

North Yorkshire County Council

Scrutiny of Health Committee

14 June 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 relating to Children's and Maternity Services at the Friarage Hospital, Northallerton.

Introduction

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. The IRP is the independent expert on NHS service change in the United Kingdom. Set up in 2003, its role is to advise the Secretary of State for Health on contested proposals for health service change.
4. At the meeting on 22 March 2013, when the Committee met to review progress, agreement was reached with Dr Vicky Pleydell, Clinical Chief Officer from NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRWCCG) that no formal consultation should be launched before 1 July 2013. It was also agreed that, should a consultation go ahead over the summer months, the usual 12 week period should be extended to a 16 week period to allow for the holiday period.
5. On 23 May 2013 the Secretary of State wrote Councillor Jim Clark enclosing the letter which he had received from the IRP. The IRP concluded that there is a need to take action around the issues facing children's and maternity services at the Friarage Hospital in Northallerton and that a consultation should now go ahead. The relevant correspondence is attached as APPENDIX 2.
6. Dr Vicky Pleydell has indicated that she welcomes the IRP's conclusions and that the Secretary of State has given the go-ahead to start the public consultation.
7. From this Committee's perspective it is significant that the Secretary of State highlighted:

“Legal advice received by the CCG and PCT advised that consultation should not take place on any option that cannot be delivered.

The IRP would not wish to contradict any such advice on matters of law, only to observe that it has seen similar advice in other cases.

However, the Panel considers that the draft document produced in preparation for formal consultation and shared with your Committee could usefully be adapted to satisfy all requirements.

In such circumstances, a clear explanation of the case for change is required. If it is considered that option 1 is not viable, it is important to demonstrate *why* it is not viable – by providing suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality.

The consultation may also wish to invite new options and not limit respondents to those listed. Any new options put forward can be evaluated post-consultation in line with the agreed criteria.”

8. Dr Pleydell has indicated that the HRWCCG now wants to start the formal consultation as soon as possible. However, it is mindful of the ‘Securing Quality in Health Services’ (SQHS) project which has been commissioned by clinical commissioning groups in the Durham and Tees Valley and is examining clinical quality standards in acute hospital services in the area, including children’s and maternity services. Dr Pleydell also indicated her commitment to continue to work with the Committee on this matter.
9. Against this background the Dr Pleydell has indicated that it would be unwise to start the consultation on developments at the Friarage until it is clear what impact the SQHS project will have on services commissioned on behalf of residents in North Yorkshire.
10. Dr Pleydell and Jill Moulton, Director of Planning, South Tees Hospitals NHS Foundation Trust will be attending the meeting to provide more information on the SQHS project, including its scope, timescales and how it might impact on any proposed consultation on changes to children’s and maternity services at the Friarage Hospital.

Recommendations

11. Dr Pleydell be invited to summarise how the recommendations from the IRP to the Secretary of State will be taken forward, including:
 - a) providing evidence of the legal advice the CCG has received that consultation should not take place on any option that cannot be delivered;
 - b) providing evidence as to why option 1 would not be viable, including suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality.
 - c) describing how the CCG intends to respond to the IRP’s comment that a consultation document “could usefully be adapted to satisfy all requirements”;
12. Dr Pleydell be invited to report on the outcome of the SQHS project at the earliest opportunity.
13. Jill Moulton be invited to summarise how the South Tees Hospitals NHS Foundation Trust will ensure children’s and maternity services at the Friarage Hospital are sustainable until the outcome of the SQHS project is known and/or a formal consultation (which takes into account the IRP’s comments) has been completed.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

29 May 2013

Background Documents: None

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20 December 2012

Rt Hon. Jeremy Hunt MP
Secretary of State for Health
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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/uksi/2002/3048/pdfs/uksi_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 who 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
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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

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*From the Rt Hon Jeremy Hunt MP
Secretary of State for Health*



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23 MAY 2013

Dear Mr Clark,

RECONFIGURATION OF CHILDREN'S AND MATERNITY SERVICES AT THE FRIARAGE HOSPITAL (PART OF SOUTH TEES HOSPITALS NHS FT) – REFERRAL FROM NORTH YORKSHIRE COUNTY COUNCIL'S HEALTH SCRUTINY COMMITTEE AND INITIAL IRP ADVICE

I refer to your letter of 20 December 2012 referring proposals regarding the reconfiguration of children's and maternity services at the Friarage Hospital in Northallerton, I asked the Independent Reconfiguration Panel (IRP) for its initial advice.

