ITEM 4

North Yorkshire County Council

Scrutiny of Health Committee

9 November 2012

Children's and Maternity Services at the Friarage Hospital, Northallerton – Current Situation

Purpose of Report

1. The purpose of this report is
   a) to update the Scrutiny of Health Committee on developments with regard to Children's and Maternity Services at the Friarage Hospital in Northallerton.
   b) provide an opportunity for the Committee to confirm the next steps in terms of its continued involvement in this matter.

Recent Developments

2. The Committee has had an on-going involvement in this matter and has been kept abreast of developments throughout the engagement process led by the CCG.

3. On 25 September 2012 the Board of NHS NY&Y considered the CCG's report on the outcome of the engagement process with a view to agreeing the options to be included in the formal consultation. The report outlined options for the reconfiguration of paediatric and maternity services:

   Option 1 - Sustaining a consultant led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.

   Option 2 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.

   Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.

4. The Executive Summary from the report is attached as APPEDNDIX 1.

5. At that meeting the Chief Executive of NHS NY&Y advised the Board that legal advice had been sought and the conclusion reached was that the consultation should not be on a single option nor on an option that could not be delivered. On the basis of this evidence and the guidance from the Strategic Health Authority's

Service Change Assurance Process, the Board of NHS NY&Y agreed to consult on Options 2 and 3 only.

6. The Board concluded that Option 1 was not feasible given that significant investment would be required to increase the staffing levels to address the issues around quality and safety, and that even if additional investment was made, the service would not be clinically sustainable due to staffing and recruitment issues. This view has also been supported by the Department of Health's National Clinical Advisory Team (NCAT), whose report is attached as APPENDIX 2.

7. NHS NY&Y intended to launch the consultation on 1 November 2012 but on 23 October 2012 it decided to postpone the start date. NHS NY&Y took the view that to embark upon such an expensive and time consuming exercise would be inappropriate if, as seems likely, the Committee does refer the proposed options to the Secretary of State for Health.

8. Dr Vicky Pleydell, Shadow Accountable Officer for the CCG, will be attending the meeting to summarise the case for change, why it was planned to only include options 2 and 3 in a formal consultation and why the consultation has been postponed.

Richmondshire District Council

9. At their meeting on 23 October 2012 Richmondshire District Council considered a Notice of Motion put forward by the Leader of the Council, Councillor John Blackie. The resolution is attached as APPENDIX 3.

Next Steps – Special Meeting

10. A special meeting of this Committee has been set for 22 November 2012, starting at 7.00pm in the Allerton Court Hotel, Northallerton.

11. The meeting will give the Committee an opportunity and to hear "first hand" the views and concerns expressed by members of the public.

12. The conclusion of the meeting will be the Committee will consider whether or not it should refer the proposed loss of a full consultant led paediatric and maternity service at the Friarage Hospital to the Secretary of State for Health in accordance with its statutory powers.

Recommendation

13. Members are asked to consider this report and agree the way forward in terms of the Committee's continued involvement in this matter.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON
30 October 2012

Background Documents: None

Hambleton, Richmond & Whitby CCG Report: Outcome of the Engagement Process on Children's and Maternity Services at the Friarage Hospital, Northallerton

Executive Summary

Introduction

In July 2011, South Tees Hospitals NHS Foundation Trust (STFT) approached NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) regarding concerns about the future sustainability of paediatric services at The Friarage Hospital, Northallerton (FHN).

A series of discussions between the GP commissioners and consultant staff from the hospital took place in the autumn of 2011. The CCG then invited the National Clinical Advisory Team (NCAT) to visit in December 2011 to review the clinical case. The NCAT report led to a decision to have a conversation with local patients, the public, NHS partners, the Local Authority, the voluntary sector and other stakeholders about the problems the service faces and also to include in that conversation the future of maternity services at the FHN as this is fundamentally linked to the paediatric service in terms of sustainability. These conversations took place from April to June 2012.

As well as conducting a comprehensive engagement exercise the CCG and STHT also spent time developing their understanding of the current clinical evidence by interrogating the academic literature and looking at models from around the country. Assessments of the possible impact of any changes to the service which might result were also undertaken including overall risk, travel, ambulance services, impact on neighbouring trusts, the local economy and equality.

