

North Yorkshire County Council

Scrutiny of Health Committee

8 November 2013

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

Purpose of Report

1. The purpose of this report is to provide an opportunity for the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) to consult formally with the Scrutiny of Health Committee on proposals for 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 when it became clear that retention of consultant-led paediatric and maternity services at the Friarage Hospital would not feature in a consultation on the way forward.
3. The Independent Reconfiguration Panel (IRP) which advises the Secretary of State on contested proposals for service reconfiguration 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 the consultation should go ahead. The relevant correspondence is attached as APPENDIX 1.
4. The IRP recommended that the consultation should take place provided there was a clear explanation of the case for change and if it is considered that option 1 - a consultant-led model - is not viable it would be 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 IRP also recommended that the consultation may also wish to invite new options and not limit respondents to those listed and that any new options put forward should be evaluated post-consultation in line with the agreed criteria.

The Consultation

5. The CCG is now consulting on two options:
 - Providing a Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Unit (MLU) with full outpatient services and enhanced services in the community.
 - Providing paediatric outpatient services and Midwifery Led Unit (MLU) and enhanced services in the community.
6. The consultation document, "Options for the Future", is attached as APPENDIX 2. Attached as APPENDIX 3 is a second document, "What does this mean for existing patients?" which identifies a range of scenarios and explains how they would be dealt with now and potentially in the future. The CCG has produced a short video which will be played at the Committee.

7. Dr Vicky Pleydell, the CCG's Clinical Chief Officer and Jill Moulton, Director of Planning, South Tees Hospitals NHS Foundation Trust (STFT) will be attending the meeting to provide more information and to respond to Members' questions.
8. The consultation runs from 2 September to 25 November 2013.

Other Options

9. Whilst the CCG is only consulting on the two options, in accordance with the IRP's recommendations, it has given a commitment to look at any other options that come forward from the consultation.
10. County Councillor John Blackie, in his capacity as Leader of Richmondshire District Council, is researching consultant-led units in other parts of the country and in Scotland which remain viable with a similar number of paediatric admissions and births to those at the Friarage. This work is consistent with the call by the County Council, Hambleton District Council and Richmondshire District Council to leave no stone unturned in seeking a unique solution to the problems which children's and maternity services at the Friarage Hospital are facing.
11. It is understood that at least one other option has already come forward from the public.

Next Steps

12. The Board of the CCG will take a decision on the way forward early in the New Year. This Committee will then have an opportunity to review that decision.

Recommendations

13. That Members offer comment to the CCG on the two options set out in the consultation document. (Members may wish to emphasise to the CCG that comments given at this stage are made without prejudice and are not a tacit acceptance of either of these two options.)
14. That Members reserve the right to consider this matter again in light of any additional evidence or new options that may be brought forward as a result of the consultation and in the event of any future decision by the CCG on this matter.

Bryon Hunter
Scrutiny Team Leader
County Hall, NORTHALLERTON

28 October 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

Bryon Hunter - Scrutiny Team Leader, North Yorkshire County 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
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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

Tel: 020 7389 8045/6

E Mail: info@irpanel.org.uk

Website: www.irpanel.org.uk

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

Children's and maternity services at The Friarage Hospital

The public consultation document:
Options for the future

Consultation period 2 September - 25 November 2013



Summary

“Every patient has the right to high quality care that is safe and effective” *NHS Constitution*

Our Clinical Commissioning Group (CCG) has a legal duty under the NHS Constitution to commission high quality, safe services. This includes services for pregnant women and children.

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

In 2011, staff from The Friarage Hospital told us about their concerns for the future safety of these services. They are concerned that they will not be able to retain their clinical skills (and develop new ones) because there are not enough mums to be and children using the services.

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

In spring last year, we held a three month engagement exercise to talk to local people about the issues and the options for the future. Feedback from the engagement phase has helped us to form the options available and allowed us to understand the views of local people. We are now commencing the formal public consultation, which will start on 2 September 2013 for 12 weeks. It will close on 25 November 2013.

This document talks about the two options we believe will ensure the best service for women and children for the future and explains each in detail. During the consultation phase, we will also continue to look at other models used around the country to see if there is an alternative solution that we have not yet considered. Any new options that emerge will be considered against the same decision making criteria that we used to assess the two current options.

We aim to:

- **Ensure safe and sustainable services are provided in the future at The Friarage Hospital.**
- **Provide high quality, safe services for everyone living in our area.**
- **Improve access to skilled professionals to deliver better patient care and experience.**
- **Continue to provide patient choice to women and families locally.**
- **Deliver care closer to home and reduce admission to hospital wherever possible.**

Why we need to change

Paediatric (children's) services

The Friarage Hospital does not have enough consultants to fully staff the ward to national standards. This is a key concern for all of us.

There have been some incredible advances in medicine in the last few years and as a result, the way children are cared for is changing. There are new ways of diagnosing and treating illnesses and fewer children are staying in hospital overnight. Many conditions can now be managed safely and more appropriately by GPs, in the community or in the child's home, with the support of health and social care staff.

When children are very ill and need to stay in hospital, they need to be treated by doctors and nurses who have the specialist skills to recognise and treat what can be complex conditions. Evidence tells us that these services are best provided in major centres with a range of facilities and large teams of medical and support staff that have the right specialist skills.

The way doctors are trained and work when they become paediatric consultants is also very different now. Today they are skilled in very specific areas (asthma or diabetes for example) whereas in previous years they were trained to be generalists and looked after children with any condition. In other words, paediatric units need more doctors to ensure that there is always one with the right specialist skills to deal with any condition.

This view is supported by the Royal College of Paediatrics and Child Health (RCPCH). Its president, Dr Hilary Cass, says the NHS needs to make radical changes, including the centralisation of hospital services to reduce preventable deaths.

