

North Yorkshire County Council

Scrutiny of Health Committee

22 March 2013

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

Purpose of Report

1. The purpose of this report is to update the Scrutiny of Health Committee on developments with regard to Children's and Maternity Services at the Friarage Hospital, Northallerton.

Background

2. Members will recall that the Scrutiny of Health Committee referred this matter to the Secretary State for Health in December of last year. For reference purposes the letter from County Councillor Jim Clark to the Secretary of State is attached as Appendix 1.
3. In his response to Councillor Clark of 23 January 2013 the Secretary of State announced that he had asked the Independent Reconfiguration Panel (IRP) to undertake an initial review and that he had asked the IRP to report to him by no later than 22 February 2013.
4. The Secretary of State is now considering the IRP's advice and an announcement on the way forward is expected shortly. It could, however, be delayed until the Council has entered the purdah period starting on Tuesday, 26 March 2013 for the Council elections on 2 May 2013, or even later.
5. There are a number of possible options on a way forward open to the Secretary of State. For instance, he might announce that he has asked the IRP to carry out a full review - in which case any consultation and information gathering sessions are likely to be managed by the IRP themselves. Another option is that the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) should proceed to a formal consultation on a range of options.
6. If the Secretary of State announces that the CCG should launch a consultation it would be important for the Scrutiny of Health Committee to have an opportunity to influence how such a consultation should be handled before the process actually started. It would also be important for the Committee not to delay the process.
7. It would not be appropriate for the Committee to consider this matter at a meeting held during the purdah period. But the next meeting of the Committee after the elections is not until 14 June 2013 and the new Committee could comprise a

number of new Members. In which case its first meeting would be taken up as an induction/training event. This Committee, however, with its present membership has had a long standing involvement in this matter and has built up a considerable knowledge and understanding of the issues.

8. It will be important to retain a close working relationship between the Scrutiny of Health Committee and the CCG. In particular, against a background of the issues discussed above, if the Secretary of State announces that the CCG should launch a formal consultation, Dr Pleydell wants to take this opportunity to discuss how such a consultation could be managed in a collaborative way. It may be appropriate to consider allowing a "bedding-in period" for the new members of 6 weeks. The CCG are willing to support this.
9. Any correspondence received from the Secretary of State in time for the meeting will be brought to Members' attention.

Recommendation

10. That in the event that the Secretary of State announces that a formal consultation should be launched, Members offer advice to Dr Pleydell on how that process should be managed. Members may wish to express the view that no formal consultation should be launched before 1 July 2013 and that the usual 12 week period should be extended to a 16 week period to allow for the holiday period.

Bryon Hunter
Scrutiny Team Leader

County Hall
NORTHALLERTON

04 March 2013

Background Documents: None

County Councillor Jim Clark
(Harrogate/Harlow Division)

74 Green Lane
Harrogate
North Yorkshire
HG2 9LN

Tel: 01423 872822

E-mail: cllr.jim.clark@northyorks.gov.uk

20 December 2012

Rt Hon. Jeremy Hunt MP
Secretary of State for Health
Richmond House
79 Whitehall
London SW1A 2NL

Dear Secretary of State

Proposed Reconfiguration of Children's and Maternity Services at the Friarage Hospital, Northallerton

Please accept this letter as formal referral to you of the proposals by NHS North Yorkshire and York (NHS NY&Y) to close the 24/7 consultant-led children's and maternity services at the Friarage Hospital, Northallerton. The referral follows on from the meeting of the North Yorkshire Scrutiny of Health Committee (SoHC) on 22 November 2012¹ when it was resolved unanimously that I should refer these proposals to you.

The referral is made in accordance with the provisions set out in the Health and Social Care Act (2001) (as amended) and the associated regulations² (specifically regulation 4(7)) and current Department of Health guidance³.

It is important to note that the SoHC is seeking a full review of these proposals by the Independent Reconfiguration Panel (IRP) and is requesting you to agree this approach.

You will note in written evidence⁴ submitted with this letter that the Rt. Hon. William Hague MP, as the local Member of Parliament, sees this as the only way

¹ https://www3.northyorks.gov.uk/n3cabinet_scru/health_agendas_/20121122agenda/2012-11-22-Agenda.pdf

² http://www.legislation.gov.uk/ukxi/2002/3048/pdfs/ukxi_20023048_en.pdf

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4066238.pdf

⁴ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports_/20121122_/williamhaguempl/williamhaguempl.pdf

to settle the gulf between the arguments put forward by the local NHS underpinning their proposed downgrading of the services and the arguments and public support underpinning their retention at the Friarage Hospital.