This report details the clinical case for change, the results of the engagement exercise, the various assessments and a review of the evidence. It also details the method by which the potential options were assessed and the outcome of that option appraisal. **It is the next step in a complex process but is not a decision.** The process is as follows:

- This paper outlines the preferred clinical option chosen by the GP Council of the CCG and a recommendation that that be included in any consultation going forward.
- The CCG will make a formal recommendation to the NHS North Yorkshire and York (NHS NYY) Board to consider.
- The NHSNYY board will then make a decision about which options to take to public consultation (following a successful assurance assessment by the SHA)

The clinical case for change

There is a strong clinical case for change of the services and these are detailed below:

- FHN is a very small hospital. The Royal College of Paediatrics and Child Health (RCPCH) classify it as a very small paediatric unit (less than 1500 unscheduled admissions per year). The maternity unit has 1250 deliveries per year which makes it one of only eight units in the country delivering less than 1500 babies per year.

- Changes in the way we treat children and the general improvement in our health means fewer unwell children need to stay in hospital overnight but can, instead be safely cared for in their own homes with their families. The average

length of stay for a child at FHN is now 0.7 of a day. These children can be supported by the Paediatric Assessment Unit or Community Nursing Teams in their own home. The small group of children who are very unwell and need to stay overnight require a higher level of both medical and nursing intervention, skills and competency and care in an environment that meets their needs.

- Women with uncomplicated births now often choose to leave hospital after only a few hours, reducing the need for post natal beds. However there is also an increase in high risk pregnancies overall. This is due to demographic factors including obesity, increased age at first pregnancy and a higher rate of multiple pregnancy (twins, triplets etc). Many of these women already deliver their babies at James Cook University Hospital so they have access to more comprehensive services, should they require them, including a Paediatric Intensive Care Unit (PICU)

- The way doctors are trained and want to work when they become consultants has changed. Advances in medical care means doctors develop advanced skills in specific areas within a specialty (care of the new-borns, asthma, diabetes etc), rather than have generalist skills. Replacing the current FHN consultant workforce, several of whom are coming up to retirement with similar doctors with the same wide range of generalist skills is becoming increasingly challenging.

- Higher safety and quality standards have been introduced to improve patient care. These require clinicians to train and work in environments where they have regular exposure to large numbers of patients with varied and complex problems so that they are able to maintain and develop their clinical skills. These guidelines suggest doctors should work in large clinical teams to give patients access to specialist high quality care at all times.

The evidence
A review of the available evidence supported the clinical case for change. At the request of local politicians and the Rt Hon William Hague the Trust and the CCG have carried out further work " to leave no stone unturned" to look at small paediatric and maternity units throughout the UK and see if any alternative models had been overlooked and which might address the issues of sustainability and clinical risk. Richmondshire District Council also undertook a survey of small hospitals and shared its findings widely. The conclusion from this work was that these units are experiencing similar difficulties, albeit in different timeframes and that the issues faced here are replicated across the country. Some solutions requiring significant investment are unaffordable financially but also do not deliver a sustainable model for the future.

Impact assessments
These are detailed in the main document. Travel was an issue raised during the engagement exercise by the public on many occasions. Analysis of the data shows all residents will be able to access a consultant led inpatient unit within an hour drive by car and 98% within 45 minutes travel time by car whatever option is adopted. The other local providers include:

York Hospitals Foundation Trust
County Durham and Darlington NHS Foundation Trust
Harrogate and District NHS Foundation Trust
James Cook Hospital, STFT.

A plan to strengthen community transport to support those most disadvantaged by any changes is being developed. Work with the Yorkshire Ambulance Service and other ambulance trusts is underway to develop more detailed proposals. Work to date indicated the impact would be small but plans are in place to provide additional resource whilst any new services are put into place, even if only temporarily until the impact can be properly assessed.

Principles underpinning the CCGs approach:
The CCG must commission services that are safe and sustainable. The CCG is committed to working in an open, honest and transparent way, ensuring at every point we listen carefully to the messages from the public and stakeholders.
The CCG is committed to developing a safe sustainable and vibrant future for the Friarage Hospital.