Dr Cass says: "Expertise is absent in too many small paediatric units, and there is a serious shortage of consultants. The college believe that a lack of senior paediatric doctors is so acute that the safety of treatment cannot be guaranteed at every unit."

"Paediatric care has changed immensely in my 20 years in the specialty - babies and children survive illnesses that would have been unimaginable when I was a junior doctor. This improvement has been brought about by an increasing specialisation of services and pooling expertise in treating less common or serious diseases, in specialist centres. This sadly means families have to travel further for their care but has brought about huge improvements in outcomes and survival."

Dr Ruth Roberts, Paediatric Consultant

Key facts

- Five children on average per day are admitted to the children's ward at The Friarage Hospital.
- The average length of stay is less than one day as most children are treated and go home the same day.
- The majority of children with major injuries or in need of emergency care are already taken to The James Cook University Hospital or an equivalent major centre so they can be cared for by the most experienced teams.
- The children's ward has 14 beds and a 69% average occupancy during the day and 31% at night.



Why we need to change (continued)

Maternity services

The maternity unit at The Friarage Hospital is also facing similar issues. Children's and maternity services are linked and cannot run independently of each other because both services need a range of different consultants to be able to support mums to be and children. For example, an obstetric consultant may deliver a premature baby, but a paediatric consultant would also need to be available in case the newborn baby needed any treatment.

The Friarage Hospital maternity unit is also one of the smallest units in the country with around 1,260 babies born there each year. We have looked at the local population and analysis suggests the number of births is not likely to increase.

We are also seeing an increase in high-risk births which is due to a range of factors such as the increased age of first-time mums, obesity and women having multiple pregnancies or other conditions that could affect a pregnancy.

These factors increase the likelihood of complications and evidence shows that this service is best provided in a major centre where the mother and baby can be managed by a specialist clinical team with the right technology and support close by.

A report by the Royal College of Obstetricians and Gynaecologists 'High Quality Women's Health Care: A proposal for change (2011)' has also highlighted national pressures on the workforce, particularly around the likely reduction in the numbers of doctors in training within obstetrics, gynaecology and neonatology, the specialisms needed to ensure safe maternity care.

Key facts

- On average three or four babies per day are born at The Friarage Hospital.
- The special care baby unit has 10 special care baby cots and supports 156 babies per year.
- On average there are 13,750 antenatal and postnatal appointments at The Friarage Hospital.



What we learned from the engagement exercise

In spring 2012, we held a three month engagement exercise to talk to the public about the issues at The Friarage Hospital and the possible options for the future. We held a number of public events and over 600 people filled in a survey to give us their views.

We listened to what you told us during this engagement exercise and a number of key points are summarised below. The full report can be found on our website:

www.hambletonrichmondshireandwhitbyccg.nhs.uk

We understand that some of these issues are complex and to support this consultation document, we have produced a range of factsheets which contain further detailed information on the areas highlighted below. These can also be found on the website.

A summary of key points

Long-term future at The Friarage Hospital

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

Safety – what does it actually mean for patients?

We know that people value local services and that in the public survey during the engagement process, people rated closeness of services above safety and quality. However, as a group of GPs responsible for commissioning these services, we absolutely have to put the safety of our patients above everything else.

Whilst we all expect NHS services to be safe, we have to strive to ensure they are also of the highest possible quality. This means making sure they are delivered in the most appropriate place, by the most appropriate clinician and with dedicated support teams in place if they are needed.

If there is an emergency situation, we need to ensure highly experienced staff are on hand who see complex emergency situations every day, and are confident in recognising the signs of a very ill child or a poorly expectant mum, and can respond quickly.

Working with the families of children who have open access to The Friarage Hospital

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

Over the last few months we have met with some of the families who have open access to The Friarage Hospital. A number of suggestions came from the meetings including a discussion around community nursing services and what types of treatment could be carried out in the child's own home in the future, to avoid the need to go in to hospital. This is one area that the CCG has committed to take forward.

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

We will continue through the consultation process to engage with these families to ensure future services meet the needs of their children. Our aim is to ensure that health and social care services work together effectively to support children with complex health needs.



A summary of key points (continued)

Transport

We know that one of the issues people are worried about is transport. People told us that they were concerned about travelling times, the cost of travel and access to suitable transport options. We have produced a full transport report which can be found on our website at

www.hambletonrichmondshireandwhitbyccg.nhs.uk

We have listened to your concerns and are working closely with Yorkshire Ambulance Service and South Tees Hospitals NHS Foundation Trust to plan for any increase in capacity we may need to provide.

Discussions are also underway to develop possible solutions including:

- Making sure the ambulance crews know the best place to take the patient.
- Providing a shuttle bus between The Friarage Hospital and James Cook University Hospital.
- How we can ensure families can get home from hospital out of their area, if they are transported in an ambulance and are later discharged.

These proposals will be developed further during the consultation process.

Integration between health and social care

Integration between health and social care services is one of our top priorities and we are working hard to ensure that we all work together effectively to provide a more seamless service and reduce duplication. This will make services much more efficient and effective in the future.



How did we arrive at the options for public consultation?

If we don't make changes:

- The service offered at The Friarage Hospital will compare less and less well with other hospitals and will be of lower quality than people should expect.
- We will fall short of the required clinical standards – which is a real safety issue.
- We risk more unplanned closures and more serious incidents.

During the engagement exercise, we looked at seven possible options for the future. We took into account all the views collected from the public and the lessons learned from visiting other hospitals. Our Council of Members (a representative from each GP practice in our area) then carried out a detailed appraisal of each one.

