Fact Finding Visit to

North Devon Hospital, Dorset County Hospital & Yeovil District Hospital

October 2012

Report Author

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Visit conducted by:

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Abbreviations used in this report:-

NDH – North Devon Hospital, Barnstaple
DCH – Dorset County Hospital, Dorchester
YDH – Yeovil District Hospital
3 DGH – All 3 District General Hospitals visited

SCBU – Special Care Baby Unit

HRWCCG – Hambleton, Richmondshire & Whitby Clinical Commissioning Group

NYYPCT – North Yorkshire & York Primary Care Trust

Local NHS in North Yorkshire – (Collective term)
South Tees Hospitals NHS Foundation Trust + HRW CCG + NYY PCT

1.0 Background to the Visits

The Friarage Hospital, Northallerton is a small district general hospital serving a rural population of approximately 122,000 people over an area of 1,000 square miles.

It provides 24/7 consultant paediatric and obstetric services but this year those services have been the subject of an reconfiguration engagement exercise by the emerging Clinical Commissioning Group (CCG) following concerns by existing longstanding paediatric consultants at The Friarage who, as they near retirement, are worried that the service is not sustainable in the future in its present form. The CCG invited the services of the National Clinical Advisory Team (NCAT) to consider the options for any future reconfiguration.

The options for paediatrics that the Trust had discussed at this point in time were as follows:

Option 1: Do nothing
Option 2: Operate as a small and remote paediatric unit
Option 3: 5 day working ward
Option 4: Paediatric day unit model, 5 or 7 day service
Option 5: Close all inpatient services with the provision of enhanced outpatient services (emergency as well as routine), increased specialist clinics and see and treat facility
Option 6: Close all inpatient services with provision of outpatient services only (urgent as well as routine)
Option 7: No paediatric provision at FHN

The Trust stated that its preferred option was Option 5.

As changes to 24/7 paediatrics at The Friarage would have an immediate impact on the 24/7 consultant maternity service, Richmondshire District Council expressed its strong opposition to the potential loss of these vital services and began to research small hospitals similar to The Friarage around the UK to see if, as the South Tees Trust and CCG lead us to believe, other small hospitals are also facing an unsustainable position in their futures.

2.0 June 2012 - Small Hospital Questionnaire:

In June/July this year Richmondshire District Council sent a survey to 19 small hospitals around the UK where the Maternity Units had births of 1600 or less asking both the paediatrics and obstetric departments a small number of questions around the following issues:

- Numbers of Consultants
- Numbers of middle grade doctors
- Methods of rota and delivery of out of hours service
- Maintenance of skills
- Recruitment
- Training Post potential reductions
- Maintaining Services

17 of the 19 hospitals replied to the survey. Their responses were collated and made available to the CCG and South Tees Trust during the engagement exercise in a bid to show that these 17 small units were operating in a variety of ways and were not predicting an unsustainable future for themselves and, therefore, it was considered

The Friarage could also work out its own unique solution to retaining the services, albeit in potentially a new format.

However, in September, at the end of the engagement process the CCG's report and proposals for consultation did not include the proposal to keep 24/7 consultant services, despite the overwhelming support for this option during the engagement process.

In light of this, Richmondshire District Council announced that it would be doing some further face to face research with a number of small hospitals in the south-west, namely Barnstaple, Dorchester and Yeovil that had been identified as being similar in terms of size, admissions and rurality to compare their outlook on services and how they meet the challenges that The Friarage say they cannot continue to meet.

An overview of both the Friarage Hospital and the three hospitals visited appears as Appendix 1 to this Report.

The evidence gathered in reply to the questions we asked during a total of over 7 hours of discussions at the three hospitals in shown in note format as Appendix 2 to this Report.

3.0 Key Conclusion

The following points were made to us, often repeatedly, during the course of our 7+ hours of extended discussions at the 3 DGHs, and appear in the 40+ pages of the transcripts of the recordings made of these discussions. They are therefore **a montage of the loud and clear messages** given to us at the 3DGHs by their Consultants and their Senior Management.