I refer also to your subsequent letter of 25 February 2013 in which you ask for my decision following the Panel's advice ahead of purdah for local elections.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of that advice is appended to this letter and which will be published today on the Panel's website at www.irpanel.org.uk

In order to make my decision on this matter, I have considered the concerns raised by your Committee, and have taken into account the Panel's advice.

IRP advice

As you will be aware, the IRP offers its advice to me on a case by case basis, taking account of the specific circumstances and issues of each referral. In this instance, the Panel does not consider that a full review would add any value at this stage.

In providing its advice, the Panel is clear about the challenges faced by the NHS in providing health services in remote locations are not to be underestimated.

I know The Friarage serves a largely rural population dispersed across a wide geographical area, and while activity levels, both for paediatrics and maternity services are low compared to most hospitals in England, the availability of these consultant-led services is greatly valued by the local population.

It is clear that “no change” is not an option is widely accepted.

However, the process of bringing about change has stalled at a point before local consultation has taken place.

Your Committee referred to me on the grounds where it believes proposed changes at The Friarage are not in the interests of the local health service.

In your referral letter, you asked me that “a full review of the proposed changes be undertaken by the Panel”.

However, it is routine practice for the Panel to provide me with an initial assessment before deciding whether they believe the referral and associated case for change warrants a full review as part of its advice.

As part of its initial assessment, the Panel observed that your Committee and the local NHS appear to have worked well together up to this stage in developing an effective pre-consultation engagement phase and by exploring options for change. I would expect this good work to continue in the best interests of patients.

Given the evident concerns about sustainability of the current position, the process now needs to be allowed to continue through formal local consultation, consideration of feedback, refinement of proposals and, ultimately, the decision-making process.

With regard to the content of formal local consultation, the Panel understands your Committee has indicated a preference for consultation to include option 1 (sustaining a consultant-led paediatric service and maternity unit).

I understand the local Clinical Commissioning Group and Primary Care Trust maintain this option is not viable and as a result should not be included.

Legal advice received by the CCG and PCT advised that consultation should not take place on any option that cannot be delivered.

The IRP would not wish to contradict any such advice on matters of law, only to observe that it has seen similar advice in other cases.

However, the Panel considers that the draft document produced in preparation for formal consultation and shared with your Committee could usefully be adapted to satisfy all requirements.

In such circumstances, a clear explanation of the case for change is required. If it is considered that option 1 is not viable, it is important to demonstrate *why* it is not viable – by providing suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality.

The consultation may also wish to invite new options and not limit respondents to those listed. Any new options put forward can be evaluated post-consultation in line with the agreed criteria.

The Panel recognises that further challenges may lie ahead once the consultation phase has been completed. But, at this stage, it is important that formal consultation is conducted and completed in a way that engages all interested parties in a fair, open and rigorous process that seeks the best possible solution.

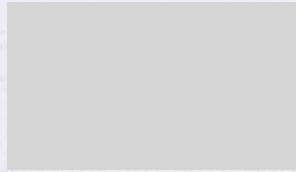
Conclusion

The Panel recommends that local consultation should now take place.

However, it is important that local consultation is conducted and completed in a way that engages all interested parties, including your Committee in a fair, open and rigorous process that seeks the best possible solution and I support that recommendation entirely.

I support the Panel's initial assessment in full and expect the local NHS to move to consultation and to ensure that your Committee as well as other key stakeholders are fully involved.

Yours sincerely



JEREMY HUNT

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

22 February 2013

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Reconfiguration of children's and maternity services at the Friarage Hospital,
Northallerton
North Yorkshire County Council Scrutiny of Health Committee

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Jim Clark, Chairman, North Yorkshire County Council Scrutiny of Health Committee (SoHC). NHS Yorkshire and Humber provided initial assessment information. A list of all the documents received is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

Background

The Friarage Hospital, Northallerton (FHN) is part of the South Tees Hospitals NHS Foundation Trust (STFT). The Trust provides paediatric and maternity at both the James Cook University Hospital (JCUH) in Middlesbrough and at FHN. The two hospitals are around 22 miles apart. FHN serves a largely rural population, Northallerton lying between the North York Moors and the Pennines with York some 30 miles to the south.