From this exercise, three options were shortlisted:

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

We decided our preferred option was option B, however the NHS North Yorkshire and York Board (the statutory NHS body at the time) decided to consult on options B and C, after discounting option A from the consultation process. This view was supported by the Independent Reconfiguration Panel, who carried out an initial review of the process and then agreed with this approach.

Why we didn't include option A in the consultation – the key reasons

The Department of Health's National Clinical Advisory Team (NCAT) advised us that doing nothing was not an option. Its report said: "To sustain paediatric inpatient care at the Friarage would require significant investment in consultant paediatric on-site presence. Not only is this not affordable in the current climate but it is poor use of public funds. Consultants employed in this way would have little to do for much of their time and would be in danger of losing their clinical skills."

Our CCG and South Tees Hospitals NHS Foundation Trust looked at small paediatric and maternity units throughout the UK. We visited other hospitals and talked to staff to understand how they are dealing with similar problems and to see if any alternative models have been overlooked. The conclusion from this work demonstrated very clearly that these units, many larger than the Friarage Hospital, were struggling with the same issues.

Option A would also have required an additional investment of £2.7m and providing this investment would mean reducing services in another area to pay for it. We also believe that it is wrong to consult on an option that we cannot afford.

Choices for mums to be in Hambleton and Richmondshire

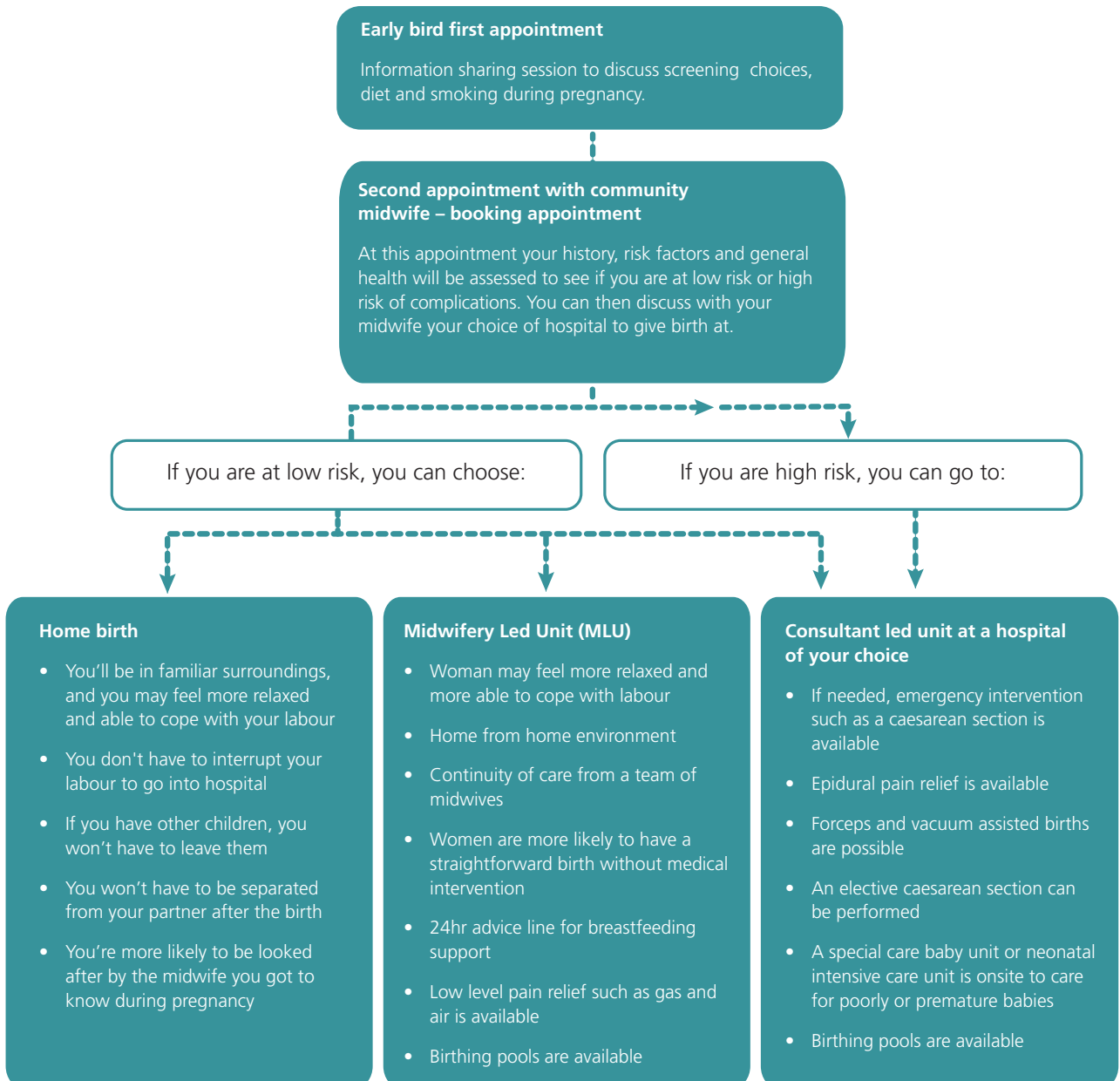
We are consulting on two options. In both options, maternity services will be the same. (The options for paediatric services are different. An explanation of these options can be found on pages 10 and 11.) This page shows how maternity services in Hambleton and Richmondshire will look in the future.

We are proposing to open a Midwifery Led Unit (MLU) at The Friarage Hospital. MLUs are run by experienced midwives and are a safe local option for women who are medically fit, have had a normal pregnancy and are at low risk of complications.

If there were any complications during the birth, women would be transferred by ambulance to a consultant led unit, supported by their midwife.

Women who are at high risk of complications would need to have their baby at a consultant led unit, to ensure specialist doctors are available to provide supervision or medical intervention (such as caesarean deliveries.)