We have therefore assembled the following summary of what said to us, in one form or another, during our discussions at each hospital, and consider the comparison with the situation with the local NHS in North Yorkshire forms the key conclusion from our visits to the 3 DGHs.

'We are absolutely determined to retain the 24/ 7 consultant-led maternity and children's services and the Special Care baby unit at our hospitals. This determination is shared by the consultants, very resolutely endorsed by our local GPs whose patients we serve, and is strongly supported by the PCTs and the emerging Clinical Commissioning Groups.

Why – because we are here to serve our local communities, we want to serve our local communities; they deserve nothing less and are right to expect to have our services locally rather than miles and miles away.

We also fear that the distances to the next nearest hospital will, if our services are downgraded, eventually end in a tragedy, potentially a death, for an expectant mother, her baby, or even the family in an accident caused by driving too fast in an emergency on a road unsuited for high speed or in hostile weather conditions.

We run a safe service, our key consideration, any issues that come along, we face up to them and then overcome them. We are confident of keeping our services here, local communities will suffer if we do not.

We will be here in 5 years time – and well beyond'.

It is disappointing that the sheer commitment and dedication of all those involved towards the local communities the 3 DGHs serve, so demonstrably obvious during the hospital visits we made, and the concerns about the safety of those forced to travel should the key services be downgraded, is not apparently shared by their counterparts amongst the key players in local NHS in North Yorkshire.

Would that the enthusiasm we saw on our visits be evident in South Tees NHS Hospitals Trust, the emerging Hambleton, Richmondshire and Whitby Clinical Commissioning Group, the North Yorkshire and York PCT, and the Consultants at both hospitals, along with the individual GPs across the catchment area whose patients are served by the Friarage Hospital.

The bright future for the retention of the key services in the 3 DGHs is as a result of their Consultants and Senior Management being ever willing to be flexible in overcoming the new challenges as they come along so that they can continue to serve their local communities.

Their spirit and determination is hugely to be admired. It is important however to recognise the key role played by the full support of the local GPs, their emerging CCGs, and the PCTs in realising their commitment.

4.0 Overcoming the barriers to future service provision

Many of the barriers that the local NHS in North Yorkshire say will prevent the continuance of the 24/7 consultant-led maternity and children's service at The Friarage in the future, do not appear to be anything other than obstacles that can be, or are being, surmounted in delivering safe and sustainable services at the 3 DGHs we visited.

We drew these conclusions on the key issues supposed to be facing the Friarage, as identified by the local NHS in North Yorkshire.

1. <u>Rotas</u> -

The 3 DGHs have satisfactorily overcome the national issue of the shortage of Middle Grades, likely to be further intensified by the reduction in training posts in the future, by designing bespoke rotas of their consultants, the use of Speciality Doctors, and clinical research graduates from local universities. The rotas in some cases have been in existence for several years, and all those involved appear to be very comfortable with them.

2. <u>Maintaining skills</u> –

The consultants at the 3 DGHs insist that there is sufficient caseload of the type the need to experience or are likely to see presenting at the hospitals themselves, coupled with in-house training, to maintain their skills.

This does not prevent them for topping up their skill mix, often during the annual study leave each consultant is allocated, by occasional visits to the tertiary hospitals in the region, where they are always welcome.

3. <u>Sub-specialisation</u> -

The trend suggested towards sub-specialisation by the local NHS in North Yorkshire does not appear to be evident amongst the Consultants and Doctors at the 3 DGHs, where they willingly accept that the context of the service they deliver deems their roles to be those of general clinicians.

4. Recruitment -

The very recent and past experience of the 3 DGHs is that there are no problems whatsoever in the recruitment of the consultants they need to sustain a safe service. First rate appointments have been easily made from fields of quality candidates.

