6 specified the characteristic they desired. There were a range of different suggestions, with 2 respondents saying that they wanted a safe service AND local access.

Thinking about maternity care, what is most important to you? (Please rank your response in order of preference. 1 = first, 2 = second, 3 = third etc.)

<i>answer options</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>response count</i>	<i>%</i>
access to a high quality and safe service	53	6	10	2	0	71	95%
availability of specialist care	5	32	24	9	0	70	93%
care closer to home (support in own home)	8	10	15	25	0	58	77%
distance from home to hospital	20	20	15	10	1	66	88%
other (please state which)	2	0	1	1	6	10	13%
<i>answered question</i>	<i>75</i>						
<i>skipped question</i>	<i>1</i>						



Thinking of paediatric care, what is most important to you?

75 respondents answered this question, where they were asked to rank in order various characteristics of paediatric care. The characteristic selected most was **“availability of specialist care”** (mentioned by 73 respondents, 97% of those answering the question), followed by **“distance from home to hospital”** (mentioned by 70 respondents, 93% of those answering the question), and by **“access to a high quality and safe service”** (mentioned by 68 respondents, 91% of those answering the question).

Looking only at first preferences, the characteristic selected most was **“access to a high quality and safe service”** (selected as first preference by 50 respondents, 67% of those answering the question).

There were slight differences in the pattern of responses to this question between men and women – although it should be noted that the numbers are small. No men ranked **“availability of specialist care”** as their first preference, compared to 8 women (14%). 1 man (6%) ranked **“care closer to home...”** as his first preference, compared to 7 women (13%). 4 men (25%) ranked **“distance from home to hospital”** as their first preference, compared to 20 women (36%). But overall, **“access to a high quality and safe service”** was the most popular first preference for both sets of respondents, accounting for 69% of men, and 70% of women.

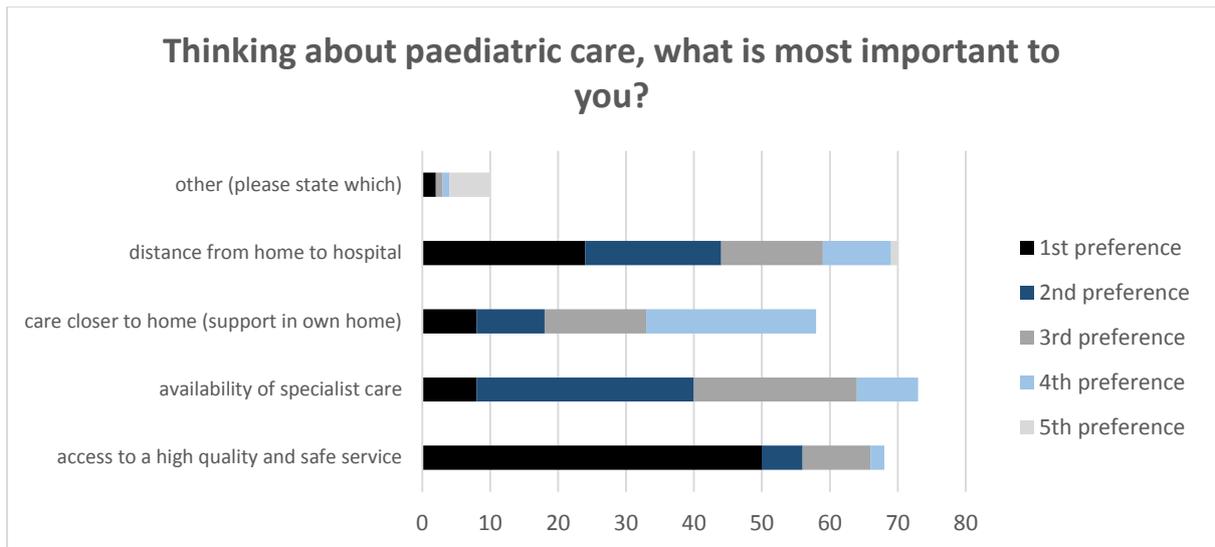
There were slight differences in the pattern of responses to this question according to where people live – although it should be noted that the numbers are small. A larger proportion of Richmondshire residents (5, 26%) ranked **“care closer to home...”** as their first preference, compared to 2 Hambleton residents (4%). But overall, **“access to a high quality and safe service”** was the most popular first preference for both sets of respondents, accounting for 63% of Richmondshire residents, and 72% of Hambleton residents.

More of those aged 39 and under said that **“access to a high quality and safe service”** was their first preference (76%), compared to those aged 40 and over (59%). However, this was the most popular first preference of both groups.

10 respondents selected **“other”** as an option. Of these, 5 specified the characteristic they desired. There were a range of different suggestions, with 2 respondents saying that they wanted a safe service AND local access.

Thinking about paediatric care, what is most important to you? (Please rank your response in order of preference. 1 = first, 2 = second, 3 = third etc.)

<i>answer options</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>response count</i>	<i>%</i>
access to a high quality and safe service	50	6	10	2	0	68	91%
availability of specialist care	8	32	24	9	0	73	97%
care closer to home (support in own home)	8	10	15	25	0	58	77%
distance from home to hospital	24	20	15	10	1	70	93%
other (please state which)	2	0	1	1	6	10	13%
<i>answered question</i>	<i>75</i>						
<i>skipped question</i>	<i>1</i>						



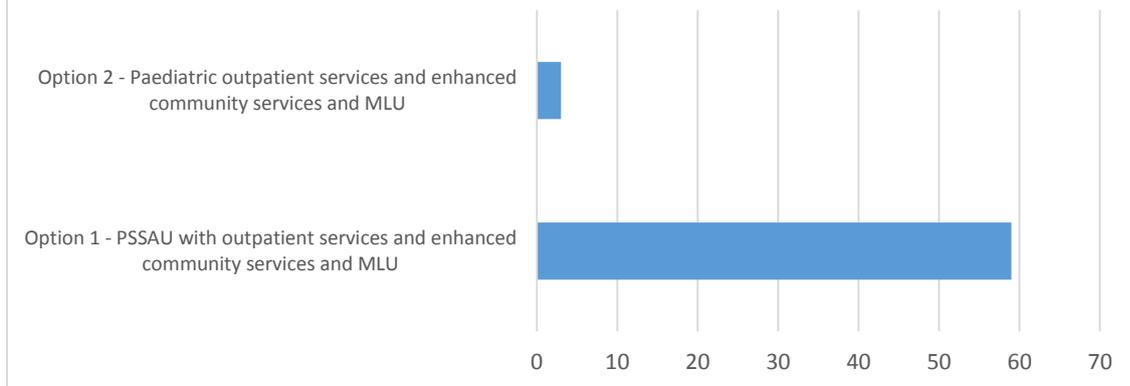
Which of the options below do you think should be taken forward? What are your reasons for choosing this option?

62 respondents (82%) stated their preferred option. **Of these, 59 (95%) stated that Option 1 (the CCG's preferred option) should be taken forward:** a Paediatric Short Stay Assessment Unit (PSSAU) with outpatient services and enhanced community services and a Midwifery Led Unit (MLU).

Which of the options below do you think should be taken forward? (Option 1 is the preferred option of Hambleton, Richmondshire and Whitby CCG)

<i>answer options</i>	<i>response count</i>	<i>%</i>
Option 1 - PSSAU with outpatient services and enhanced community services and MLU	59	95%
Option 2 - Paediatric outpatient services and enhanced community services and MLU	3	5%
<i>answered question</i>	62	
<i>skipped question</i>	14	

Which of the options below do you think should be taken forward? (Option 1 is the preferred option of Hambleton, Richmondshire and Whitby CCG)



42 of the respondents who preferred Option 1 offered an explanation. 14 of these (44%) described wanting services as close to home as possible, and/or described the inconvenience of travelling to other services; and 5 (16%) said that Option 1 kept more services locally than Option 2. 9 respondents (28%) said that they would prefer services to remain as they are at present, but that Option 1 was better than Option 2.

Those who preferred Option 2 gave a number of reasons, including: better quality care at The Friarage Hospital than other hospitals; reduced travelling time for patients.

The 14 respondents who didn't answer this question all offered an explanation. **8 of these (57%) said that current services at The Hospital Friarage should remain; of these 8, 2 (14%) said that if this wasn't possible, then their preference would be Option 1.** 2 respondents (14%) stated their neither of the options would meet the travel needs of local people. 3 respondents offered their own variation on the options and these are detailed on page 47.

Thinking about the opening hours for the Paediatric Short Stay Assessment Unit (PSSAU) what do you think they should be?