Choices for mums to be in Hambleton and Richmondshire



Before and after care for mums and new babies

Antenatal care

This care monitors the mother's and baby's health during pregnancy and can predict possible problems so action can be taken to avoid or treat them. It includes routine checks such as blood pressure, urine tests, scans, weight, listening to baby's heart beat and asking questions about the baby's movement. These services would be provided at The Friarage Hospital as they are now, even for women with high risk pregnancies who are booked to deliver in the consultant led unit at The James Cook University Hospital. Antenatal care by community midwives will continue to be delivered in the community such as at your local GP surgery, in children's centres or at The Friarage Hospital Midwifery Led Unit

Postnatal care

Postnatal care is the care of mother and baby in the hours, days and weeks following childbirth. The midwife will make sure the mother and baby remain well physically, psychologically and emotionally and will look out for signs of complications and postnatal depression. Midwives also assist and support the mother in establishing feeding, whether by breast or bottle.

The midwife will supervise the care of the new mother and baby for around 10 to 28 days after the end of labour. Some of this care will be in the hospital but the majority of it will be at home.

This care is available at:

- A woman's own home
- All birth settings, including MLU and consultant led units
- GP surgeries and children's centre



Options for paediatric services

Option 1

- Develop a Paediatric Short Stay Assessment Unit (PSSAU) at The Friarage Hospital.
- Continue to deliver community paediatric nursing and consultant paediatric outpatient service at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Explanation

Under option 1, a PSSAU would be offered at The Friarage Hospital, based on Royal College of Paediatrics and Child Health guidance (RCPCH), providing rapid access to treatment for children and ensuring we meet the 10 standards laid out by the RCPCH.

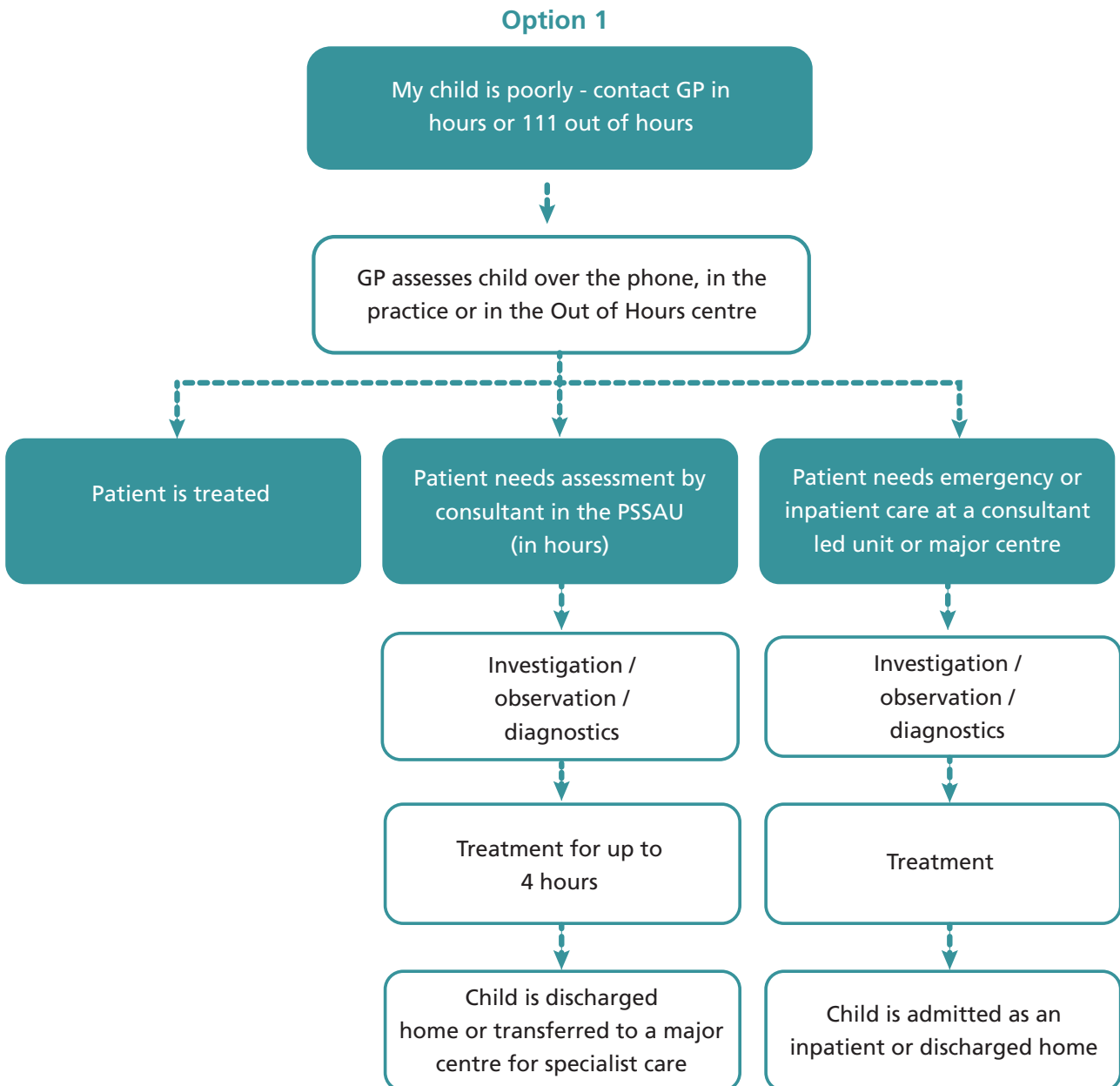
Working closely with local GPs, the PSSAU will help to reduce unnecessary hospital admissions and overnight stays. However, children who need to stay in hospital will be dealt with promptly and taken to the most appropriate place for their inpatient care. No inpatient (overnight) care would be available at The Friarage Hospital.