Speciality Doctors and clinical research graduates have also been recruited to each of the 3 DGHs with little difficulty, and there appears to be no shortage of high quality midwives available as evidenced in a recent recruitment drive at the North Devon Hospital in Barnstaple.

5. Royal Colleges Guidance -

Royal College recommendations on minimum levels of Consultant cover for a 24/7 rota are treated as such at the 3 DGHs, simply recommendations not to be slavishly and prescriptively implemented.

The 3 DGHs use as their benchmark for whether their maternity and paediatric services are adequately staffed by Consultants and Senior Doctors is whether Clinicians and Management at the individual hospitals assess their services as safe, not what the Royal Colleges recommend as minimum levels to provide a safe service.

In arriving at their in-house assessment on safety, in an assessment process that is continually re-visited, they take into account any external review of the services by key organisations and statutory regulators.

All 3 hospitals assess their staffing levels as providing a safe service, whilst delivering a cost effective solution for operating 24 / 7 consultant-led maternity and paediatric services in small hospitals. The PCTs and the emerging CCGs for each of the hospitals have not raised any concerns about the safety of these services.

6. Affordability -

The 3 DGHs currently operate an affordable service, whilst acknowledging that small units lack the economies of scale of their larger counterparts so the cost of the services they provide must always be kept under review.

It appears that the PCTs and their emerging successor organisations, the CCGs, have accepted the special circumstances which the 3 DGHs have to contend with, and have agreed to finance their services on the basis that they offer local services for the benefit of the local communities they serve, and that the alternatives which involve extended travelling distances compromise patient safety.

7. Midwife-Led Units -

All 3 DGHs felt that establishing a Midwife-led unit at their hospitals was simply the next stage in the eventual withdrawal of all birthing facilities at their hospitals.

In 2005 in the South Tees NHS Hospitals Trust Official Report on the Clinical Futures project at The Friarage Hospital in discussing the possibility of establishing a Midwife led unit there stated that *"there is no certainty that such a service would be well used…the economics of running this service model and the reduction in choice for patients make this option inherently unattractive".*

8. <u>Open Access</u> -

It was seen by all 3 DGHs that the children with complex medical needs that require Open Access to the 24/7 paediatric services, whilst small in number, and their parents, stood much to lose in any downgrading of the service, places both parents and their children in jeopardy in view of the additional distances involved, and cause an unacceptable level of mental stress given the frequency they have to attend their local hospital.

5.0 Recommendations

5.1 The local NHS in North Yorkshire, with their stated objective to leave no stone unturned in their pursuit of resolving the challenges faced at the Friarage, should as a matter of urgency visit the 3DGHs in the South West, to establish whether the way they operate and will continue to operate their 24/7 consultant led maternity and children's services can offer a unique solution in retaining, perhaps in a different format, these services at The Friarage Hospital.

5.2 If a solution can be found then it should feature in the forthcoming statutory consultation on these services at the Friarage Hospital which currently has been suspended awaiting the outcome of the deliberations of the North Yorkshire County Council Scrutiny of Health Committee.

5.3 This Report should be included amongst the documents forwarded to the Secretary of State in the event of a referral by the NYCC Scrutiny of Health Committee, and if an Independent Reconfiguration Panel is established then the Report be also forwarded to the Panel along with a request that it should visit the 3 DGHs in the South West as part of its review.