The referral focuses on 3 main aspects:

- 1) A reduction in the quality of these NHS services;
- 2) Significantly reduced patient accessibility;
- 3) Compromising the reputation and credibility of the local NHS in the eyes of the public by excluding from the proposed public consultation the option that had attracted their overwhelming support in an extensive engagement programme.

It is important to note that Mr. Hague has given his unswerving support for retaining the healthcare services proposed to be downgraded although he makes clear it may have to be on the basis of finding a unique solution, and so their provision would potentially be in a different format.

Mr. Hague led a family rally and march of some 4,000 men, women, children and babies in May of this year organised to demonstrate the support amongst local people for the retention of the 24/7 consultant-led services.

The background and the main events together with references to key documents over the last year relating to the proposed reconfiguration are detailed below.

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

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. NCAT published its report⁵ early in 2012.

Whilst the NCAT report suggested that no change was not an option for the services under review at the Friarage Hospital, it also confirmed that the services currently provided there were 1st class, and the hospital was loved by the 150,000 residents it serves across a huge 75 mile wide rural and deeply rural catchment here in North Yorkshire, from very nearly to Pickering in the North York Moors, across the Vale of York, to the remote areas of Upper Swaledale and Upper Wensleydale in the Yorkshire Dales.

The NCAT report also raised concerns about the future provision and sustainability of 24/7 consultant-led maternity and children's services at the Darlington Memorial Hospital, a hospital suggested by the local NHS to provide an alternative if these services at the Friarage were downgraded. If services at the Darlington Memorial Hospital were subsequently downgraded, having lost those at the Friarage, this would consign expectant mothers-to-be from a local deeply rural population of some 5,000 people to journeys of approximately 50 to 70 miles from the Upper Dales in the Yorkshire Dales National Park to access a 24/7 consultant-led maternity service.

⁵<http://www.northyorkshireandYork.nhs.uk/HRW/BoardMeetings/2012-13/2012Sep17/Appendix%203%20NCAT%20Report.pdf>

It is understood this would place these communities the furthest away of all communities of a comparable size in all England from consultant-led maternity services.

The extended length of such journeys, especially given the hostile weather conditions prevalent for many months of the year in the Yorkshire Dales, present a significant threat to the safety of both the mother-to-be and her expected baby, and indeed the local NHS has predicted it could be likely to increase the number of emergency births en route to a hospital, as the distance and the time taken to travel would exceed that available for the impending birth of the baby.

The NCAT report led to a decision to carry out an engagement process or “conversation” with local patients, the public, NHS partners, the Local Authority, the voluntary sector and other stakeholders about the problems the paediatric service faces. It was also decided that the engagement process would include the future of maternity services at the Friarage as there are fundamental links between paediatrics and maternity services in terms of sustainability.

The engagement process included 9 public meetings held across Hambleton and Richmondshire between April to June 2012. At each of these meetings, 7 of which I personally chaired, we heard from managers and clinicians that there is currently a first class service but there are problems in sustaining it at this level. The overwhelming view from the public was that a consultant led service should be retained. The engagement exercise culminated in a comprehensive report⁶.

NCAT carried out a second visit to the Friarage Hospital in August and published their second report⁷ in September. It again concluded that no change was not an option but it did recognise the overwhelming public support for retention of a consultant led service.

On 25 September 2012 the Board of NHS NY&Y considered a report “Proposed Reconfiguration of Paediatric and Maternity Services at Friarage Hospital, Northallerton”⁸ 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.

⁶<http://www.northyorkshireandYork.nhs.uk/friarage/index.htm>

⁷[http://www.northyorkshireandYork.nhs.uk/friarage/docs/Friarage%20report%20following%20visit%2021-8-12%20-%20final%20version%20\(2\).pdf](http://www.northyorkshireandYork.nhs.uk/friarage/docs/Friarage%20report%20following%20visit%2021-8-12%20-%20final%20version%20(2).pdf)

⁸<http://www.northyorkshireandYork.nhs.uk/AboutUs/PublicBoardMeetings/2012Sep25/Item%207%20The%20Friarage%20Proposed%20Reconfiguration.pdf>

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

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. The minutes⁹ from the meeting indicate that 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.

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. At that stage NHS NY&Y's intended start date for the consultation was 1 November 2012.