We believe a PSSAU would offer better access to services as children who need routine assessment, investigations, minor treatment and day surgery would still receive this local care. The unit would still only see, on average, three children a day but the unit would allow us to support care closer to home for the majority of children.

It is important to remember that the first point of contact for a parent with a sick child should always be the child's GP. They can advise where the child should be treated. If a child needs medical attention when the GP surgery is closed, parents should contact NHS 111 who will refer the child to the most appropriate place for their care.



How children's services will look under option 1



NOTE: If a child needs to be assessed by a paediatrician out of hours (when the PSSAU is closed) they will be referred to the nearest major centre for specialist care.

Option 2

- Continue to deliver community paediatric nursing and consultant paediatric outpatient service at The Friarage Hospital. More specialist inpatient paediatric services will be available at The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

Explanation

The difference between the options is that Option 2 does not include the development of a Paediatric Short Stay Assessment Unit (PSSAU). Instead, an urgent clinic would be developed for assessing children who are unwell and require outpatient assessment only as there will be no observation area for children.

We would work with local GPs to ensure that clear pathways of care are in place so that children are seen at right location to meet their needs. This model ensures children's care is delivered by a wider range of specialists available in bigger centres of expertise and therefore able to deal with a wide range of conditions. Children will be directed to consultants with the specialist skills they require enabling better quality of care to be delivered.

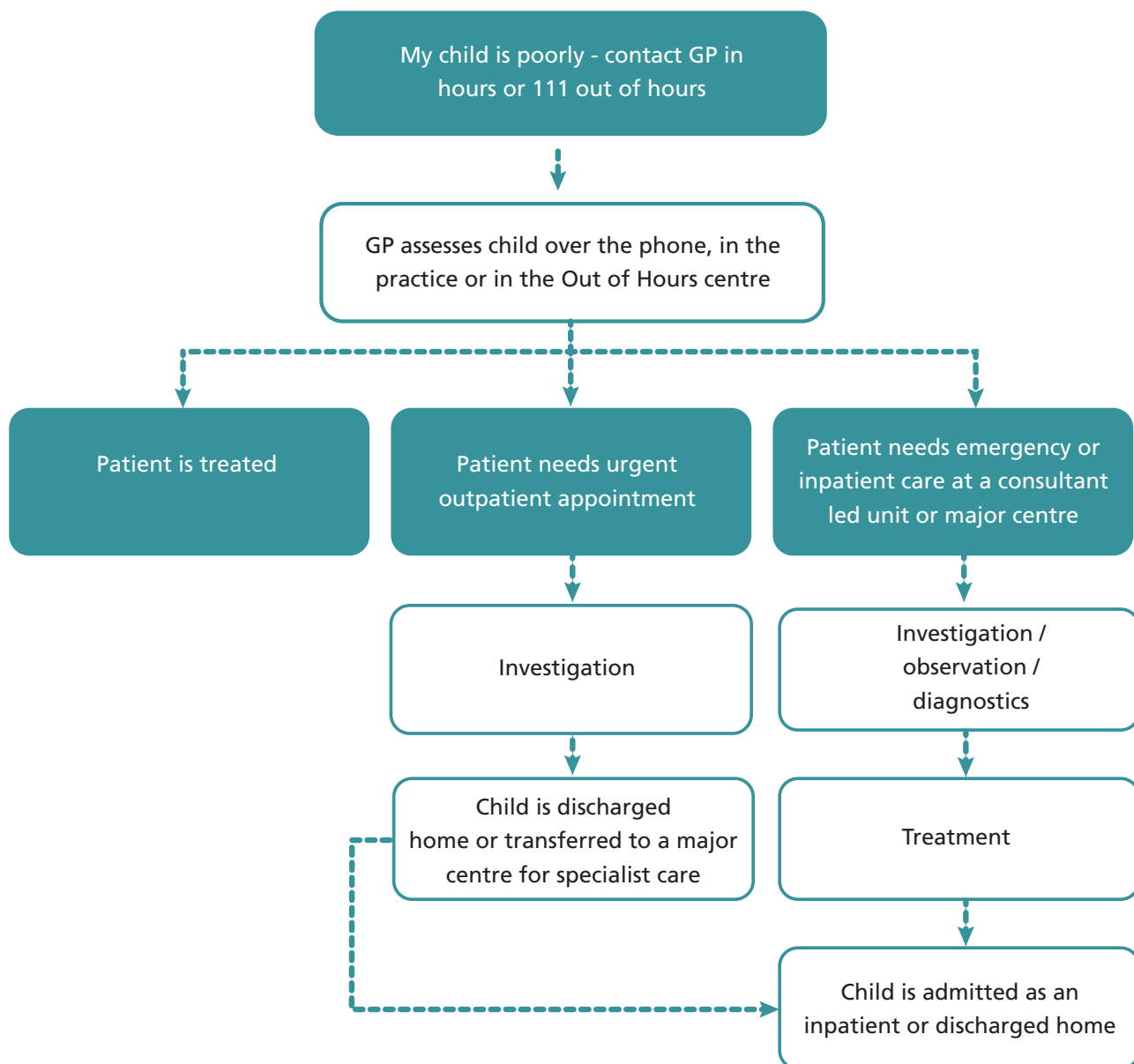
All other care that cannot be delivered at an outpatient appointment, would be delivered at another hospital such as The James Cook University Hospital, Darlington Memorial Hospital, Harrogate District Hospital and York Hospital.

As with option 1, it is important to remember that the first point of contact for a parent with a sick child should always be the child's GP. If a child needs medical attention when the GP surgery is closed, parents should contact NHS 111 who will refer the child to the most appropriate place for their care.