Cllr John Blackie
Leader of Richmondshire District Council

Cllr John Robinson
Chairman – Scrutiny 2 (Health) Committee
Richmondshire District Council

Overview of the individual Hospitals			
Hospital	**Geographic Location**	**Population covered**	**Services**
The Friarage Hospital, Northallerton, North Yorkshire *****Please see the table below for the clinical staffing rotas of the Friarage Hospital and the James Cook University Hospital, Middlesbrough*** ***Clinical Safety Accreditation:*** *South Tees NHS F.Trust = Level 1* *Maternity units FHN + JCUH = Level 2*	Provides services over 1000 square miles including parts of the Yorkshire Dales, the A1 corridor to the east and across to the coastal town of Whitby and its surrounding villages.	Catchment population of 142,000	Hospital offers a range of inpatient and outpatient services 225 inpatient beds Obstetrics - 1260 births per year Level 1 SBCU 10 Cot (transfers to level 2/3 James Cook) Paediatrics -14 beds for both inpatient and assessment 1889 Overnight stays in childrens ward
North Devon District Hospital, Barnstaple, Devon	Provides services over 950 square miles to North & Eastern Devon areas.	Catchment population of 184,000 (population of 2 District Councils account for 94% of patient flow), remaining 6% come from neighbouring commissioning area of the rest of Devon, Cornwall and Somerset.	Hospital offers full range of acute services. 341 inpatient beds Works with hospitals in Taunton on vascular network, Derriford on neonatal network and Royal Devon & Exeter on cancer network. Obstetrics - 1600 births per year, Level 1 SBCU 6 cots and 2 high dependency cots (transfers babies to Level 2 and 3 Units at Truro and Plymouth). Paediatrics - 15 beds including 2 bed assessment unit and 2 high dependency beds 2900 Overnight stays in childrens ward In 2008, ranked as 'best performing' for maternity care in the most comprehensive review ever of 148 trusts across England by the Independent Healthcare Commission.

Dorset County Hospital, Dorchester, Dorset	Provides services to residents of West Dorset, North Dorset, Weymouth and Portland.	Catchment population of 215,000 Dorset is a medium sized county with a smaller than average sparsely distributed and mainly rural population.	Hospital offers full range district general, acute services. 435 inpatient beds Provides renal services for patients throughout Dorset and South Somerset Obstetrics 2000 births per year, Level 2 Neonatal (Level 3 Units at Southampton and Portsmouth) Paediatrics - 4000 Overnight stays in childrens ward
Yeovil District Hospital, Yeovil, Somerset	Provides services to South Somerset, North & West Dorset and parts of Mendip.	Catchment population of 185,000 (population of 2 District Councils account for 94% of patient flow), remaining 6% come from neighbouring commissioning area of the rest of Devon, Cornwall and Somerset.	Hospital offers full range of acute services. 345 inpatient beds Obstetrics - 1500 births per year, Level 1 SBCU (transfers babies to Level 2 and 3 Units as required in Taunton and Bristol) Paediatrics – 16 beds and 7 side rooms 2,700 overnight stays in childrens ward (this accounts for about 50% of all admissions to the entire hospital) November 2012 - The Midwifery Team has achieved UNICEF Baby Friendly Accreditation.

	Friarage Hospital				James Cook Hospital			
	Paediatrics		**Obstetrics**		**Paediatrics**		**Obstetrics**	
Junior	4 GPVTS 2 Military	6 wte	2 GPVTS 2 Military	4 wte	2 FY1 1 FY2 3 GPVTS 2 ST trainees	8 wte	1 FY1 1 FY2 1 GPVTS 4 ST trainees	7 wte
Middle	0	0	5 SPR 1 Trust doctor	6 wte	2 community 7 SPR	9 wte	8 ST 3-7 1 Gynae onc	9 wte
Consultant		5.4 wte		4 wte 1 associate specialist (not on call)		9.8 wte		11 wte

Key =
GP VT : GP vocational trainee
FY 1,2 : Foundation Year trainees
ST : Speciality Trainee
SPR : Specialist Registrar

EVIDENCE

Topics discussed at the meetings, including questions asked and a summary in note form of the replies

Rotas

Q1: Can you explain how you rota and cover 24/7 paediatric and obstetric services?

Q2: To deliver 24/7 cover what staffing do you have?