70 respondents answered this question, with 47 (67% of those answering) saying that the PSSAU should be **open during 'extended hours' from 10am to 10pm Monday to Friday.** 9 respondents (13% of those answering) preferred 'working hours' from 9am to 5pm Monday to Friday. 38 respondents (54% of those answering) said that the PSSAU should be open at weekends.

Men were more likely than women to say that the PSSAU should be open during working hours (33% versus 6% of respondents in each case), and less likely to say extended hours (47% versus 72%) or weekends (47% versus 56%) – although it should be noted that these are all small numbers.

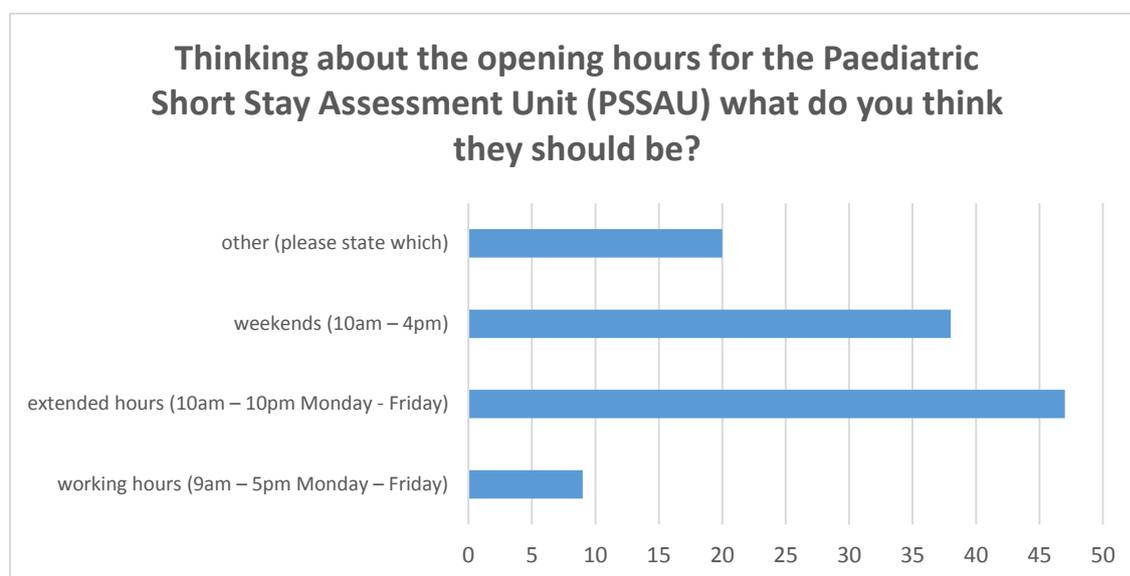
Richmondshire residents were more likely to say extended hours (13, 76%) than Hambleton residents (31, 63%) – although it should be noted that these are all small numbers.

Those aged 39 and under were significantly more likely to say extended hours (27, 90%) than those aged 40 and over (18, 49%); and more likely to say weekends (19, 63%) than those aged 40 and over (18, 49%). Those aged 40 and above were more likely than those aged 39 and under to say that the PSSAU should be open during working hours (19% versus 3% of respondents in each case).

20 respondents (29% of those answering) preferred another option, and there were 22 respondents who described this. Of these, 17 (74%) said that they wanted the PSSAU to be open 24 hours a day, 7 days a week. Another 3 (13%) said that they wanted it to be open at times to accommodate working parents: opening at 8am each day.

Thinking about the opening hours for the Paediatric Short Stay Assessment Unit (PSSAU) what do you think they should be? (Please tick more than one option if appropriate)

<i>answer options</i>	<i>response count</i>	<i>%</i>
working hours (9am – 5pm Monday – Friday)	9	13%
extended hours (10am – 10pm Monday - Friday)	47	67%
weekends (10am – 4pm)	38	54%
other (please state which)	20	29%
	<i>answered question</i>	70
	<i>skipped question</i>	6



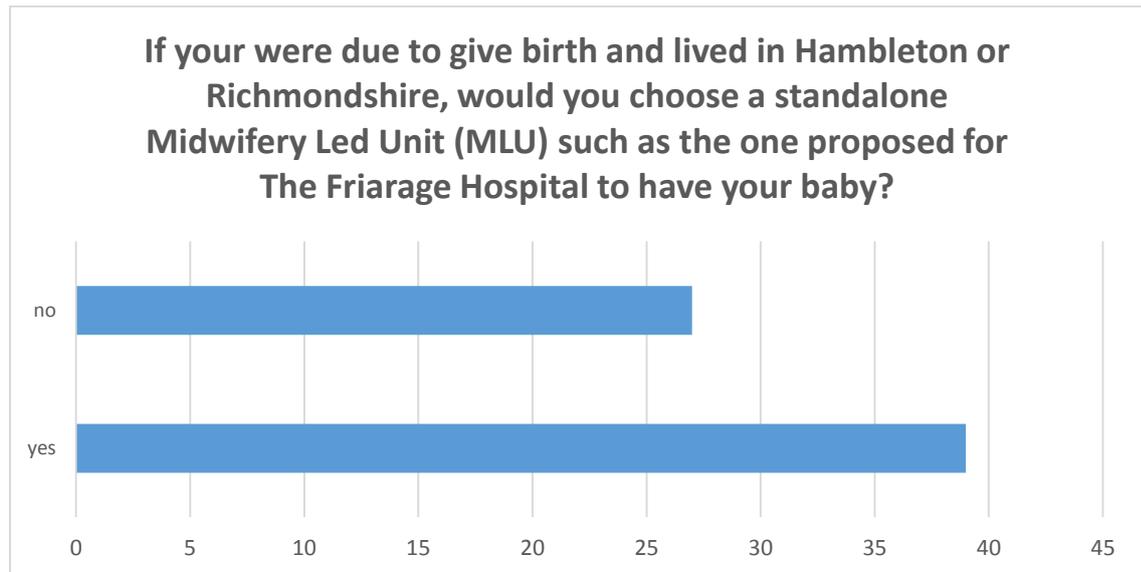
If you were due to give birth and lived in Hambleton or Richmondshire, would you choose a standalone Midwifery Led Unit (MLU) such as the one proposed for The Friarage Hospital to have your baby?

66 respondents answered this question, with 39 (59%) answering “yes”, and 27 (41%) answering “no”. Men who responded to the survey were more likely to answer “yes” (73%) than women (54%). Richmondshire residents were more likely to say “yes” (69%) than Hambleton residents (57%). No significant difference was observed between those aged 39 and under, and those aged 40 and over.

22 of the respondent who answered “yes” gave an explanation. There were four common reasons given: 5 respondents (23%) said that it was closer to home; 5 respondents (23%) said that it offered more personalised care; 5 respondents (23%) said that they would choose this as long as there no complications; 4 respondents (18%) said that midwives were the most important element of the service.

Amongst those who said that they would not use a Midwifery Led Unit, the most common reason cited was the lack of immediate access to a consultant (e.g. "...I would have to know that the relevant professionals were there"; "Would want a consultant nearby..."); this was mentioned by 8 respondents. 7 respondents specifically mentioned back up facilities (e.g. "Would want full back facilities in case of emergency..."; "...it is incredibly important to have the back-up facilities in case something goes wrong..."). 4 respondents mentioned being classed as 'high risk', and therefore requiring more specialist care.

If you were due to give birth and lived in Hambleton or Richmondshire, would you choose a standalone Midwifery Led Unit (MLU) such as the one proposed for The Friarage Hospital to have your baby?		
<i>answer options</i>	<i>response count</i>	<i>%</i>
yes	39	59%
no	27	41%
<i>answered question</i>		<i>66</i>
<i>skipped question</i>		<i>10</i>



Do you have any suggestions for any other options that have not already been considered by NHS Hambleton, Richmondshire and Whitby CCG?

41 respondents answered this question. 2 of them simply said “no”. Amongst the other 39, there were some clear patterns of response. 14 respondents (36%) mentioned **rotating consultants/specialists between The Friarage Hospital and other local hospitals**. 6 respondents mentioned keeping the current service, or “Option A”. 6 respondents mentioned **having a “consultant-led” service**. Between them, this accounts for 31% of those who answered this question.

Another 3 respondents (8%) of the total mentioned growing or upgrading the current service. 1 respondent explicitly referred to Richmondshire District Council's proposal. Another 2 suggested developing the service along the lines of equivalent services in Scotland. 15 respondents offered other suggestions, or comments on the consultation process. There was no clear pattern to these, and no key themes emerging. Examples included both positive and negative comments on the consultation process itself; regret that midwives have to spend so much time on bureaucracy; and regret that it is not possible to offer overnight services at The Friarage Hospital.