How children's services will look under option 2

Option 2



NOTE: If a child needs to see a paediatrician out of hours, they will be referred to the nearest major centre for specialist care.

Local services under our preferred option (option 1)

If option 1 is chosen, this page summarises the wide choice of hospitals providing children's and maternity services across the region. Many of these services will remain unchanged such as antenatal and postnatal care. Consultant led services at all hospitals apart from The Friarage Hospital will also stay the same.



York Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Special care baby unit
- Paediatric assessment and inpatient unit

Friarage Hospital, Northallerton

- Midwifery Led Unit (MLU)
- Community antenatal and postnatal care
- Consultant antenatal outpatients
- Paediatric Short Stay Assessment Unit (PSSAU)
- Children's outpatients department

Harrogate District Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Special care baby unit
- Paediatric assessment and inpatient unit

The James Cook University Hospital, Middlesbrough

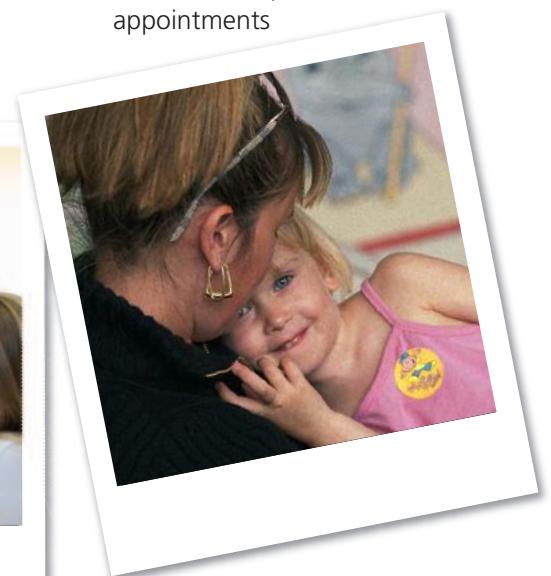
- Consultant led maternity unit alongside Midwifery Led Unit
- Antenatal and postnatal care
- Neonatal intensive care and special care baby unit
- Paediatric intensive care
- Complex children's surgery
- Major trauma centre
- Paediatric assessment and inpatient unit

Darlington Memorial Hospital

- Consultant led maternity unit
- Antenatal and postnatal care
- Neonatal and special care baby unit
- Paediatric assessment and inpatient unit

Duchess of Kent Hospital, Catterick

- Antenatal clinic
- Children's outpatient appointments



Our preferred option

There are a number of reasons why option 1 is our preferred option:

- The Friarage Hospital is too small to continue to operate safely and effectively as a consultant led unit and in making the changes we will avoid temporary and unplanned closures, which can be extremely traumatic for the patients and mothers to be who had planned to use the services.
- Changes in the way we treat children and the general improvement in our health means fewer unwell children need to stay in hospital overnight. When children need to stay in hospital, they need to be treated in a major centre with access to a range of facilities and staff with the skills and experience in treating a very sick child.
- Women with uncomplicated births now often choose to leave hospital after only a few hours, reducing the need for postnatal beds. Under this option pregnant women (with low-risk deliveries) also have the option of giving birth in a local unit, staffed by skilled midwives. However there is also an increase in high risk pregnancies overall and for these mums to be they need to be in a major centre.
- The way doctors are trained and want to work when they become consultants has changed. Advances in medical care means doctors develop advanced skills in specific areas within a specialty (care of the new-borns, asthma, diabetes etc.), rather than have generalist skills.
- Replacing the current consultant workforce, several of whom have recently retired is becoming increasingly challenging.
- Higher safety and quality standards have been introduced to improve patient care. These require clinicians to train and work in environments where they have regular exposure to large numbers of patients with varied and complex problems.
- It would be a poor use of public funds to invest extra money to try and sustain a consultant led service. We do however need to ensure we keep services which can be delivered safely local and support a long and vibrant future for the Friarage Hospital which this option does.
- We want to continue to offer choice to mums to be and families of where they can receive their treatment or care.

Conclusion

This is a complex story and we have attempted to provide a broad overview of some of the challenges we face. In getting to this stage, we have already produced a lot of detailed information and supporting factsheets all of which can be found on our website at

www.hambletonrichmondshireandwhitbyccg.nhs.uk

Finally, it is important to emphasise that this consultation is driven by safety and quality standards and the need to provide sustainable services at The Friarage Hospital which are fit for the future. Our aim is to provide a wide range of choices for women and children in Hambleton and Richmondshire and these are explained throughout this document.

Glossary

Antenatal:	Refers to the care of pregnant woman and their unborn baby.
Clinical Commissioning Group (CCG):	A group of local GP practices responsible for planning and purchasing local NHS services.
Consultant:	Consultants have the same basic medical training as doctors but have specialised in one particular field of medicine, such a neonatal medicine.
Doctor:	The term doctor usually applies to someone who is somebody trained in a broad range of medicine.
Maternity:	The treatment given in relation to pregnancy and delivery of a newborn child.
Midwifery Led Unit (MLU):	A delivery unit staff by experienced midwives.
Neonatal:	Relating to newborn children, especially in the first week of life and up to four weeks.
Obstetrics:	The medical specialty dealing with the care of all women's reproductive organs and their children during pregnancy.
Paediatrics:	The branch of medicine that deals with the medical care of infants, children, and adolescents.
Paediatric Short Stay Assessment Unit (PSSAU):	An assessment unit staffed by paediatricians to assess and treat children on a short term basis.
Postnatal:	Refers to the care of women after they have given birth.