North Devon Hospital (NDH)

Maternity
6 consultants – a week on call each (full 24/7 on call provides 40 hour labour ward cover). When not on call consultants cover normal duties Monday - Friday. One consultant works less programmed activity to provide annual leave and emergency cover as required.

5 staff grade fully qualified speciality doctors (this the equivalent of a registrar) - non training posts, increasing number to 7 soon

Commentary - Consultants changed the rota in 2009 and are very comfortable with the way it works, as under the rota they have one week off every six weeks.

Speciality Doctors – these are Doctors who are the equivalent of Middle Grades. Many speciality doctors have reached the level they want to attain, retain the necessary experience to stay there, whilst others will continue on a career path to be a consultant.

Midwives - 33 whole time equivalents provide 24/7 cover. Funded to be staffed at 1 to 28 in line with the DoH guidance.

Paediatrics
7.6 consultants, each taking their turn to work until 10.00 pm, with one covering 24/7.

Middle grade rotas (which include speciality doctors) established 3 years ago when North Devon PCT funded 3 additional consultants.

Dorset County Hospital (DCH)

Maternity
5.5 full time maternity consultants, with one covering out of hours Monday-Friday 5.00 pm – 8.00 am the next morning. Consultant on call from home (less than 30 minutes time from the hospital) provides cover overnight at weekends

One ‘hot week’ consultant works Monday-Friday 9.00 am – 5.00 pm with the others in the team providing on call cover.

8 full time middle grades including a number of speciality doctors.

Paediatrics
7 Consultants – Consultants either resident on call (i.e. sleeping in the hospital) or at home provide overnight cover. The consultants who are resident on call cost £300,000 per year extra to those residing at home.

Commentary - Consultants are very comfortable with rota which has been in operation for 12 years

5 middle grades – a mix of registrars and speciality Doctors.

Yeovil District Hospital (YDH)

Maternity
6 consultants, 6 middle grades, 7 Junior Doctors

Paediatrics
6 consultants on rota. Overnight an on call consultant is available residing 20 minutes or less from the hospital.
Commentary – Consultant's rota has worked very satisfactorily this way for 7 years.

7 middle grades – a mix of registrars and speciality doctors, plus 6 junior doctors

3 DGH - Working relationships Clinicians / Management

All 3 hospitals visited confirmed that working relations between the management and the clinical staff were in the range: Very good – Excellent.

Status of the Consultant posts

Q3: Are your consultant posts recognised by the appropriate colleges?

3 DGH

All Consultant posts are recognised by the appropriate Royal Colleges and Deaneries.

Maintaining Skills

Q4: How do you ensure that your consultants and doctors maintain skills?

NDH
There is limited rotation with Bristol. The maternity lead Consultant has allocated one programmed activity to attend there for specialist work. There is also some limited rotation with Exeter.

2 Consultants are fairly expert in their fields of specialist operation, so other consultants visit NDH.
Elective Caesarean sections represent between 20 to 25% of births at the hospital.

Consultant interview – We are responsible for maintaining our skills, and we consider we see a varied enough case mix here not to have to rotate other than occasionally. I arrange to go to Bristol from time to time which is my choice. Consultants have 10

days study leave annually and are welcomed to broaden their experience at tertiary hospitals in the South West

SCBU – Level 1 neo-natal

DCH
For both maternity and paediatrics in-house skills and drills regular training arranged which includes review of recent cases, and ensuring they continue to meet Royal Colleges guidelines for clinical negligence. There is also SCBU in-house training with rotation to larger maternity centres included.

Caseload provides sufficient experience to maintain skills

SCBU - Level 2 neo natal

YDH
Sufficient number of patients present to maintain skills and it is considered that some of the very speciality cases will never come to the YDH so it is unnecessary to be up-skilled about them. All junior doctors do rotate to the larger centres.

SCBU – Level 1 neo-natal

Sub-speciality interests / Speciality clinics

Q5: Do your consultants have sub-speciality interests or are there speciality clinics in the hospital?