The CCG's strategy includes a commitment to provide care as close to patients' homes as is clinically safe to do. The Group is keen to develop community services so care that has traditionally been delivered in an acute hospital setting can be delivered in patients' homes, local surgeries or community hospitals.

The CCG has a statutory responsibility to commission services for its residents within the financial envelope allocated to it by the National Commissioning Board. NHS North Yorkshire and York has declared a countywide deficit of £19M for 2012/13. The CCG is actively planning how to reduce the deficit by improving pathways of care across the system. It is a significant challenge. There is no additional money within the system to fund extra investment.

The CCG cannot consult on an option it cannot afford to commission unless it is able to include plans which clearly demonstrate where the additional funding can be found from within its financial envelope. Therefore any additional investment would require that money to be taken away from another service at present providing care for people in Hambleton Richmondshire and Whitby.

At present the CCG has delegated responsibility from North Yorkshire and York NHS Cluster for commissioning. After successful authorisation in November 2012 the CCG will take on statuary responsibility from April 1st 2013.

Option appraisal
The CCG went through a rigorous option appraisal exercise during which the original 7 options discussed with the public during the engagement exercise were reduced to 3 using a framework outlined in detail the main document. The 3 remaining options were:

Option 1 - Sustaining a consultant led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.

Option 2 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.

Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.

The GP Council, consisting of a representative from each practice developed a clinically preferred option using the scoring tool which had been used previously in each practice and then collating the scores. The clinically preferred option was option 2. The rationale behind the decision was that it offered the best access to high quality services within the financial envelope available. Option 1 was both unsustainable and unaffordable and Option 3 provided reduced access.

Assurance process

1. Assessment of the clinical case for change by NCAT December 2011.
2. Assessment against the 4 reconfiguration tests by NCAT August 2012.
3. Assessment of the process undertaken and readiness for consultation by Gateway (a gateway 0 review) August 2012. This gave the process an Amber rating and an action plan has been developed to address the recommendations (see appendix).
4. A full NHS North of England Service Change Assurance Process (SCAP) will be undertaken by the SHA in October 2012.

Recommendations:

The Shadow Governing Body (SGB) of the CCG is requested to consider the proposals for service reconfiguration of paediatric and maternity services at the Friarage Hospital Northallerton and to:

- Agree that the clinical case for change is made.
- Endorse the outcome of the GP Council of Members to recommend that the PCT considers proceeding to public consultation including the CCG clinically preferred option
- Consider the breadth of the consultation exercise and offer a view on the issues to be consulted on.
- Agree the action plans to address the Gateway 6 recommendations before formal consultation begins.
- The Board of NHS North Yorkshire and York Cluster is asked to consider the outcome of the SGB deliberations and the recent NCAT and Gateway August 2012 Report and:
- Comment on the process to date and the level of assurance obtained.
- Agree that the clinical case for change is made.
- Agree on the options and issues to be included in the consultation process (after full SCAP approval by the SHA).
- Endorse the action plan produced by the CCG to deliver the recommendations of the Gateway0 review requiring support from the PCT regarding managerial capacity.

National Clinical Advisory Team - NCAT

To: NHS Yorks & The Humber

Chair: Dr Chris Clough
King's College Hospital
Denmark Hill
London
SE5 9RS

Administrator – Judy Grimshaw
Tel: 020 3299 5172
Email: Judy.grimshaw@nhs.net

Reconfiguration of paediatric and maternity Services at the Friarage Hospital Northallerton

Date of visit: 21 August 2012

NCAT Visitors: Dr Chris Clough, Chair NCAT, Consultant Neurologist
Professor Suzanne Truttero, Midwifery Advisor

1. Introduction

1.1. NCAT was invited to revisit the Friarage Hospital Northallerton to fulfil its role of clinical assurance of reconfiguration prior to public consultation. NCAT had previously visited the Friarage Hospital on 12 December 2011 to advise on reconfiguration of paediatric services and at that time had supported the clinical case for change for paediatric services. The visit also concluded that there were important considerations for the maternity service and a requirement to describe the future configuration of services to be provided by the Friarage Hospital. This report should be seen together with the previous NCAT report, but essentially the role of this visit was different, being one of fulfilling the statutory role of clinical assurance.