Over to you

There are a number of ways you can give us your feedback:

Fill in our questionnaire

A questionnaire is included at the back of this document. It would help us if you could answer the questions and return to the FREEPOST address. If you prefer, you can visit our website and fill in the questionnaire online. After the consultation has closed on 25 November 2013, an independent third party will collect all the responses and a comprehensive analysis will be published in the final report.

Come to a public event

During the next three months the CCG will make this document widely available and will also be presenting the options at a number of public meetings. These are open to everyone and will give you the chance to talk to clinicians and others about the proposals and give your views. All meetings will follow the same format.

7.00pm – 7.30pm – An introduction to the consultation and presentation of the key facts.

7.30 pm – 8.30pm – Question and answer session.

The Saturday meeting will follow the above format commencing 10.30am – 12noon.

The meetings will be hosted by GPs, hospital clinicians and senior NHS managers from the Hambleton, Richmondshire and Whitby Clinical Commissioning Group and South Tees Hospitals NHS Foundation Trust.

Please note that due to strict fire regulations, once a venue's capacity is reached, we will not be able to admit any further guests. Anyone unable to attend will be able to submit a question for the panel and feedback will be posted online and made available in hard copy on request.

Thirsk Wednesday 18 September

Thirsk Racecourse, Station Rd, Thirsk YO7 1QL

Richmond Wednesday 25 September

Richmond School, Darlington Road, Richmond DL10 7BQ

Northallerton Saturday 28 September

Main Hall, Hambleton Forum, Bullamoor Road, Northallerton DL6 1LP

Catterick Garrison/Village Tuesday 1 October

Catterick Leisure Centre, Small Studio, Catterick Road, Catterick Garrison DL9 4QH

Masham Thursday 3 October

Masham Methodist Church, 34 Park Street, Masham, Ripon HG4 4HN

Leyburn Tuesday 8 October

Conference room/ Restaurant, Tennants Auction House, Harmby Road, Leyburn DL8 5SG

Bedale Monday 14 October

Bedale Hall, North End, Bedale DL8 1AA

Hawes Thursday 17 October

Hawes Community Primary School, Town Head, Hawes DL8 3RQ

Stokesley Monday 21 October

Town Hall, Main Hall Stokesley TS9 5DG

A number of documents giving more detailed information can be found on our website at: www.hambletonrichmondshireandwhitbyccg.nhs.uk

Twitter

You can follow us on Twitter @HRW_CCG

If you would like to get in touch with us about this you can:

- Telephone: 0800 068 8000
- Email: frilage.feedback@nhs.net
- Write to us at:

Freepost Plus RTER-KESE-BGCH
NHS Hambleton Richmondshire and Whitby Clinical Commissioning Group (CCG)
Civic Centre
Stone Cross
Northallerton
DL6 2UU

What next

The results of the formal consultation process will be presented to the CCG'S Council of Members and Governing Body by the CCG who will need to make a decision in January 2014 based on:

- Your views that we have collected during the formal consultation period
- Specialist advice from health service professionals about the opportunity and challenges maintaining and improving the quality of services
- Views and comments from partner organisations – particularly those organisations that have a statutory role in representing your interest, such as Local Authority Health Overview and Scrutiny Committees and Local Involvement Networks
- Detailed analysis of the challenges and opportunities outlined in this document

If you would like this document in a different format, for example, large print, audio cassette/CD, Braille or in another language, please call 0800 068 8000.



**Hambleton, Richmondshire and Whitby
Clinical Commissioning Group**

Public consultation questionnaire

Public consultation on the children's and maternity services at the Friarage Hospital, Northallerton

Thank you for reading the public consultation document. Please use this form to let us know what you think. When you have completed this form, detach it from the document and return it in an envelope to our FREEPOST address. All completed forms should reach us by Monday 25 November 2013.

This form can also be completed online at www.hambletonrichmondshireandwhitbyccg.nhs.uk

Your views

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

(Please rank your response in order of preference, 1 = first, 2 = second, 3 = third etc.)

- Access to a high quality and safe service
 - Availability of specialist care
 - Care closer to home (support in own home)
 - Distance from home to hospital
 - other (please state which)
-
-

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

(Please rank your response in order of preference, 1 = first, 2 = second, 3 = third etc.)

- Access to a high quality and safe service
 - Availability of specialist care
 - Care closer to home (support in own home)
 - Distance from home to hospital
 - other (please state which)
-
-

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

- Option 1 - Paediatric Short Stay Assessment Unit (PSSAU) with outpatient services and enhanced community services and a Midwifery Led Unit (MLU).
- Option 2 - Paediatric out patient services and enhanced community services and a Midwifery Led Unit (MLU).



To make sure the replies we receive are balanced across Hambleton and Richmondshire, we would appreciate it if you would let us know about you. Your response will be completely anonymous and all of the questions are optional.

About you

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

- a patient
 - a carer
 - an expectant parent
 - a parent or someone who cares for children/young people
 - an employee of the NHS
 - a member of the public
 - a Councillor/MP
 - a representative of an organisation (please state which)
-
-

9. What is your gender?

- Male
- Female

10. What is your age group?

- Under 16 years
- 16-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-74 years
- 75+ years

11. What is your ethnic background?

- White
- Mixed/multiple ethnic group
- Asian/Asian British
- Chinese
- Black/African/Caribbean/Black British
- Other ethnic group (please specify)



12. What is your religion?

13. What is your sexuality?

14. Do you consider yourself to be disabled?

Yes

No

If yes, please tell us how

15. Which area do you live in?

Hambleton

Richmondshire

Other

16. Where have you heard about this consultation? (Please tick all that apply)

Health centre/GP surgery

Newspaper

Radio

Television

Website

Word of mouth

other (please state which)

If you would like to receive the final consultation report, please write your name and address or email address below:

Name:

Address:

Postcode:

Email:

Thank you for taking the time to provide us with your comments. If you require more help or information please contact Patient Relations 0800 06 88 000.