3 DGH
Consultants at each of the 3 hospitals have a variety of sub-speciality interests and hold clinics / see patients with conditions that meet this interest.

All 3 hospitals hold speciality clinics where visiting Consultants from the tertiary centres see patients.

Consultant interview (YDH) – Paediatric clinicians all start as general consultants, and some subsequently specialise. Our consultants are all classified as general consultants, and patients with very complex conditions are transferred to the tertiary centres at Bristol or Southampton.

Recruitment of Consultants / Doctors – Results of recent trawls

Q6: In terms of recruitment of consultants and doctors, how easy do you think it is to recruit, and when was the last time you were recruiting? What was the trawl in terms of number of applicants and quality?

NDH
Consultants – No problems whatsoever.

General Paediatric Consultants – Recruitment exercise in early 2012 produced a field of 18 applicants, of which 11 were exceptionally good. Excellent appointment made.

Specialist Maternity Consultants – Limited field in recent 2012 recruitment exercise, but quality was very good. Excellent appointment made.

Speciality Doctors – A recent 2012 recruitment exercise attracted a very good field on candidates

Midwives – A recent 2011 recruitment drive attracted 54 applicants, which were shortlisted to 12 of a very high quality, of which 8 were appointed.

A regular return to practice Midwife Course produces 2 - 3 midwives a year, and there is an excellent recruitment source via graduates and trainees from Plymouth University.

The midwife staffing complement is now up to full numbers, as per the DoH guidelines.

Head of Midwifery was recruited in mid 2012 – there was a small field of quality applicants but an excellent appointment has been made.

SCBU – Recruitment of SCBU nurses was very difficult in 2010, but overcome by recruiting new graduates in conjunction with Plymouth Hospital, and training them in the necessary skills in-house on site and with rotation to the tertiary centres.

The recent co-location of the children's in-patient ward unit with the SCBU has encouraged the bolstering of SCBU skills from the paediatric nurses.

DCH
Consultants – No problems whatsoever.

A recent 2012 recruitment of a maternity consultant produced 6 quality applicants at interview, and a successful appointment was made.

YDH
Consultants – No problems whatsoever.

Maternity – There has been satisfactory recruitment to all Consultants posts that have become vacant in recent years.

Middle grades – Recruitment is largely dependant on the Deanery, but speciality doctors are also recruited with no difficulty.

Royal College recommendations on clinical staffing required for 24 / 7 cover

Q7 : In your future plans will you be bound by the recommendations of the royal colleges. If not, how are you accommodating the thrust of their advice?

NDH
Runs with one Consultant in Paediatrics below the Royal Colleges calculated number with no difficulties.

Maternity manages with 6 consultants, and it works very well.

Consultant interview - Maternity just works well as it is. Unaware that the Royal Colleges are requesting any increase in the number of consultants in the future to cover a 24/7 rota. We are all very happy with the rotas in both maternity and paediatrics as they are.

DCH
Advised by the Royal Colleges that it meet guidelines for units under 2500 births, as it provides the required 40 hours of consultant cover. However the Royal College recommendations suggest a minimum of 7 consultants are required to run the maternity service, but there is no intention to increase the number of consultants.

YDH
Consultant interview - Considers Royal Colleges recommendations are no more than recommendations, and their guidance for minimal numbers of consultants on 24/7 rotas are fanciful, and unaffordable for small hospitals.

3 DGH
All 3 hospitals visited use as their benchmark for whether their maternity and paediatric services are adequately staffed by Consultants and Senior Doctors is whether Clinicians and Management at the individual hospitals assess their services as safe, not what the Royal Colleges recommend as minimum levels to provide a safe service.

Accordingly all 3 hospitals assess their staffing levels as providing a safe service, whilst delivering a cost effective solution for operating 24/7 consultant-led maternity and paediatric services in small hospitals.

Reduction in training posts

Q8 : Is the reduction in training posts an issue?