2. Information Provided

Prior to visit

- Trust Business case submitted to Board
- Joint engagement strategy
- List of stakeholders
- Information provided for public meetings
- Schedule of meetings
- Impact of the options on patient flow –v3
- Needs assessment

At Visit

- Hambledon, Richmondshire and Whitby CCG
- Impact of the service change options on patient flow and travel times August 2012 version 4

- Gathering evidence from different parts of the country – August 2012
  Evidence submitted on the day by Cllr John Blackie, Leader
  Richmond District Council
- Press Release - Research uncovers a bright future for small hospitals
  with consultant maternity and children's units
  Supported by key information from the Richmondshire District
  Council's survey of small hospitals operating 24/7 consultant-led
  maternity and children's services conducted June-July 2012

3. **Case for change and draft proposals**

3.1. NCAT in its previous visit had supported the case for change for paediatric services – please see NCAT report December 2011. This remains the same, that is there is a small inpatient paediatric unit at the Friarage Hospital, supervised by on-site and on-call junior staff at SHO level without middle tier supervision and on-call at home consultant cover (5½ full time equivalents). These medical staff also provide cover for the small special care baby unit which supports the obstetric unit. The unit had already experienced problems of recruiting and retaining consultants and it was feared that with the coming retirement of the more senior consultants, the unit was under threat. Already there had been an episode where the unit had to close suddenly, not only with consequences for the paediatric unit but also the obstetric unit.

3.2. South Tees Hospitals NHS Foundation Trust (the Trust) had taken account of the Royal College of Child Health publication "Facing the Future" which has advised that small paediatric units should consider moving the inpatient service to merge with larger units but retain other children's services, and consider the development of a paediatric assessment unit. The Trust has considered several options and concluded that the do nothing option was not acceptable. The Trust is proposing that the inpatient service at the Friarage Hospital closes; other options have been considered such as the creation of a paediatric assessment unit within limited hours, eg 10am to 10pm, or having no paediatric assessment unit but a continuation of outpatient services on site. The clinical risk profile and financial modelling indicate that there is very little to choose between the two latter models, but there was a significant clinical and financial risk with continuing the status quo. Hence it has been concluded that, in order to preserve patient choice, the preferred option would be to transfer inpatient paediatric services to James Cook University Hospital and retain a paediatric assessment unit at the Friarage, opening hours to be decided.

The Board of NHS North Yorkshire and York (the PCT) is meeting on 25 September to discuss these options and decide which should go forward for public consultation.

3.3. At the last NCAT visit the consequences for maternity services were considered. At that time the consultant obstetricians recognised the problem that closure of the paediatric inpatient service would have for their obstetric unit, but felt there may well be ways round this and wished to consider all other options in order to keep the unit open taking higher risk pregnancies. However the problem is that, without onsite paediatric presence, it would be difficult to operate the special care baby unit out of hours. Since the NCAT visit there have been further difficulties with recruiting to the obstetric service and the realisation that the service remains at risk. The consultant obstetricians have recognised this and wish to consider other options for the birthing unit at Friarage Hospital. These include continuing the service with other models of care, both to sustain the obstetric component but also SCBU; secondly to continue with a midwife-led birthing unit as a stand-alone unit, and lastly to close all birthing services at Friarage. All three models envisage that there will be a full continuance of all other maternity services at the Friarage Hospital.

3.4. At the request of local politicians and the MP, the Rt Hon William Hague, the Trust has carried out further work to look at small paediatric and maternity units throughout the UK to see if there are any alternative models that have been overlooked and which might address the issues of sustainability and clinical risk (see "gathering evidence from different parts of the country" and separately submitted paper from Cllr Blackie). The conclusion from this work was that all these units were experiencing some difficulties with regard to sustainability and different solutions have been embraced which have caused significant affordability issues, and not necessarily addressed the problem of sustainability. Thus whilst lessons can be drawn for the Friarage, each unit in turn had its own different set of problems of geographical location, size and population base, but none had a solution that might be pertinent to the Friarage. Hence it was felt that the "do nothing" option was not acceptable. The preferred option for the Trust would be to maintain a stand-alone midwife led birthing unit or not to have any births at all at the Friarage Hospital but maintain all other maternity services. The clinical risk profile and financial modelling were not significantly different for these two last options hence the Trust would much prefer to continue to offer birthing services at the Friarage.