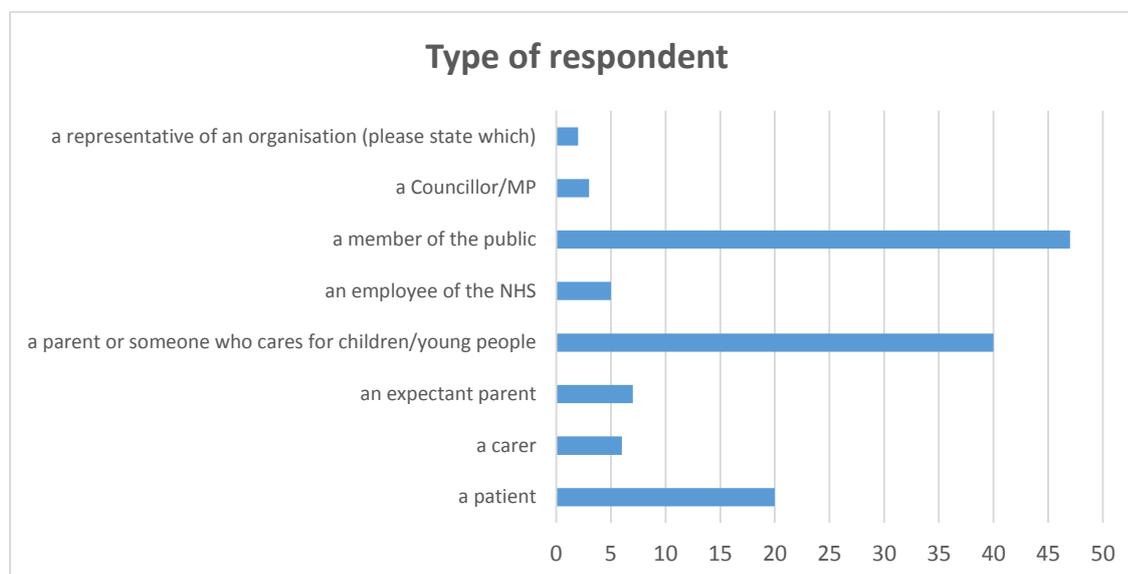
Demographics

Type of respondent

The biggest groups of respondents were those who said they were “a member of the public” (47, 36%) and those who said they were “a parent or someone who cares for children/young people” (40, 31%). Only 7 respondents (5%) said that they were “an expectant parent”.

Are you completing this survey as? (Please tick all that apply)

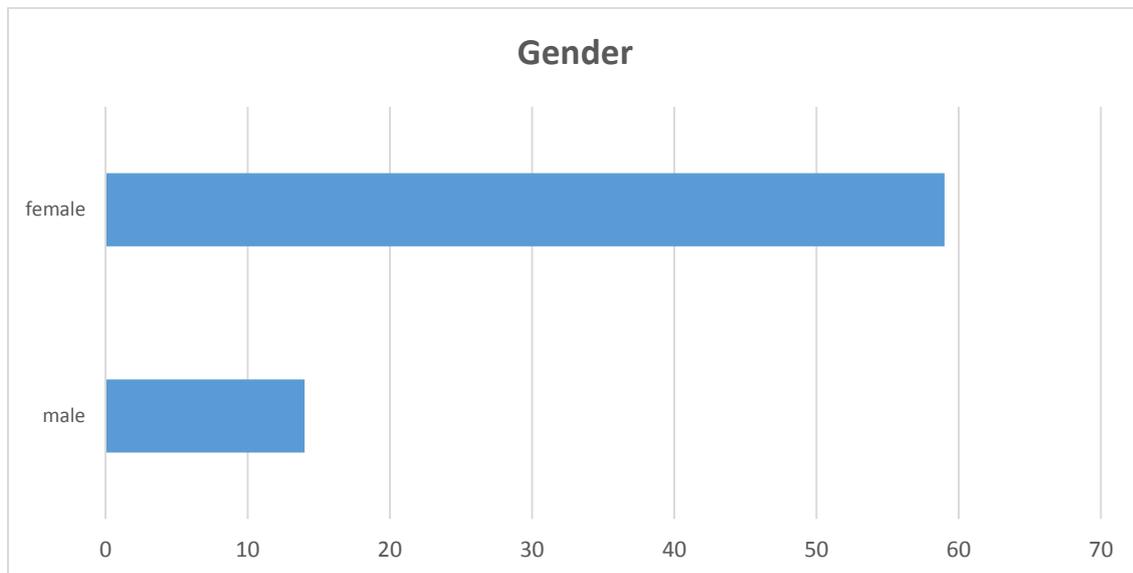
<i>answer options</i>	<i>response count</i>	<i>%</i>
a patient	20	15%
a carer	6	5%
an expectant parent	7	5%
a parent or someone who cares for children/young people	40	31%
an employee of the NHS	5	4%
a member of the public	47	36%
a Councillor/MP	3	2%
a representative of an organisation (please state which)	2	2%
	<i>answered question</i>	<i>74</i>
	<i>skipped question</i>	<i>2</i>



Gender

The majority (59, 81%) of respondents who stated their gender were women.

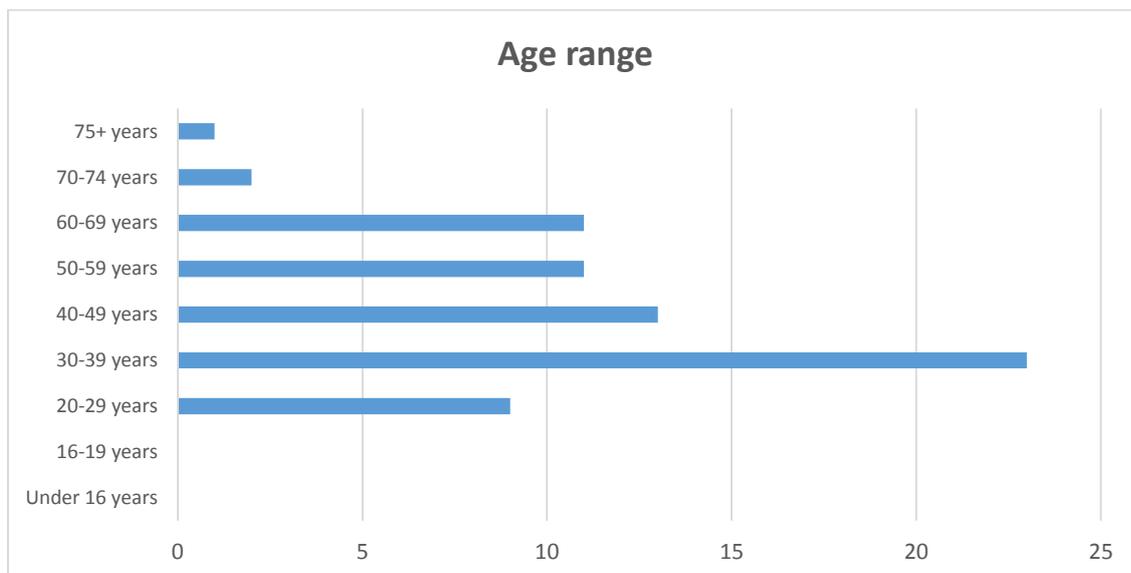
Gender		
<i>answer options</i>	<i>response count</i>	<i>%</i>
male	14	19%
female	59	81%
<i>answered question</i>		<i>73</i>
<i>skipped question</i>		<i>3</i>



Age group

Most respondents were in the 30-39 year age group (23, 33%). Only 9 responses (13%) were from respondents aged under 30; and only 3 responses (4%) were from respondents aged 70 or above.