3 DGH
All 3 DGH's consider this may well turn into an issue at their hospitals but it is too soon to know how large an issue it will be. Certainty that some training posts will remain at their hospitals, but unsure how many.

Like all other challenges that come along for small hospitals, the 3 DGH's say it will be faced at the appropriate time, and there is confidence it will be overcome.

Safety and Sustainability of the Services in the future

Q9 : Have any concerns been expressed about safety and sustainability of the service in the future? If there have been concerns, what are they and how are you dealing with them?

All 3 DGH
No concerns have been raised with them by external organisations and agencies, or amongst themselves, about the safety of the maternity and paediatric services they currently provide.

NDH
No concerns about safety at the hospital.

Health Care Commission (the predecessor of the Care Quality Commission) rated the maternity service one of the best in the country.

Network links between Bristol, Plymouth and Truro Hospitals are fantastic. Transfer of Level 2 and 3 neo-natal babies nearly always by road but network consultants talk

you through the journey. Lower than national average returns for still births over the last 3 years.

DCH
No concerns about safety at the hospital. Very robust risk analysis all undertaken in-house

Very highly rated maternity service with excellent facilities, and rated the best small hospital maternity service in 2009

8 still births a year, this below the national average.

Consultant interview - Important that you can recognise deterioration and potential for deterioration in a patient and have a good network with tertiary hospitals offering specialist care for the condition. We do have this network in place and we are always ready to transfer a patient when we need to.

YDH
No concerns about safety at the hospital.

Level 2 Clinical Negligence Insurance Cover has been achieved. Still births are at a level that reflect national averages.

CCG + PCT concerns about Safety / Sustainability

Q10 : Has the local CCG or the PCT raised any concerns about safety and sustainability?

NDH
North Devon PCT had serious concerns if NDH was to be reduced to ambulatory care. Distance to the next nearest hospitals are huge - 50 miles from Exeter, 70 miles from Taunton, and both Plymouth and Bristol are each 2 hours drive away. The PCT happily funded 3 additional Paediatric consultant posts 3 years ago as any downgrading of the service in view of the geographic isolation was considered unsafe.

Has good working relationships with the PCT and the emerging CCG. No concerns have been raised about safety and sustainability by them

NHS Devon has a deficit of £12 million this year to address, but has no intention of securing savings by downgrading maternity and children's services at the NDH.

DCH
Dorset PCT very supportive and values the quality of the services provided although it is financially constrained.

Emerging CCG 100% supportive of maintaining all maternity and paediatric services at the DCH, but urges vigilance around cost and quality. Individual GPs that operate within the CCG area thoroughly endorse this support.

Affordability now / in the future

Q11 : Is the service you are providing affordable now and will it be in the future?

NDH
Economies of scale are not available when operating a smaller unit. However NDH afford the services because of its geographical isolation and the special circumstances it operates within, and it is a key priority for the communities the hospital serves. Both the PCT and the emerging CCG recognise the importance of maintaining the 24/7 consultant-led the services at the NDH

DCH
It is affordable now but there is keen awareness that finance will be a key consideration in the future.

YDH
Paediatrics operates within budget.

Impact of ceasing consultant operated services

Q12: What would happen if you had to cease the consultant operated units?

NDH
If the consultant operated unit was closed here some mothers would have to travel 60 miles and this threatens very seriously the safety of the mother and her expected baby. It would be a disaster for our local communities, and a tragedy just waiting to happen.

DCH
The likely replacement, a Midwife-led service would not serve our population at all well. It would be one step from being closed altogether.

YDH
Not prepared to contemplate what would be totally unacceptable.

European Working Time Directive (EWTD)

Q13: What are your views on the European Working Time Directive?

NDH
Speciality Doctors work outside of the EWTD, all others sign up to it.

DCH
Consultants have not signed the EWTD. The Directive has been a disaster for hospitals keen to provide 24/7 in-patient care for conditions requiring urgent and immediate attention. DCH has managed to overcome it by having a night core of midwives trained to assist with C sections.