4. Views expressed on the day of the visit

(please see Appendix 1 for list of people met and programme of visit)

4.1. Since NCAT last visited there has been a substantial programme of engagement with the public, local GPs and Clinical Commissioning Groups. (CCGs) We agreed that no stone should be left unturned in trying to seek out a solution to the problems of the paediatric and maternity services at the Friarage.

4.2. The local GPs have voted overwhelmingly in favour of one option which is our favoured option – to retain a paediatric assessment unit and midwife led birthing unit at the Friarage, and would prefer that only one option goes to public consultation.

4.3. Whilst financial matters have not driven these changes, it would be foolish not to recognise there are considerable financial difficulties within North Yorkshire, with the likelihood of £19 million historical loss being passed onto the CCG, largely a consequence of the funding formula applied to our rural population. It is unlikely though that throwing money at this problem will actually make it go away.

4.4. The public's main concern was not about paediatrics, but the retention of maternity services which has a good deal of support. Overall the public see any change in service as "death by many cuts" and because of this tend to resist any change.

4.5. Historically patients from Hawes have tended to flow down to the Friarage even though the travel times to Darlington are only slightly longer. We think this is due to historic referral patterns, as GPs and specialists within Yorkshire trained together and know each other well, whereas the Darlington doctors have closer affiliation to Newcastle Medical School etc. The main issue for travel times is therefore not about the remote areas, but for Northallerton as this population would need to travel for certain services, but the numbers would be small and potentially even smaller if we can enhance supportive discharge and community services. For instance, children requiring tube feeding could be looked after at home if there was sufficient nursing support for them rather than keeping them in hospital.

4.6. The emergency medicine services are concerned about the change in paediatric services as we rely on paediatricians being on site out of hours to support the emergency medicine staff. We need to ensure our emergency medicine doctors have the right competencies to enable them to deal with sick children. [NB The present situation is that out of hours there is only a paediatric SHO in site who will likely be a GP trainee with little exposure to paediatrics)

4.7. The public and politicians would have been reassured about these plans if they could see what the overall vision for the future of Friarage Hospital was, especially in regard to the acute services.

4.8. The paediatricians have recognised that they are a service under pressure, and already there has been an episode of forced closure. We are an ageing department with retirements of senior clinicians coming and we fear that many of the new consultants being appointed will not have the generalist competencies for acute paediatrics which will enable them to deliver the service safely. We are a very small inpatient paediatric unit and the only one in the country without a second tier of doctors. If we are to remedy this in line with the "Facing the Future" report we would need at least 10 consultants on a rota; presently we only have 5½. Our junior staff are all GP trainees and thus can be exposed if they are left on-call on their own as they may be very early on in their training. A paediatric assessment unit would give us much better access to senior clinical decision makers which will enable prevention of admissions and swifter return to home for children.

4.9. The maternity services are coming under increasing pressure and there is a threat of removing further middle grade trainees. Already we have the unsatisfactory situation of consultants stepping in to provide middle grade cover which is especially difficult for them when they are already on a 1 in 4 rota.

4.10. We did look at units with similar problems, for instance Banbury (Oxfordshire), who following the Secretary of State's intervention were not allowed to go down the same line. That unit has only been kept going through a huge injection of funds (£4 million per annum) and even then it has been difficult to retain and

recruit appropriately skilled doctors as often they leave when they recognise there is insufficient work for them to do when on call.

4.11. The model of advanced care nurse practitioner has much to commend it, but when we looked at the Ashington Hospital the staff made it very clear that recruitment was very difficult. They have a fantastic team which has taken a long time to build up but even then they are in danger of losing the service if key people retire in the coming years.

4.12. Presently we are planning a 5 day paediatric assessment unit as we don't think we have sufficient staff and resources to sustain 7 day 14 hour working. There is also a need to up skill GPs. For instance we are hoping to provide GPs with oxygen saturation machines so they can more easily identify those children with acute attacks of asthma and respiratory difficulties who require admission.

4.13. We did carry out a small survey of the public about whether they would support a stand-alone midwife led birthing unit. 48 out of 60 did say they would.