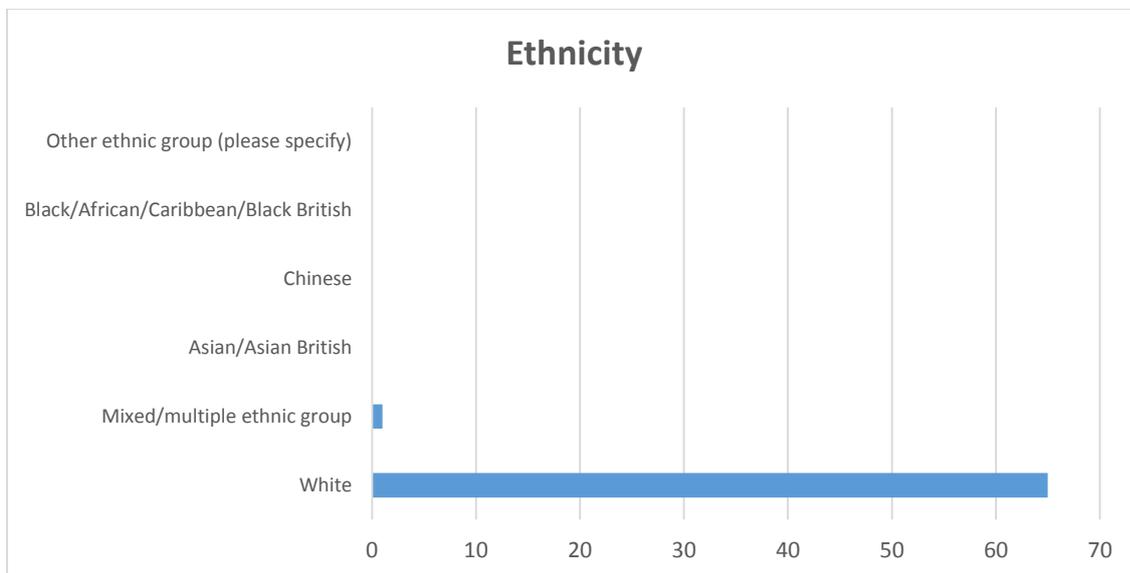
Age range		
<i>answer options</i>	<i>response count</i>	<i>%</i>
Under 16 years	0	0%
16-19 years	0	0%
20-29 years	9	13%
30-39 years	23	33%
40-49 years	13	19%
50-59 years	11	16%
60-69 years	11	16%
70-74 years	2	3%
75+ years	1	1%
	<i>answered question</i>	<i>70</i>
	<i>skipped question</i>	<i>6</i>



Ethnicity

All but one (65, 98%) of respondents who described their ethnicity were white.

Ethnicity		
<i>answer options</i>	<i>response count</i>	<i>%</i>
White	65	98%
Mixed/multiple ethnic group	1	2%
Asian/Asian British	0	0%
Chinese	0	0%
Black/African/Caribbean/Black British	0	0%
Other ethnic group (please specify)	0	0%
	<i>answered question</i>	<i>66</i>
	<i>skipped question</i>	<i>10</i>



Religion

50 (66%) of respondents answered the question asking about their religion. Of these, the most common responses were Church of England (16, 32%), Christian (13, 26%), and No Religion (8,16%).

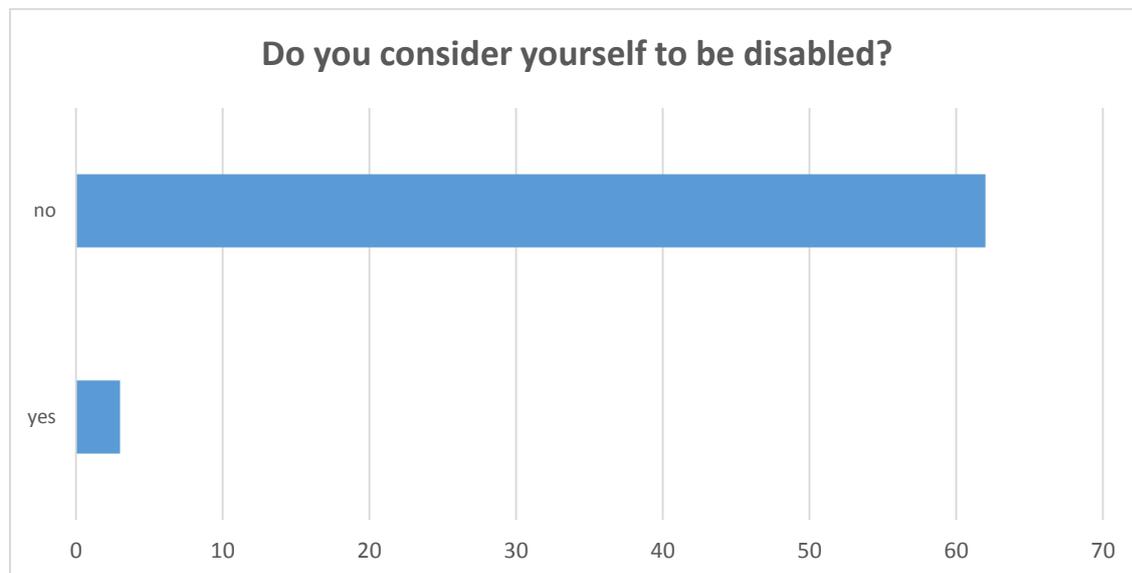
Sexuality

46 (61%) of respondents answered the question asking about their sexuality. Of these, 36 (78%) stated that they were heterosexual. The others either stated that the question was not relevant, or gave answers that were not clearly defined.

Disability

3 respondents (5%) stated that they considered themselves to be disabled.

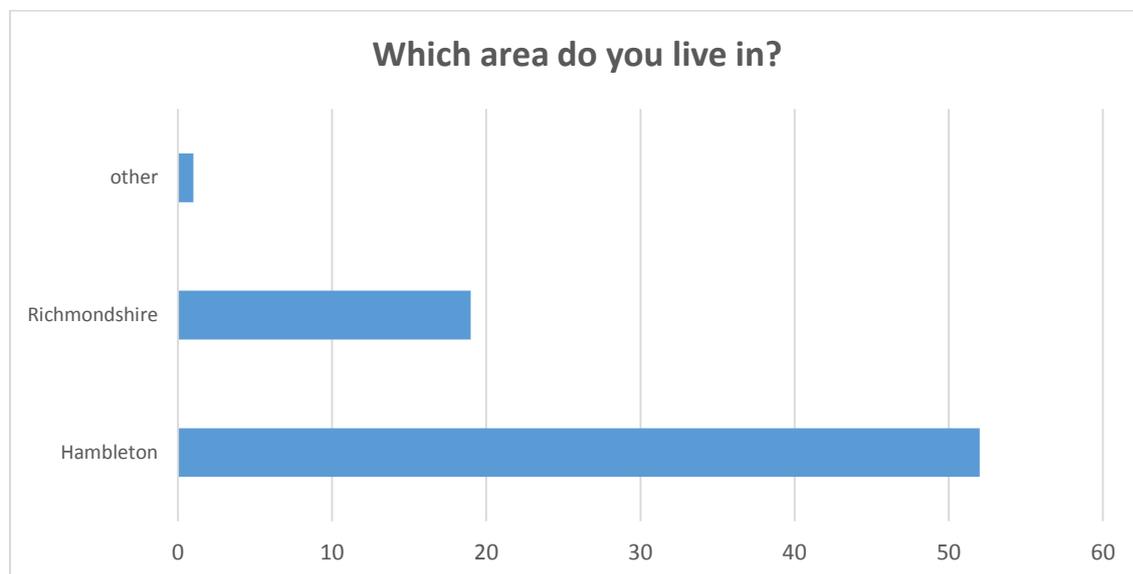
Do you consider yourself to be disabled?		
<i>answer options</i>	<i>response count</i>	<i>%</i>
Yes	3	5%
No	62	95%
	<i>answered question</i>	<i>65</i>
	<i>skipped question</i>	<i>11</i>



Location

Most respondents (52, 72%) stated that they live in Hambleton; with virtually all of the rest (19, 26%) stating that they live in Richmondshire.

Which area do you live in?		
<i>answer options</i>	<i>response count</i>	<i>%</i>
Hambleton	52	72%
Richmondshire	19	26%
other	1	1%
	<i>answered question</i>	72
	<i>skipped question</i>	4