YDH
EWTD has created havoc with the 24/7 rotas but the hospital has overcome them.

Open Access for children with complex medical needs

Q14: How do you handle children with complex medical needs for needed but basic out of hours medical treatment / intervention / monitoring such as enemas, iv anti-biotics?

Q 15: How do you address Open Access for such children

3 DGH
All 3 hospitals operate Open Access for children with complex needs to the paediatric service 24 / 7. This includes provision for admittance as an in-patient to the children's ward, and arranging for the parents to stay near their children whilst they are in hospital.

NDH
If Open Access was lost in any downgrading of the paediatric service, it would place both parents and their children using the service in great jeopardy in view of the additional distances involved, not only seriously compromising the safety of all concerned, but also the unacceptable level of mental stress given the frequency people who have Open Access visit their local hospital.

Trend recently has been to address the complex needs of children with Open Access in their own houses by deploying the Community Rapid Response teams.

Consultants living close to the hospital

Q16: Are your consultants located within 20 minutes from the hospital?

3 DGH
All our Consultants live within 20 minutes of the hospital.

Attendance figures for Paediatrics over the weekend

Q17: What are your attendance figures for paediatrics over a weekend? Does it get quieter?

NDH
Admissions to the Paediatric ward September 2011 – August 2012

Monday	468
Tuesday	477
Wednesday	454
Thursday	491
Friday	426
Saturday	320
Sunday	302
Total	**2938**

The health communities cared for at the hospital include holiday makers in what is an area dependent on tourism, residential schools and a very large Royal Marine base at Chivenor, 3 miles away.

DCH
Approximately 4000 admissions per year to the paediatric ward. Pattern of attendances similar to NDH, with the same slight reduction for the weekends.

However considered absolutely essential to operate on both Saturday and Sunday.
YDH

Very little difference between Monday to Friday attendance / admissions. Slight reduction over the weekend but still significant numbers being admitted to the paediatric ward.

Q18 - Catchment Areas

Please see the Table included in the Report

Q19 – Home Births

3 DGH
Home births in the individual catchment areas of each hospital are at around 4% of the total births handled by the maternity service.

NDH
Given the geographic isolation of North Devon, if services were downgraded to a midwife-led unit, the number of home births would have to reduce as the nearest consultant-led maternity unit if problems arose during birth would be as far as 60 miles away, threatening the safety of both the mother-to-be and her child. This would undoubtedly limit patient choice.

Prediction for the future of the Services

Q20: Will these services still be operating in 5 Years time

3 DGHs

The following summary points were made to us, often repeatedly, during the course of our 7+ hours of extended discussions at the 3 DGHs, and appear in the 40+ pages of the transcripts of the recordings made of these discussions. They are therefore **a montage of the loud and clear messages** given to us at the 3DGHs by their Consultants and their Senior Management.

Consultants / Midwifes + Management – Joint Response

We are absolutely determined to retain the 24/ 7 consultant-led maternity and children's services and the Special Care baby unit at or hospitals This determination is shared by the consultants, senior medical staff, midwifes, nursing staff on the wards, very resolutely endorsed by our local GPs whose patients we serve, and is strongly supported by the PCTs and the emerging Clinical Commissioning Group.

Why – because we are here to serve our local communities, we want to serve our local communities, they deserve nothing less and are right to expect to have our services locally rather than miles and miles away.

We also fear that the distances to the next nearest hospital will, if our services are downgraded, eventually end in a tragedy, potentially a death, for an expectant mother, her baby, or even the family in an accident caused by driving too fast in an emergency on a road unsuited for high speed or in hostile weather conditions.

We run a safe service, our key consideration, any issues that come along, we face up to them and then overcome them. We are confident of keeping our services here, local communities would suffer if we do not.

We will be here in 5 years time – and well beyond.