4.14. We have done the capacity planning to ensure that the James Cook University Hospital can accommodate the increased activity. Presently they have 4500 births per annum and this could rise to as many as 5500. This shouldn't necessitate any increase in medical work force as already there is 98 hours consultant cover on the labour ward. More could be done to ensure that patients go to the alongside midwife led birthing unit where physical space is not a problem, and we would hope to retain a substantial number of births at the Friarage midwife led birthing unit.

4.15. The ambulance service does recognise that there are some longer travel times that might result from these changes. We do have an air ambulance service but of course it only flies in good weather and not at night.

4.16. The people of Hawes love the service at the Friarage. We do recognise that Darlington Memorial Hospital is a good hospital but we regard these proposed changes as a downgrade in service and we want to keep the services exactly the same at the Friarage

5. Discussion

5.1. The case for change here remains the same as when NCAT previously visited and can be strongly supported. There is a real issue of sustainability of small paediatric units as articulated in the Royal College of Paediatrics and Child Health document. The future lies in having inpatient paediatric units staffed appropriately, able to receive sick children and to provide the necessary critical care and specialist support. Whilst the Friarage has managed for many years to provide a good inpatient service for children, its consultants have rightly concluded that this is not the way forward. This is a small unit with low activity and as such will never be able to deliver all the specialist skills required from staff who are paediatrically trained to ensure that children are treated to the highest level of quality. It has survived on the goodwill and hard work of a small cadre of paediatricians. It is therefore much better that the Trust starts planning now as to how it will continue to provide as much paediatric service as possible at the Friarage, as safely as possible. We hope the public recognise that what the Trust is trying to achieve is to improve the quality of care given to acutely sick children.

5.2. The numbers admitted to the unit remain small and no longer do units elsewhere admit children who are just mildly ill. These children can now be assessed and observed for a few hours before being discharged home as long as there is swift access to senior clinical decision makers. The creation of a paediatric assessment unit (PAU) will establish this and overall therefore it is likely that the service at the Friarage will be improved. We would like to see a 7 day paediatric assessment unit but recognise that there may well be resource issues which will make this difficult to achieve. A PAU does have the support of the general practitioners and CCGs who wish to see children they are worried about assessed quickly and only admitted if absolutely necessary, and then to the appropriate facilities.

5.3. The creation of a paediatric assessment unit will release resources elsewhere and, if the medical workforce within the South Tees Hospitals NHS Foundation Trust is seen as a whole, more specialist outpatient services should be able to be delivered on the Friarage site. Additionally it should be possible to develop

community services so that admissions are prevented and there is better care of long term conditions.

5.4. It is clear from what we have said here that NCAT is strongly supportive of the PAU model and would support this over in preference to not having any acute paediatric assessment on the Friarage site, with merely the retention of paediatric outpatients. There are several well-developed models of PAUs. We would support the capability to observe children over 2-3 hours. This would considerably enhance the service offered. The Trust will need to be clear with the public about the opening hours on offer. Most children present between 10am and the early evening thus a 10am to 10pm service should cope with the majority of the activity.

5.5. We did hear concerns from the emergency medicine department about walk-ins; that is parents who bring in acutely sick children which under other circumstances might have been taken by ambulance straight to James Cook University Hospital. We recognise this concern and would urge the Trust to ensure that there are appropriately agreed pathways for the care of an acutely sick child presenting to the emergency medicine department to ensure that the receiving team has the appropriate competencies. A PAU will support that model as there will be easier access to senior clinicians but the key is to ensure that most nurses and doctors in contact with acutely sick children have the necessary advanced child resuscitation skills so that resuscitation can be started immediately if necessary to stabilise the child prior to transfer to the James Cook University Hospital.

5.6. As indicated previously, the main consequence of the closure of the inpatient paediatric services is the impact on the obstetric unit. In addition NCAT had already recognised that the obstetric unit was small and under threat in its own right if middle grade trainees were removed, as with the paediatric unit. The obstetric unit had only survived and continued to give a great service with the dedication and hard work of a small number of obstetric consultants and the supporting clinical team. NCAT has already recognised the high calibre of the nurses and midwives supporting the obstetric unit and SCBU. Hence there is a good starting point here to create a stand-alone midwife led birthing unit. We would support the Trust's preferred option to retain a stand-alone MLBU as being

the option that does support patient choice and enable mothers to continue having their babies at the Friarage. It is possible that up to 50% of births presently dealt with at the Friarage could continue to be delivered within a stand-alone MLBU. The true test will be whether local mothers continue to support the unit once the on-site obstetric support is removed.