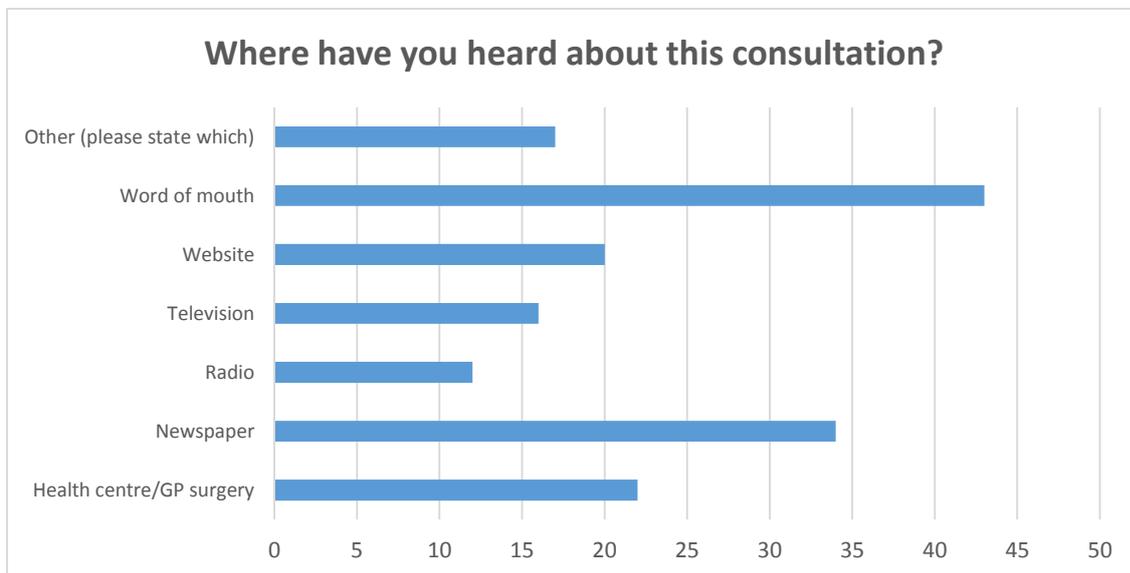


Consultation

Respondents stated that they had heard about the consultation through a wide range of different mechanisms. Most commonly mentioned were "word of mouth" (43, 26%), and "Newspaper" (34, 21%), but the numbers in other categories were also significant: "health centre/GP surgery" (22, 13%), "Website" (20, 12%) and "Radio" (12, 7%). 17 respondents (10%) also mentioned other ways that they had heard about the consultation, which included: Facebook (3 mentions), Children's Centre (3 mentions), the Labour Party (2 mentions), and the Council (2 mentions).

Where have you heard about this consultation?

<i>answer options</i>	<i>response count</i>	<i>%</i>
Health centre/GP surgery	22	13%
Newspaper	34	21%
Radio	12	7%
Television	16	10%
Website	20	12%
Word of mouth	43	26%
Other (please state which)	17	10%
<i>answered question</i>		<i>71</i>
<i>skipped question</i>		<i>5</i>



8. Themes emerging from the public meetings – qualitative analyses of the comments received

Nine public meetings were held across the area during the period of engagement which were attended by 293 members of the public, local authority members and other stakeholders. Below is a summary of the main issues raised during the Open Discussion sessions at these meetings.

Clinical Safety

This was by far the biggest concern for people attending the consultation meetings: almost double any other issue. Increased travel distances and concerns about the impact on risks for patients, lack of public transport, and how bad weather can impact on travelling were commonly spoken about.

There was a widespread concern about the transfer of patients from The Friarage Hospital to The James Cook University Hospital, specifically on the safety of patients who have previously been classified as a low risk birth, but become a high risk birth during their labour.

One person was concerned about the lack of road signage between hospitals which could put women at risk.

“there are a number of mothers and fathers who feel that a Midwife-led unit without paediatricians is just too dangerous for low-risk mothers and to add onto that I would like to see figures and the numbers of births that entered The Friarage Hospital over the last five years that are considered as low-risk that have had paediatric or some kind of intervention that would not be there under a Midwife-led unit”

“have been here several times and nothing to do with maternity or paediatrics, what you keep saying is safe – what do you mean by safe? I mean James Cook is not 5 miles away, it is from 23, from here, you have to go 23 to 30 miles to get to a hospital, and so what is safe?”

“It’s a long, long way ... especially children and women when they are in a desperate situation, it’s a long way.”

Response from our CCG

As group of GPs responsible for commissioning services, we absolutely have to put the safety of our patients above everything else. Whilst we all expect NHS services to be safe, we have to strive to ensure they are also of the highest possible quality. This means making sure they are delivered in the most appropriate place, by the most appropriate clinician and with dedicated support teams in place if they are needed.

Ultimately, we realise some children and mums to be may have to travel further but we believe this small increase in extra journey time for some, will be far outweighed by the higher safety standards and levels of care that we will be able to offer.

In our preferred option, the vast majority of children’s and maternity services will still be provided at The Friarage Hospital. Only high risk mums to be and very sick children will need to choose another hospital for their care.

In terms of the transfer of women during labour from the proposed Midwifery Led Unit to a consultant led unit, women would be transferred by emergency ambulance, accompanied by their midwife, following strict safety procedures.

Transport

There was a lot of concern over the availability of ambulance support for women who began their labours at The Friarage but then needed emergency transfer to The James Cook University Hospital.

“I remember when Bishop Auckland did close down some of its services and there was actually a death on a transfer and I know that was quite a while ago, but I think it was in the middle of trying to go from one unit to another unit and I think we have concerns about that.”

“You mentioned about a Consultant travelling, what about patients travelling? The distance from Upper Wensleydale to James Cook and nobody knows how long labour is going to last, it could be 5 minutes it could be 15 hours.”

“I’m a member of the Bedale Community. I’ve been talking to quite a number of young mothers about this particular situation and it’s more of a logistical [problem]. They seem to be quite happy with the way things have been moving at the moment and those that have had children moved to James Cook no problem. The big problem that they seem to keep talking to me about is the logistics of getting in to say, James Cook ... it’s the travelling and I just feel that somewhere in the organisation we mustn’t over look this logistical problem of travelling.”

Response from our CCG

We have listened to concerns and are working closely with Yorkshire Ambulance Service and South Tees Hospitals NHS Foundation Trust to plan for any increase in capacity we may need to provide. Discussions are also underway to develop possible solutions including:

- Making sure the ambulance crews know the best place to take the patient.
- Providing a shuttle bus between The Friarage Hospital and James Cook University Hospital. The shuttle bus will run five full trips per day (ten journeys) every two hours from both locations. It will be a 29 seat, low floor vehicle. The service will operate from Monday to Friday 8am - 6pm for six months.
- Providing a dedicated ambulance – a vehicle for seven days a week. With paramedic and health care assistant. 12 hour shift, 10am - 10pm, for six months. Further consideration for transport and the use of voluntary sector, including sponsorship and shared funding, will continue to be looked at.
- A taxi subsidisation scheme. This will be implemented to support any families with children, who are sent to The James Cook University Hospital A&E by ambulance and are unable to arrange or afford their journey home. This service will operate out of hours only.

Future proofing The Friarage Hospital

Another person suggested that the money be found to maintain The Friarage Hospital services, and that this could be achieved through savings elsewhere. There was also some concern that this was just the beginning of whittling down services at The Friarage Hospital and that this could lead to the hospital closing altogether.

“You have obviously got, or will have possibly, areas that won’t be in use in the Friarage, have you thought about what you are actually going to do with them because the one thing I have noticed that unfortunately James Cook do not seem to do since taking over the Friarage is they will talk about what they are actually going to move from the Friarage but they never advertise what has actually been moved into the Friarage ... and therefore consideration as to what you will do with the space and advertising that would possibly stop people thinking you will be closing completely the Friarage down, which I believe quite strongly you are not, but the public actually think you are.”

Response from our CCG

We would like to reassure people that as a group of local GPs, we have a great regard for The Friarage Hospital and we have a very bright vision for its future. We will continue to work closely with our colleagues at South Tees Hospitals NHS Foundation Trust to ensure that all the services we commission there are safe and sustainable for the future.

Capacity at The James Cook University Hospital

This was the second most commonly expressed concern. Comments were made on whether or not there was additional capacity available at The James Cook University Hospital and whether there had been any analysis on the increased numbers of women who would need to be using the hospital. There was concern that some women who had travelled a long distance but who would traditionally be sent home (during the early stages of labour) would not be able to go home safely, and would refuse to do so, so taking up further space and resource in the hospital.

There was some concern about The James Cook University Hospital being upgraded in terms of décor and equipment. Several people were concerned about the lack of parking at The James Cook University Hospital which they found very frustrating.

“when you get to James Cook there is not parking, [you] end up parking on verges, double yellow lines, in front of other cars, blocking cars in, it’s a really big problem and it’s very stressful when you are a parent with a sick child in your car.”

“And when, obviously there is going to be a lot more people going to James Cook, is there going to be a big overhaul of James Cook to take all these extra patients and kind of cope with the extra demand?”

“I have huge concerns because obviously, having a nursing background, I would want to think that if anything went wrong, the right people were there to help in that emergency. And you know that you are assessing to make sure, but things do go wrong and labours do start early. People do go to the wrong hospital and I think they are my biggest concerns.”

“Are you going to be spending money updating the facilities at James Cook in the actual Children’s Ward so that it is a better experience for children and for the families that are taking it in turns to stay overnight with them?”