Children's and maternity services are provided on an integrated basis with common standard operational procedures and policies, managed on both sites by the STFT Division of Women and Children. The children's services ward at FHN has 14 beds used both for inpatient stays and as an assessment facility. There are around 1,900 inpatient stays a year on the ward. Children requiring emergency surgery and trauma surgery are transferred to JCUH. The maternity service offers obstetric and midwifery-led care with around 1,200 births a year. Pregnant women requiring specialist care are transferred to JCUH. There is a 10-cot special care baby unit. Newborn babies requiring high dependency and intensive care are also transferred.

In July 2011, STFT published a report highlighting concerns about paediatric services at FHN. Discussions began with NHS Hambleton, Richmondshire and Whitby Shadow Clinical Commissioning Group (CCG) regarding the future sustainability of the service. The National Clinical Advisory Team (NCAT) was invited to visit in December 2011 to review the clinical case and consider options for reconfiguring children's services within the Trust.

NCAT's report was published in January 2012. The report concluded that *"the present low volume inpatient service is unsustainable for reasons of maintaining a workforce with the right skills, affordability and potentially clinical safety"*. It commented that the Friarage Hospital is *"loved by its local community"* who *"would wish to see a vision for the hospital which would see it sustainable into the future"*. It recommended that the Trust proceed with work to redesign paediatric services and to develop a sustainable vision for maternity services within a larger piece of work describing *"a vision for FHN as a small hospital serving the community of Northallerton and beyond, which is of high quality, sustainable and affordable"*.

NHS North Yorkshire and York (PCT Cluster) – on behalf of themselves, the CCG and STFT – undertook extensive pre-consultation engagement between April and June 2012, in which seven options for future services were outlined. Public meetings were held across Hambleton and Richmondshire and conversations were held with local patients, the public, staff, NHS partners, local authorities, voluntary sector and other stakeholders. The SoHC, notably through the Chairman, were involved throughout.

During this period, a fact-finding exercise was conducted to explore with other NHS organisations issues being faced by paediatric and obstetric services and arrangements under consideration for future service delivery. This included visits to other hospitals undertaken in conjunction with local councillors. In June-July 2012, a survey was carried out by Richmondshire District Council of small hospitals with maternity units, the results of which were shared with the CCG and STFT.

During August 2012, Gateway review was completed and NCAT invited to undertake a further review. NCAT's report, published in September 2012, concluded that the case for change remained the same as when NCAT had visited previously.

On 17 September 2012, the shadow governing body of the CCG held an extraordinary meeting to consider an option appraisal of paediatric and maternity services at FHN. The meeting described how the option appraisal process had been undertaken and discussed three options for future provision of services. The shadow governing body agreed the clinical case for change and recommended that the PCT Board (NHS North Yorkshire and York) consider proceeding to public consultation (on the three options discussed) including the CCG clinically preferred option – see option 2 below.

The NHS Yorkshire and York (PCT Cluster) Board met on 25 September 2012 to consider a report *Proposed reconfiguration of paediatric and maternity services at Friarage hospital,*

Northallerton with a view to agreeing options for inclusion in a formal consultation. The report outlined three options for the reconfiguration of 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 and midwifery-led maternity service with full outpatient 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 Board agreed that the clinical case for change had been demonstrated. Taking account of legal advice that consultation should not take place on an option that could not be delivered, the Board agreed that consultation should take place on options 2 and 3 subject to the NHS North of England Service Change Assurance Process.

The Board met again on 23 October 2013 and, aware of indications that the SoHC intended to refer the matter to the Secretary of State for Health, opted to pause the consultation process. A press release was issued and all stakeholders, including the SoHC, were subsequently advised of the decision.

The SoHC met on 22 November 2012 and resolved unanimously to refer the matter to the Secretary of State. The CCG Chair and SoHC Chair met on 26 November 2012 to discuss the way forward. The Clinical Chief Officer Designate of the CCG wrote to the SoHC Chair on 30 November 2012 to re-affirm the commitment to continued close working, clarity about use of evidence, providing clear and comprehensive information and transparency in dealings with stakeholders and the public.