However the approach of the NHS NY&Y did not allow any public scrutiny of the costings that the South Tees NHS Foundation Trust had put forward in sustaining the consultant-led services, nor any scrutiny of the trust's assertion that recruitment of the necessary high quality consultants would be very difficult, if not impossible. Evidence was available at the time, and subsequently confirmed, that the costings may not need to be as high as the local NHS was putting forward and that recruitment was not the obstacle it was being suggested.

This evidence came forward in a survey¹⁰ conducted by overview and scrutiny at Richmondshire District Council of the 19 smallest hospitals in the United Kingdom operating 24/7 consultant-led maternity and paediatric services. The survey received a very high response rate of 17 replies and a follow up face to face fact finding visit¹¹ to 3 of the hospitals, all located in the West Country.

This evidence was submitted to the SoHC by the District Council's Health Scrutiny Committee which has been a partner of ours on a number of scrutiny reviews. Very nearly all the 51,500 residents of Richmondshire would be detrimentally affected by the proposals to downgrade services at the Friarage Hospital.

On 23 October 2012 NHS NY&Y decided unilaterally to postpone the start date of the consultation. It took the view that to embark upon such an expensive and time consuming exercise would have been inappropriate if, as seemed likely, the SoHC resolved to refer the proposed options to you. The Accountable Officer for the CCG wrote to me on 26 October 2012 confirming the consultation had been postponed¹².

It is important to note that the SoHC was not consulted about the postponement and indeed the first I heard of it as its Chairman was when the press contacted me as a result of following up a press release issued by the CCG.

⁹ <http://www.northyorkshireandyork.nhs.uk/AboutUs/PublicBoardMeetings/2012Oct23/09.12%20BoardMins.pdf>

¹⁰ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/hldcfhnsmallhos/dcfhnsmallhospi.pdf

¹¹ https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/05rdcsmallhospi-2/05rdcsmallhospi.pdf

¹² https://www3.northyorks.gov.uk/n3cabinet_scru/health_reports/20121109/04lettertocounc/04lettertocounc.pdf

The SoHC met on 22 November 2012 to hear first hand the views and concerns expressed by members of the public on the draft proposals to be included in the (now postponed) consultation document for services at the Friarage Hospital. The document was made available to the Committee by the CCG so the Committee could confirm the next steps in terms of its continued involvement in this matter.

There was a standing room only audience of just under 200 present, which heard a number of very moving and telling contributions from mothers who considered their lives, or the lives of their babies, might have been lost if the 24/7 consultant-led services had not been available at the Friarage Hospital, in view of the distance to the next nearest hospital offering these services as being proposed in the draft consultation.

In most of these contributions it was clear that the Special Care Baby Unit (SCBU) played an absolutely key role.

It also heard from a number of parents with children who had very complex medical needs that were able to take advantage of the Open Access for their children offered at the Friarage.

Both the SCBU and Open Access during the evening / overnight hours and all weekend would be lost if the downgrading proposals were implemented.

The SoHC, having heard these contributions, and taking into account the evidence it had already heard, including the evidence that had recently come forward from Richmondshire District Council as outlined above, and the detrimental implications flowing from any downgrading of the services, resolved unanimously that I should refer the proposals to you as Secretary of State for Health.

A key issue underpinning the Committee's decision is that the loss of a consultant led children's and maternity service at the Friarage will lead to a significant reduction in the quality of services that children, their parents and expectant mothers will receive.

Since the original Lord Darzi Review in 2008 (and which has been reinforced in the Health and Social Care Act 2012) quality in the NHS is seen as:

Clinical Effectiveness

Quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;

Safety

Quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety; and

Patient Experience

Quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.

These quality dimensions are the very same factors on which Option 1 scored highest in the CCG's own scoring methodology:

Criteria	Weighted Result		
	Option 1 Invest in existing service and continue to provide a consultant led service for paediatrics and maternity for both outpatients and inpatient stays	Option 2 Provide a Short Stay Paediatric Assessment Unit, Outpatients and a Midwifery Led Unit	Option 3 Paediatric Outpatients only and midwifery led unit
Patient Safety	19.11	15.61	10.35
Affordability	4.39	15.28	15.42
Clinical Effectiveness	16.10	15.03	12.45
Patient Experience	14.91	12.52	7.23
Sustainability	5.62	14.73	15.80
Equity of access	15.85	13.59	7.79
Cost effectiveness	5.20	13.92	12.92
Total weighted score	81.17	100.68	81.97

Criteria	Highest Score
----------	---------------

Ref: CCG's Business Case report, page 108

A consultant led service scores highest in all 3 aspects of quality. It also scores highest in Equity of Access.