“Would you then have already spoken to James Cook to check there is beds available because that was the other issue that we had to ring James Cook to wait for a bed available to then speak to the Ambulance Service to then be transferred and by then, a person in labour can have gone from a two centimetres, eight centimetres and then...”

“Now, presumably in order to cope with the extra workload, you have to employ more Doctors and more Nurses at James Cook and so that is an extra expense and also if there is a problem with the capacity at James Cook, you presumably might have to build a new ward. So, how much is that going to cost? I’m interested in these costs. You go on about The Friarage and £2.7million but there must be extra expense at James Cook with what you are planning and I’m interested on that one.”

Response provided by South Tees Hospitals NHS Foundation Trust

Most large hospital sites across the country have car parking issues – The James Cook University Hospital is no exception – but we do know how frustrating it can be for patients and visitors at times.

Detailed discussions have been taking place with Middlesbrough Council about how the trust can improve – and increase – the number of car parking spaces on site, alongside making access to and from the hospital easier for staff, patients and visitors.

The trust’s plans closely interlink with the council’s ambitions to develop a state-of-the-art sports village off Marton Road, which also includes a residential area on the former Prissick base and Brackenhoe East School sites, and we now have a package of proposals to take forward including:

- Selling off the Brackenhoe site (which was only a temporary car park) as development land
- Buying a piece of land from the council further down from Brackenhoe which would be used to create a permanent car park of 1,100 spaces (this would replace the existing spaces on Brackenhoe – around 900 – plus 200 extra spaces for staff)
- Seeking permission to build another car park on vacant land next to the holistic centre (providing approximately 200 additional patient/visitor spaces)
- Improving access to the hospital by building a dedicated link road to the hospital from Ladgate Lane (in partnership with the council)

Planning applications were submitted to the council’s planning committee at the end of 2013 and have been approved, subject to the trust receiving formal feedback which is expected in early 2014, although this work is dependent on the sale of Brackenhoe.

If approved work could start this summer (2014). The development of a dedicated link road will also help to reduce the traffic congestion on site at peak times and on Marton Road.

South Tees Hospitals NHS Foundation Trust has confirmed it is sufficient capacity at The James Cook University Hospital to accommodate the increased number of children who will need to receive their care here.

For obstetric services, South Tees Hospitals NHS Foundation Trust have looked very closely at our existing accommodation and identified how we can provide the extra space needed. As a result of developments in the hospital we can release beds currently used by other services to increase the number of beds available to the division of women and children, which runs obstetric services.

One of the issues raised through engagement was about accommodation for parents. South Tees Hospitals NHS Foundation Trust has confirmed it can provide more and better facilities by designating rooms which have previously been used as staff residential accommodation for the needs of families.

Maintenance of a consultant led model for maternity and paediatrics services

Several people suggested that consultants should be rotated between the two hospital sites instead of women being required to travel whilst in labour. It was also suggested that this could help keep skills levels up across the two sites. There was also concern about recruitment of consultants and whether this would attract high quality candidates.

“When I was a child I was in hospital for every weekend for 4 years in the Friarage, and I got great care there, but what I wanted to ask was, when a child goes in for something routine at a weekend, which I was on a Saturday and a Sunday, and there was a choice to be made that actually it was better for the child to stay overnight, which sometimes it was for me and I was on a drip and it sometimes overran, that to me is not an emergency for me to be red lighted to James Cook, what would happen in that situation now?”

“Can you not make it compulsory for Consultants and Registrars to rotate around so that they are keeping their skills up?”

“Is there no way that you can actually rotate the Consultants so that they are getting experience at both hospitals and that way it’s the Consultants that are doing the half an hour journey?”

“Over the last couple of years we have noticed this town [Northallerton] get very cut off during the winter periods due to snows, flood and various other things. To the gentleman from the Ambulance Trust, is there a procedure for getting somebody from here to James Cook or anywhere else after noticing the last couple of years when people couldn’t even get out of town?”

“Is there anything specific that prevents the Consultants being shared across the hospitals in a kind of ‘on-call’ basis so effectively moving the Consultants between the hospitals instead of the pregnant ladies?”

Response provided by South Tees Hospitals NHS Foundation Trust

South Tees Hospitals NHS Foundation Trust has frequently been asked why consultants from The James Cook University Hospital cannot work more at The Friarage Hospital on a rotation basis. To maintain inpatient (overnight) services South Tees Hospitals NHS Foundation Trust would need consultants always to be present on-site at The Friarage Hospital.

The consultant staffing we currently have in the trust is sufficient for our current way of working but staff have full job plans (and some do have responsibilities at both hospitals). There is not enough capacity to cover existing duties at The James Cook University Hospital and take on additional work at The Friarage Hospital.

The appraisals carried out by the hospital and by the CCG governing body considered whether a consultant delivered approach was a realistic way to manage services at The Friarage Hospital – and concluded that it was not because the increased number of consultants would still be caring for very small numbers of patients with issues around maintaining their skills (even with some rotation to The James Cook University Hospital this remains a real problem), finding and keeping this number of consultants would be very challenging; and because of the scale of the additional investment required.

Staffing

There was some concern around the shortages of midwives and the national shortages of staff in general. There was also concern about recruitment of consultants and whether this would attract high quality candidates.

Response from our CCG

Despite reports of a national shortage of midwives, we have never experienced any problems locally in this field. Due to the low numbers of patients using the services, it is however difficult to attract senior doctors and nurses to work at The Friarage Hospital. This has had an impact on staffing levels and it is no longer possible to guarantee that the unit will have the medical staff needed for safe and sustainable services.

Patient Choice

Patient Choice came up throughout the consultation discussions with the main concern being that while 'choice' is a buzzword at the moment, people felt very concerned that they were being left with very little or no choice at all.

"You say it's a big and busy hospital The James Cook University Hospital, I wouldn't like to be there, it would freak me out, my choice would be the Friarage but that isn't going to be a choice is it?"

"My question is about patient choice and sustainability. On your little diagrams as well, it is clear on those as well, if I was to take my child or go into labour at The Friarage Hospital as low risk and then things changed or I needed an overnight stay for a child because they are not improving, is patient choice still available there or is it an automatic transfer to James Cook?"

Response from our CCG

We want to continue to offer choice to mums to be and families of where they can receive their treatment or care.

Our proposals will ensure women who are at low risk of complications can still choose to give birth locally at The Friarage Hospital in a Midwifery Led Unit. Women who are at high risk will have a choice of high performing hospitals in the local area in which to deliver their baby.

Both our proposals include the option to invest more in community services, meaning that there will be more choice about where children can receive care.

Our proposals will improve outpatient services using innovative solutions such as telemedicine.

The proposal and consultation process

There were a number of people who expressed concerns over the cost of the consultation and then the implementation of the plan. Several people thought that the decision was already made and that the consultation was a box ticking exercise.

Response from our CCG

As a public body, we have a statutory duty to consult with the public on any changes to services. We have however, tried to keep the cost of the consultation to a minimum by using community venues for events and not using any paid for advertising. No decision has yet been made about how children's and maternity services will be delivered at The Friarage Hospital and all feedback received during the consultation will be used by the CCG to inform plans for the future.

A selection of other comments made:

"I have huge concerns because obviously, having a nursing background, I would want to think that if anything went wrong, the right people were there to help in that emergency. And you know that you are assessing to make sure, but things do go wrong and labours do start early. People do go to the wrong hospital and I think they are my biggest concerns."

"We are talking about after care where the other services then need to be involved to support the mum, the baby, the bond and The Friarage Hospital have supported me and I just don't want to see this service closed at all. The Obstetricians have been brilliant, the midwives have been brilliant and I don't think anyone is actually considering the human cost of this regardless of a healthy baby and a healthy mum at the end and that is my concern."

"You mentioned about a consultant travelling, what about patients travelling? The distance from Upper Wensleydale to The James Cook University Hospital and nobody knows how long labour is going to last, it could be 5 minutes or it could be 15 hours."

9. Other feedback received

Throughout the consultation, we encouraged people to provide their feedback through filling in the survey, writing to us or sending us an email. We advertised a freepost address and a dedicated email address for people to use for this correspondence. In total, we received 19 responses. Nine responses were from members of the public and ten were official responses from key stakeholders. These were:

Local Authorities

- Hambleton District Council
- Richmond Town Council
- Richmondshire Area Committee (North Yorkshire County Council)

Neighbouring Scrutiny Committees

- Tees Valley Joint Health Scrutiny Committee
- Middlesbrough Council Health Scrutiny Panel
- Darlington Health and Partnerships Scrutiny Committee

Parish Councils

- West Witton Parish Council

MPs

- Rt Hon William Hague MP

Healthcare Organisations

- Royal College of Midwives
- Securing Quality in Health Services (SeQIHS)

Summary of Stakeholder Responses

Three letters received showed support for the changes to maternity and paediatric services to go ahead. Notably, these were from our neighbouring local authority scrutiny committees, Tees Valley Joint Health Scrutiny Committee, Middlesbrough Council Health Scrutiny Panel and Darlington Health and Partnerships Scrutiny Committee.