6. Conclusions

6.1. The case for change can be strongly supported and the Trust and PCT should proceed to public consultation on the basis of the above proposals.

6.2. NCAT would strongly support the proposal for Friarage Hospital which would lead to the creation of a paediatric assessment unit in place of the inpatient service, and a stand-alone midwife led birthing unit in place of the obstetric unit. These proposals would most clearly meet the requirements for patient choice and ensure sustainability of the children's and maternity services at the Friarage.

6.3. Further work is required to ensure that there will be appropriate pathways of care and protocols to ensure that when sick children present as an emergency to the Friarage Hospital in the future they are appropriately cared for by a team with paediatric and acute care skills to ensure that they can be stabilised prior to transfer to the inpatient paediatric unit.

6.4. The Trust and PCT clusters and subsequently the CCGs work together with patients and the public to develop an overall vision for the hospital which will sustain it in the long term. This will apply particularly to emergency and acute services. There will need to be clarity as to what services can be delivered safely and sustainably on the Friarage Hospital site for adults and children presenting to the emergency medicine and acute medicine services.

6.5. Public consultation should offer the public more than one option. The two options should be:

(1) Creation of a Paediatric Admission Unit (closing the inpatient paediatric ward and SCIBU) and the replacement of the obstetric unit with a standalone midwife led birthing unit.

(2) Retain paediatric outpatient services and support services only and maternity support services only (ie not having a midwife led birthing unit).

It should be made clear which option is supported by the clinicians at the Friarage and the local General Practitioners.

6.6. NCAT does not think there is a “do nothing” option. To sustain paediatric inpatient care at the Friarage would require significant investment in consultant paediatric on site presence. Not only is this not affordable in the current climate, but it is a poor use of public funds. Consultants employed in this way would have little to do for much of the time and would be in danger of losing their clinical skills.

6.7. It is likely that children’s community services will need further development in future.

7. Recommendations

7.1. South Tees Hospitals NHS Foundation Trust and NHS North Yorkshire and York proceed to public consultation.

7.2. The Trust, PCT and CCGs consider the conclusions of the NCAT report and develop an action plan in line with them.

7.3. Clinical vignettes are described which demonstrate clearly to the public the patient pathways that exist now and what will happen with the proposed future service.

Postscript

This report has been shared with Dr Sheila Shribman, National Clinical Director for children, young people and maternity services, who is in complete agreement with the conclusions and strongly supports the need for change for these services (children’s and maternity) to ensure they are safe and sustainable for the future.

Appendix 1 People Met and Visit Schedule

South Tees Hospitals NHS FT participants:
Jill Moulton, Director of Planning
Yvonne Regan, Maternity Services Manager
Jane Wiles, Children's Services Manager /Senior Nurse
Anne Wall, Children's Services Manager
Dr Fiona Hampton, Consultant Paediatrician
Dr Ruth Roberts, Consultant Paediatrician

Hambleton, Richmondshire & Whitby CCG participants:-
Dr Vicky Pleydell, Shadow Clinical Accountable Officer
Debbie Newton, Chief Operating and Finance Officer Designate
Henry Cronin, Chair
Dr Charles Parker, GP Member
Anne Botterill, Project Manager - Engagement

NHS NYY participants:-
Chris Long, Interim Chief Executive
Lee Squire, Asst Director – Communications and Corporate Functions
Bruce Willoughby, Consultant in Public Health (Medical)
Jim Khambatta, Senior Commissioning Manager
Tara Cox, Head of Joint Commissioning
Amanda Brown, Localities Director