In addition to these issues relating to quality the Committee could not ignore the strength of public concerns expressed over the proposed loss of consultant led children's and maternity services at the Friarage Hospital:

- On 26 May 2012 a march involving some 4,000 people and led by the Rt. Hon. William Hague MP took place from County Hall to the Friarage Hospital.
- A petition on the social networking site Facebook has been signed by over 10,000 people.
- A petition led by the Northern Public Services Alliance has 800 signatures.
- A petition by the Marske Women's Institute raised 750 signatures
- A number of parish councils and both Hambleton District Council¹³ and Richmondshire District Council¹⁴ have expressed opposition to the proposal
- The County Council¹⁵ called for no stone to be left unturned in an effort to retain the existing consultant led serves at the Friarage Hospital.

¹³ <http://www.hambleton.gov.uk/Hambleton%20District%20Council/Committees/Council/210212.pdf>

¹⁴ <https://www.richmondshire.gov.uk/pdf/121023%20Council%20Minutes%20-%20Draft.pdf>

¹⁵ https://www3.northyorks.gov.uk/n3cabinet_cc/minutes_/20120215countyc/20120215countyc.pdf

- The option overwhelming supported by the public during the extensive public engagement programme staged by the local NHS was going to be excluded from the proposed statutory consultation.

In his letter to me your Cabinet colleague, Mr Hague MP, encouraged the SoHC to refer the matter to you. He stated, “A rigorous, independent and thorough analysis by the IRP will help bring some much needed clarity to the issue”.

The Richmondshire District Council fact finding visit to the 3 small hospitals operating 24 / 7 consultant-led maternity and children’s services in the West Country showed that unique solutions to the national challenges faced by continuing to run these services in the future could be overcome by bespoke solutions when coupled with a determination by the clinical staff and management to provide locally accessible services.

Against this background of such united opposition and the fact that the CCG's own survey shows there would be a significant reduction in the quality of service that children and expectant mothers would receive if the proposals are implemented, led the Committee to conclude they do not meet the health needs of the local community. Consequently, we resolved unanimously to refer the proposals to you.

The Committee accepts that no change is not an option but calls for more work to be done to find a unique solution to the problems being encountered. It does not appear that the necessary innovative thinking has been undertaken by the local NHS to overcome the challenges faced at the Friarage to retain the services proposed for closure in the way that it has been undertaken elsewhere. This could include overcoming the recruitment and costs of committing to a fully staffed rota of consultants at the Friarage as has been possible at other similar hospitals, most notably the Horton Hospital in Banbury, North Devon Hospital, Dorset County Hospital and Yeovil District Hospital. Another option might be to do more work to explore fully the feasibility of introducing Advanced Neonatal Nurse Practitioners as has been possible at the Wansbeck Hospital. But there may be other options.

Finally, I hope that colleagues in the NHS locally will recognise that this referral is made to you in the spirit of co-operation with them and with a view to enlisting the help of the IRP to find a unique solution to the problems facing children’s and maternity services at the Friarage Hospital.

If you need any further information please do not hesitate to contact me or Bryon Hunter (contact details below).

Yours sincerely

County Councillor Jim Clark
Chairman – North Yorkshire County Council Scrutiny of Health Committee

Copies to:

The Rt Hon. William Hague MP

County Councillor John Weighell, Leader - North Yorkshire County Council (NYCC)

Richard Flinton - Chief Executive, NYCC

County Councillor Clare Wood - Portfolio Holder for Health and Adult Services, NYCC

Helen Taylor, Corporate Director Health and Adult Services, NYCC

All Members of the North Yorkshire Scrutiny of Health Committee

Kevin McAleese CBE - Chairman, NHS North Yorkshire and York

Chris Long - Chief Executive, NHS North Yorkshire and York

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

Jill Moulton - Director of Planning, South Tees Hospitals NHS Foundation Trust

Tony Clark, Managing Director, Richmondshire District Council

Phil Morton, Chief Executive, Hambleton District Council

Bryon Hunter - Scrutiny Team Leader, North Yorkshire County Council

Contact Details: Chief Executive's Office, County Hall,
Northallerton, North Yorkshire, DL7 8AD

Telephone No: 01609 532898

E-mail Address: bryon.hunter@northyorks.gov.uk