Comments from the letters included:

“The Scrutiny Committee (Darlington Borough Council’s Health and Partnerships Scrutiny Committee) are very aware of the financial constraints that the NHS operate within and acknowledge the shortage of consultants in numerous fields across the North East Region.

Members are fully committed to supporting local NHS in providing safe and sustainable high quality services across the locality and understand the network approach that operates for specialist care and the use of Centres of Excellence. Members also welcome the good relationships between Hospital Trusts and local Clinical Commissioning Groups.”

“The panel (Middlesbrough Council Health Scrutiny Panel) agrees with the overall case for change at the Friarage due to the concerns over the safety and sustainability of current children and maternity services there. The panel recognised that the review is being clinically led and that to do nothing was not an option.”

“The Joint Committee (Tees Valley Joint Health Scrutiny Committee) agrees with the overall case for change at the Friarage due to the concerns over the safety and sustainability of current children and maternity services. The units at the Friarage have already been subject to a temporary suspension of services and it would not be acceptable to continue with the on-going risk of this happening again.”

We received a letter from the Chair of the Securing Quality in Health Services (SeQIHS) Project. The SeQIHS project is led by the CCGs across Durham, Darlington and Tees and follows on from a piece of work initiated by the former County Durham, Darlington and Tees Primary Care Trusts. The overall objective of the project is to enhance the commissioning of acute hospital services by reaching agreement on the key clinical quality standards in acute hospital care that should be commissioned by CCGs. Whilst the members of the project board did not think it was appropriate to make a preference regarding the option to be taken forward, **they did support our evidence base and case for change**, as described in the extract below:

“The SeQIHS project understands and is supportive of the case for change you have set out and the options you have identified to respond to the circumstances you face and recognises that these align with the clinical standards agreed through the project.”

Five responses we received expressed concerns over the proposals. These concerns were from Hambleton District Council, Richmond Town Council, Richmondshire Area Committee, West Witton Parish Council and Rt Hon William Hague MP.

The main areas of concern included:

- Public confidence in the future of The Friarage Hospital
- Travelling distances and times to alternative hospitals
- Capacity of the ambulance service
- Sustainability of the Midwifery Led Unit
- Ability of the alternative hospitals to cope with any increase in capacity
- Time and money spent on the consultation process
- Can a unique solution be found to the issues faced at The Friarage Hospital

A summary of comments from the letters are:

“I recognise that The Friarage Hospital faces legitimate challenges with its current model of maternity and paediatric service provision. However, as many other maternity units across the country have demonstrated, these problems are surmountable – that may mean finding a unique solution.” Rt Hon William Hague MP

“Richmondshire Area Committee would like to consider supporting an alternative option, albeit in a different format to those proposed in the consultation, that would retain consultant led Children’s and Maternity Services at The Friarage Hospital, on the basis that a review of those proposals proved an alternative option to be both safe and affordable.”

“A lot of money has been spent on The Friarage Hospital in the last few years, residents are now worried it may close. There are problems attending other hospitals with parking and distances to travel, worries about being taken to other hospitals and being left miles away from home.” Hambleton District Council

Finally, we received a detailed response from **The Royal College of Midwives (RCM)**, the professional and trade union membership organisation that represents the vast majority of midwives working at the Friarage Hospital.

The comments set out in the submission reflect the views of RCM members, representatives and officers and principally address the consultation proposals that relate to the provision of maternity services at the Friarage Hospital.

It raises some important points and expresses some concerns around areas such as:

- Long term future and sustainability of the proposed Midwifery Led Unit
- Distances and journey times for pregnant women to get to another hospital
- Capacity of the ambulance service to cope with any increased demand

It also **makes a number of recommendations** in terms of the development, staffing and marketing of the proposed Midwifery Led Unit. These include:

- The MLU is vigorously marketed locally, with every effort made to engage with local women, their families and community and user groups;
- The staffing structure for the MLU is robust and includes, strong leadership and core staff committed to midwifery led care and normality; and
- Risk categories and admission criteria are developed for the MLU, which are consistent with evidence-based practice.

Key themes from responses from members of the public

A total of nine responses were received from members of the public. From these responses, four were expressing concerns about the proposals, three supported the proposals, one expressed concern over the consultation process and one was an option for the future which is described in section 9 of this report in more detail.

A summary of comments supporting the proposals

- *“I have to say that I support the changes. We cannot expect every service to be at every road end. It is clearly better for specialist services to be concentrated in centres of excellence like The James Cook University Hospital and for The Friarage Hospital to provide what it is good at.”*
- *“I have just read your documentation and congratulate you on an excellent argument. I personally favour Option 1 but would urge you to beg The James Cook University Hospital to provide improved signage and car parking.”*

A summary of comments expressing concern

- *“Losing the consultant led services at our local hospital will make it much harder for patients and their families to access healthcare. Travelling to other hospitals as described in the proposals rely on having access to a car.”*
- *“As you will be aware the local community very much values the range of service provided by the hospital, and none more so than these particular specialisms. Removal of such provision will mean that some communities and individuals in our region will have to travel unacceptable distances to seek assistance. On a practical note, these people will have to shoulder the various additional costs associated with closure; this introduces more stress in difficult times, especially in poor weather.”*

A comment regarding the consultation process

- *“Forgive me for my confusion - but didn't we have a long process of consultation last year? What happened to all the results of the last 'Consultation Process'? What was the point of that and is there a danger that people will indeed feel it's a waste of time turning up - if the strength of feeling displayed last time didn't get the message across?”*

10. Alternative options put forward by the public

One of the recommendations from the review by the Independent Reconfiguration Panel was to “invite new options and not limit respondents to those listed”. This was detailed in its letter published on 23 May 2013. As a result, we asked members of the public to put forward any suggestions for the future which have not yet been considered. We received three submissions which are summarised below. The full documentation for all of these proposals can be found on our website at

www.hambletonrichmondshireandwhitbyccg.nhs.uk/friarage-hospital-childrens-services/consultation-feedback-alternative-proposals-put-forward-and-next-steps

Option 3 - Suggestions for Reconfiguration of Children's Services at The Friarage Hospital Submitted by Andrew Newton (Open Access Parent)

In summary, this proposal suggests:

- SSPAU services should be 7 days per week in line with government policy
- Offer better support to people in their own home
- Provide a monitoring and observation unit 24/7 with beds for overnight stays
- Enhance to 24/7 community and paediatric nursing within Hambleton and Richmondshire
- Provide access to outpatients 7 days per week
- Develop the role of GP as Gatekeeper to support open access patients
- Enhance the use of telemedicine/technology
- 24/7 Paediatrics Services in the community to provide dressing changes, Nasal Gastric Tube (NG) refitting / replacement, Blood Tests, Enemas, IV antibiotics and other treatments such as Factor for Haemophiliacs, Patient Assurance, Oxygen Monitoring, Administering certain drugs and monitoring. This supports the agenda for care outside of hospital and closer to home.
- Outpatients via teleconferencing (this provides a video link between the patients and the clinician using videoconferencing equipment) and could be used to explore what could be delivered remotely with a nurse at the Friarage Hospital for a range of specialist clinics such as hand splint clinic, neurology, gastroenterology, spinal and Botox, ENT, oral surgery or others areas as deemed clinically appropriate.

Option 4 - Proposal for Maintaining 24 hour Consultant Cover at The Friarage Hospital Submitted by David Williamson (Nurse and member of Facebook campaign group)

In summary, this proposal suggests:

- Supportive of a MLU approach by the CCG
- Nurse led paediatric overnight model which in the view of the author is how the service is currently operated at night now
- The option suggested two nurses and one ‘on call’ Senior House Officer but no consultant out of hours to be based at the Friarage Hospital should be the future staffing model. In addition, the author proposed if a child deteriorates a Consultant at The James Cook University Hospital would be able to offer advice to the team at The Friarage Hospital.

- Staff rotation to be used to ensure the right nursing skills of staff are maintained between The James Cook University Hospital and The Friarage Hospital workforce.