Stakeholders
Cllr Jim Clark, Chair NYCC Overview and Scrutiny of Health Committee
Cllr Tony Hall, County Councillor for Northallerton/South Tees NHSFT governor
Cllr John Blackie, Leader Richmond District Council
Cynthia Welbourn, NYCC and Children's Trust
Edmund Lovell, Associate Director of Marketing and Communications, CDDFT
Jane Ritchie, Hambleton and Richmondshire LINks
Judith Bromfield, Richmond CVS, representing voluntary sector
Dan Hawkins Facebook Group
Phil Bainbridge & Jackie Crossley, Yorkshire Ambulance Service

Review Visit Schedule

09.00 - 09.15	Welcome & Introduction
09.15 – 10.30	Walk around of Paediatrics, Maternity SCBU and A&E at the Friarage
10.30 -10.45	Refreshment break
10.45 – 12.30	Trust briefing on : - the drivers for service change for Paediatric and Maternity Services - the proposed options
12.30 – 13.30	Lunch Break
13.30 -14.15	Focus Group with stakeholders – Engagement process Key findings from engagement Outcomes of engagement
14.15 -15.00	Commissioners Briefing – including needs assessment, option appraisal and impact assessment
15.00 – 15.15	Refreshment break
15.15 – 16.00	Commissioners Briefing – CCG Governing Body proposal to PCT Board
16.00 - 16.15	GAP
16.15 – 16.30	Feedback Session

Richmondshire District Council, 23 October 2012

DC36 Notice of Motion

Prior to the consideration of the Motion below, County Councillor Jim Clark (Scrutiny of Health Committee) addressed the meeting>

Councillor John Blackie requested consideration of the following Notice of Motion under Council Procedure Rule 11 which was seconded by Councillors Rachel Allen, John Amsden, Mark Bradbury, Fleur Butler, Lin Clarkson, Paul Cullen, Linda Curran, Angie Dale, Campbell Dawson, Tony Duff, Bob, Gale, Malcolm Gardner, Mick Griffiths, William Heslop, Rob Johnson, Ken Lambert, Russell Lord, Jill McMullon, Jane Parlour, Stuart Parsons, Yvonne Peacock, Tony Pelton, John Robinson, Ian Threllfall, Matthew Wilkes, Peter Wood and Clive World.

"Richmondshire District Council notes that:

a) a poll of individual GPs in Richmondshire and Hambleton voted strongly in favour of the current 24/7 consultant-led maternity and children's services at The Friarage providing the safest, most clinically effective service offering the best patient experience and equity of access;

b) records for still births and neonatal deaths over the last 3 years show that the Friarage has a much better record than the alternative hospitals that communities in Richmondshire who have given long-standing loyalty to the Friarage will be directed to in the future, for example the James Cook University Hospital has suffered 84 tragic incidences in these categories compared against the Friarage's nil;

c) 10,000 signatures on a petition, 4000 people participating in a Family Rally and March, at least 30 Parish Councils, Richmondshire District Council, Hambleton District Council, North Yorkshire County Council, and the local MP, William Hague lent unswerving support to retaining the 24/7 consultant-led maternity and children's services at The Friarage during the public engagement process.

- yet this option was removed by both the Hambleton, Richmondshire and Whitby Clinical GP Commissioning Group and the North Yorkshire and York Primary Care Trust Cluster from those being considered for inclusion in the forthcoming NHS statutory public consultation on downgrading these services.

In the light of the above, Richmondshire District Council

1) urges the NYCC Scrutiny of Health Committee to call in to the Secretary of State for Health the proposals for change at The Friarage during the statutory NHS public consultation period on the grounds that they are not in the interests of the local health service and are prejudicial to patient safety, so as to secure an independent and objective high level review of the current services and the proposals to downgrade them;

2) is seriously bewildered by the actions of the NYY PCT Cluster and calls upon it to reconsider its decision not to include the option that overwhelmingly is supported by the local people the NHS is there to serve,

as it endorses the public perception of it being a 'done deal' from the outset to downgrade the services at the Friarage, has made a mockery of the public engagement process, and undermines the reputation and credibility of a PCT that purports to be an organisation that listens and responds to its local communities;

3) sanctions further research on how other small 24/7 consultant-led maternity and children's services elsewhere in the United Kingdom intend to continue in the future, including making visits to a number of these hospitals, basing this research on the findings of the initial scrutiny survey the Council conducted recently".

The Motion was unanimously supported.

Resolved: That the Motion be carried.