Formal referral of the matter was made by the SoHC in a letter of 20 December 2012 to the Secretary of State.

Basis for referral

The referral letter of 20 December 2012 states that:

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

IRP view

Independent Reconfiguration Panel

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With regard to the referral by the North Yorkshire County Council Scrutiny of Health Committee, the Panel notes that:

- FHN serves a geographically isolated population across north Yorkshire
- The hospital is greatly valued by the local population – the CCG has made clear its commitment to maintaining a hospital at FHN
- While consultant-led paediatric and maternity services are available in Middlesbrough, Darlington, Harrogate and York, transport, access and future sustainability of alternatives services are issues for local residents
- Workforce issues, affordability and potential safety concerns have been cited as the main drivers behind the clinical case for change
- Two NCAT reviews have supported the case for change
- The SoHC accepts that no change is not an option but has called for more work to be done to find a unique solution to the problems being encountered
- The process is currently suspended pending the outcome of referral to the Secretary of State – formal consultation on proposals has yet to take place
- Both the SoHC and the local NHS are committed to continued close working and a spirit of co-operation

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral. **The Panel does not consider that a full review would add any value at this stage.**

The challenges faced by the NHS in providing health services in remote locations are not to be underestimated. The Friarage Hospital, Northallerton serves a largely rural population dispersed across a wide geographical area. While activity levels - both for paediatrics and maternity services - are low compared to most hospitals in England, the availability of these consultant-led services is greatly valued by the local population.

That no change is not an option is widely accepted. However, the process of bringing about change has stalled at a point before formal consultation has taken place. The SoHC and local NHS appear to have worked well together up to this stage in developing an effective pre-consultation engagement phase and exploring options for change. Given the evident concerns about sustainability of the current position, the process needs to be allowed to continue through formal consultation, consideration of feedback, refinement of proposals and, ultimately, decision-making.

With regard to the content of the formal consultation, the IRP understands that the SoHC has indicated a preference for the consultation to include Option 1 - sustaining a consultant-led paediatric service and maternity unit. The CCG and PCT maintain that this option is not viable and should not, therefore, be included. Legal advice received by the CCG and PCT advised that consultation should not take place on any option that cannot be delivered. The IRP would not wish to contradict any such advice on matters of law, only to observe that it has seen similar advice in other cases.

However, the Panel considers that the draft document produced in preparation for formal consultation and shared with the SoHC could usefully be adapted to satisfy all requirements. In such circumstances, a clear explanation of the case for change is required. If it is considered that Option 1 is not viable, it is important to demonstrate *why* it is not viable – by providing suitably detailed analysis to show what it would mean in terms of sustainability, affordability and quality. The consultation may also wish to invite new options and not limit respondents to those listed. Any new options put forward can be evaluated post-consultation in line with the agreed criteria.

The Panel recognises that further challenges may lie ahead once the consultation phase has been completed. But, at this stage, it is important that formal consultation is conducted and completed in a way that engages all interested parties in a fair, open and rigorous process that seeks the best possible solution.

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

North Yorkshire County Council Scrutiny of Health Committee

- 1 Letter of referral from Cllr Jim Clark to Secretary of State for Health, 20 December 2012

NHS Yorkshire and Humber

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Travel impact assessment
- 3 Friarage engagement report
- 4 Gathering evidence from different parts of the country
- 5 Letter to North Yorkshire County Council Scrutiny of Health Committee from Dr Vicky Pleydell, Clinical Chief Officer Designate, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, 30 November 2012
- 6 Notes of public engagement meetings
- 7 Friarage referral letter – GP version
- 8 Poster for public
- 9 Equality impact assessment
- 10 SHA letter of approval and conditions to proceed, November 2012
- 11 Gateway review
- 12 NCAT report, 12 December 2011
- 12 NCAT report, 21 August 2012
- 13 Assessment against the four tests for service change
- 14 Health needs assessment
- 15 Travel impact survey
- 16 Draft consultation document
- 17 PCT Board minutes, 25 September 2012
- 18 CCG Extraordinary Board meeting, 17 September 2012

Other information received

- 1 Letter to IRP from The Rt Hon William Hague, MP for Richmond (Yorks), 20 February 2013