Option 5 - Our Model for the Future Provision of Children's and Maternity Services Submitted by Richmondshire District Council

In summary, this proposal suggests:

- This option suggest the continuation of a consultant led unit for maternity and paediatric services, through the increased use of ANNPs/APNPs to cover the gaps in middle grades and through up-skilling midwives/paediatric teams so there is less demand consultant time, when on call. The option also suggested offering overnight stays for paediatric children.
- Address skills mix and no middle grades through clinical research fellow from local universities and teaching hospitals/employ speciality doctors. Use Advanced Nurse Practitioners (ANPs) in replacement for middle grade paediatric trainees and obstetric trainees. It is suggested that the present cadre of midwives and paediatric nurses working at the Friarage would readily step forward to be trained as ANPs.
- Address on call issues through an employment strategy which makes it mandatory for all consultants to live within 20 minutes of The Friarage Hospital and/or integrated rotas between The James Cook University Hospital and The Friarage Hospital sites.
- Continue to provide a full A&E for major and minor illness and injury services.
- Develop and consider a Young Persons Unit, with the suggestion that this can be delivered with no additional cost.
- Have a more relaxed approach to the Royal Colleges recommendations. In other words, do not meet the Royal Colleges recommendations.
- Increase patient activity within the obstetric unit by 500 births a year by diverting births presently taking place at James Cook University Hospital to The Friarage Hospital. It is hoped that increasing the number of births at the Friarage would improve sustainability and the skills and competencies of the doctors and nurses.
- Suggested overall services would cost around £200,000 to deliver.

Next steps

We are extremely grateful for the time and effort that the authors of the three proposals have spent in developing their submissions. It is obvious that a great deal of commitment was shown and a vast amount of work went into them.

The next step is for the three proposals to be assessed at a number of clinical review meetings, to see if they are viable options for the future. The authors of the new options will be invited to take part and provide more details and insight into their proposals. We will also be working closely with the authors of the proposals to establish the costs for the options and the financial implications of each one.

This stage of the process will also include a review by the National Clinical Advisory Team (NCAT), who will conduct an independent assessment and make recommendations as to whether the options are viable.

Following this process, they will be assessed by our Council of Members (a representative from each GP practice in our area) using the same criteria we used to assess all the other options.

It is also worth noting that elements of each of the proposals which are deemed to be viable could come together to support option 1 or 2, and support the CCG in developing a unique solution, in line with the recommendation from the Independent Reconfiguration Panel.

11. Next steps

The findings from the consultation will ensure that our clinicians are aware of local people's views when they make a decision about the future of children's and maternity services at The Friarage Hospital.

Feedback obtained during the consultation will be considered by our Council of Members, alongside clinical recommendations, quality and safety data and financial information to determine which option should be taken forward.

The options, (including the three new options) will be assessed using a robust scoring system and the highest scoring option will be taken to our CCG's Governing Body Meeting on 27 February 2014 for final approval.

An implementation plan will then be developed, in partnership with South Tees Hospitals NHS Foundation Trust, to implement the new model for children's and maternity services at The Friarage Hospital.

12. Glossary of health and medical terms

Term	Definition
Acute Care	Medical or surgical treatment usually provided in a general hospital.
Care Pathways/Patient Pathways	Structured, multi-disciplinary plans of care designed to support the implementation of clinical guidelines and protocols. They provide detailed guidance for each stage in the management of a patient (treatments, interventions etc) with a specific condition over a specific period of time. They aim to improve the continuity and co-ordination of care across different disciplines and sectors.
Clinical	Literally means 'belonging to a bed' but is used to denote anything associated with the practical study or observation of sick people
<p>Clinical Commissioning Group (CCG)</p> <p>In this document, the CCG is referring to NHS Hambleton, Richmondshire and Whitby CCG</p>	<p>Under the Health and Social Care Act (2012) from 1 April 2012 CCGs (made up of GPs from constituent practices and other primary care professionals) took over from Primary Care Trusts the responsibility for commissioning hospital and other healthcare services for the local population.</p> <p>Front line clinicians are provided with the resources and support to become more involved in commissioning decisions and clinicians have greater freedoms and flexibilities to tailor services to the needs of the local community.</p>
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community Health Services	Treatment provided to people outside of hospitals, together with preventative services such as immunisation, screening or health promotion.
Consultant	Senior physician or surgeon advising on the treatment of a patient.
Day Care	Health care services provided during the day, without being admitted to a hospital bed overnight, for example, blood transfusions, chemotherapy.

Diagnostics	Procedures used to distinguish one disease from another, for example, laboratory tests, x-rays, endoscopies
European Working Time Directive (EWTD)	The EWTD is a directive from the Council of Europe (93/104/EC) to protect the health and safety of workers in the European Union. It lays down minimum requirements in relation to working hours rest periods
Elective	A planned episode of non-urgent care, usually involving a day case or inpatient procedure.
Emergency	An urgent unplanned episode of care.
General Practitioner (GP)	A doctor who has a medical practice (general practice) in which he treats all illnesses. Usually referred to as a GP and sometimes known as Family Doctor/Practitioner.
Integrated Care	Bringing together health, social care and voluntary and private sector services to provide a 'one-stop shop' for health and social care. May include community wards, outpatient clinics, GP and dental practices, social services department.
Integrated Health & Social Services	Bringing together commissioning and provision of services by health and local authorities to work in partnership and deliver integrated care for patients.
Intermediate Care	Short term intervention (usually up to six weeks) by a multi-disciplinary team, provided in patients' own homes or a care environment, aimed at preventing hospital admissions or facilitating hospital discharge.
Minor injuries	Examples are cuts, bruises, scalds and sprains. The role of a minor injury unit or service would be to provide treatment for such minor injuries.
Models of Care	Guidance on ways of treating patients that are based on clinical evidence.
National Clinical Advisory Team (NCAT)	The NCAT are part of the Department of Health and provide clinical experts to support advise and guide the local NHS on service reconfiguration proposals to ensure safe effective and accessible services for patients
NHS Foundation Trust	Public bodies providing NHS hospitals, community and mental health care and ambulance services.

Out of Hours Services	Medical cover provided outside the normal working hours of community health care professionals, usually from 6pm-8am Monday – Friday and 24 hours during weekends and Bank Holidays.
Neonatal practitioner	Healthcare professional caring for the health of new born babies.
Obstetrician	Senior doctor/consultant working in the field of medicine concerned with the care of women during pregnancy, childbirth and the period following birth.
Obstetrics	The field of medicine concerned with the care of women during pregnancy, childbirth and the period following birth.
Open access	Facility offered to those children where parents can phone the ward and self-refer directly, without going through the GP or A&E.
Overview and Scrutiny Committees	The role of overview and scrutiny differs from authority to authority and can usually be ascertained with reference to the Council's Constitution. This is often undertaken by questioning executive councillors, council employees and representatives of other organisations such as NHS on decisions made and policies being pursued in the local area. This kind of formal holding to account usually happens "in committee".
Paediatrician	Senior doctor/consultant working in the field of child healthcare.
Paediatrics	General medicine relating to child healthcare.
Primary Care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.
Primary Care Services	Care provided by GPs and other healthcare workers in the community.
Primary Care Trusts (PCTs)	Former free-standing statutory NHS bodies with responsibility for delivering health care and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions. They were disbanded on 31 March 2012 and their commissioning role was passed to Clinical Commissioning Groups.

Providers	Organisations providing healthcare services.
Risk assessment	The identification and analysis of relevant risks to the achievement of objectives.
Risk	The possibility exposure to some form of loss or damage.
Secondary Care	Specialist health care services that treat conditions which normally cannot be dealt with by primary care practitioners (i.e. GPs, therapists, community nurses etc) or which are as the result of an emergency. It covers medical treatment or surgery that patients receive in hospital following a referral from a GP. Secondary care is made up of NHS foundation, ambulance, children's and mental health trusts.
Social Care	Care provided in people's own homes or in care/residential homes which does not require nursing skills, for example, washing, dressing, and housework, help with eating.
Specialist	Someone devoted to the care of a particular part of the body, or a particular aspect of diagnosis,
Specialist Services	Advice guidance and assessment provided by professionals with particular expertise.
Stakeholder	Organisations and individuals with an interest in the activities of an organisation.

Appendices

Appendix 1 Letter from the Independent Reconfiguration Panel	 Appendix 1 - IRP Letter.pdf
Appendix 2 Communications and Engagement Strategy	 Appendix 2 - Communications and I
Appendix 3 Consultation Document	 Appendix 3 - Friarage Childrens an
Appendix 4 Media Summary	 Appendix 4 - Media Summary.pdf
Appendix 5 Open Access Update	 Appendix 5 - Open Access Update.pdf
Appendix 6 Report from Staff Briefing	 Appendix 6 - Report from Staff Briefing .p