What does this mean for existing patients?

We have identified a range of scenarios and explained how they would be dealt with now and potentially in the future, under our preferred option for both paediatrics and maternity services.

Paediatric (children's) services

Dylan's story

Dylan, two, lives near Leyburn and has had a slight cold for a couple of days. By Monday afternoon he has developed a high fever, stiff neck and has a rash which his mum is worried about so she rings for an urgent GP appointment. The GP, who sees Dylan, is also concerned and, suspecting meningitis, gives the appropriate medication of penicillin and rings 999 for an ambulance.



What happens now

The ambulance crew bring Dylan to Friarage Hospital where he receives urgent treatment including blood tests, fluids and antibiotics. The doctors and nurses feel that Dylan is seriously unwell and requires paediatric intensive care so they phone the specialist children's transfer team, who come and collect him and take him to the nearest available intensive care bed which today is in Leeds.

After a few days in intensive care Dylan is recovering well and goes back to the Friarage Hospital where he receives daily antibiotics. After five days he is well enough to go home and his Mum drives him into Northallerton every day for his dose of antibiotics. Dylan is offered follow up with one of the local paediatric consultants at The Duchess of Kent Hospital in Catterick or Northallerton.

New service

The ambulance takes Dylan to the nearest hospital – Darlington Memorial Hospital – where he has blood tests and receives the appropriate fluids and antibiotics. The doctors and nurses feel that Dylan is seriously unwell and requires paediatric intensive care, so they phone the paediatric intensive care unit in Newcastle, who send their specialist team to collect him.

After a few days of intensive care Dylan is recovering well and returns to Darlington for daily antibiotics. After a couple of days he is discharged home and receives his last two days of antibiotics at home, near Leyburn, given by a children's community nurse.

Dylan is offered follow up with one of the local paediatric consultants at the Duchess of Kent Hospital in Catterick or Northallerton.

Peter's story

Peter, eight, from Northallerton has seen the GP with his mum after having a second spell of wheezing. The GP isn't happy and decides he needs a paediatric review and a period of observation.

What happens now

The GP phones the children's ward, and faxes in a referral. Peter arrives on the ward at midday and is assessed and observed by a children's nurse. He is seen by a junior doctor and a diagnosis of possible asthma is made.

Treatment is given with regular inhalers and steroids and by 4pm, Peter is much better and after seeing a consultant goes home, with the advice mum can call the ward and return if she is not happy with him any time over the next three days (this is called open access).

As the family lives five minutes away, mum is advised to bring Peter in by car if he is not too unwell or ring 999 if she is extremely worried.

Next morning, Peter's mum is still worried and phones the ward, before bringing him in. This time he does not respond particularly well to treatment and, after two hours, it is decided that he needs to be admitted.

After 24 hours Peter is fit for discharge, and is allowed home, again with open access. His asthma had been very unstable over the previous few months, so he is offered follow up at the specialist paediatric respiratory clinic at the Friarage Hospital.

New service

The GP phones the paediatric assessment unit (PAU) and faxes in a referral. Peter arrives at the unit at midday and is assessed and observed by a children's nurse. He is seen by a junior doctor and a diagnosis of possible asthma is made.

Treatment is given with regular inhalers and steroids and by 4pm, Peter is much better and after seeing a consultant goes home. Next morning, Peter's mum is still worried and wonders if he is wheezy again. Peter has been given three days open access to PAU, so his Mum phones the unit and brings him in.

He is assessed again and given further inhalers but does not respond particularly well to treatment and after two hours it is decided that he needs to be admitted.

Peter is transferred to The James Cook University Hospital, by ambulance with his mum, where he receives regular inhalers and some overnight oxygen.

His mum stays with him on the ward. After 24 hours, Peter is fit for discharge and is allowed home, with a review arranged the following day on the paediatric assessment unit at the Friarage Hospital. His asthma had been very unstable over the previous few months, so he is offered follow up at the specialist paediatric respiratory clinic at the Friarage Hospital.



Harvey's story

Harvey, three, lives at Catterick Garrison but his dad is currently posted abroad. He has been struggling to open his bowels for a number of weeks and has stomach pain so his mum takes him to the GP. The GP is worried Harvey is constipated but also that he is developing a long-term problem because he has previously received treatment by another GP.

What happens now

The GP phones the children's ward at the Friarage Hospital and faxes in a referral. Harvey is offered a review on the ward.

When he arrives on the ward he is met by one of the nursing staff, weighed and measured. The junior doctor examines him and confirms constipation. After a discussion with the consultant, Harvey is given some strong laxative and kept on the ward for observation. He has a good result from this and is discharged home on regular medication.

Harvey is offered a follow-up appointment and attends a consultant follow-up clinic at the Friarage Hospital 12 weeks later.

New service

The GP phones the paediatric assessment unit at the Friarage Hospital and faxes in a referral. Harvey is offered a slot that morning and when he arrives on the unit, he is met by a nurse, weighed and measured.

The junior doctor examines him and confirms constipation. After talking with the consultant, Harvey is given a strong laxative. He has a good result from this and is discharged home on regular medication.

The following week, one of the nursing staff telephone Harvey's mum to see how he is doing and he has a follow-up appointment two weeks later in the community nurse follow-up clinic. He attends a consultant follow-up appointment 12 weeks later at Catterick.



Sarah's story

Sarah, six, lives in Thirsk. Over the weekend she develops red swollen knees and her mum makes an appointment to see her GP on Monday morning, who suspects arthritis.

What happens now

The GP phones the children's ward at the Friarage Hospital and asks for a review, faxing in a referral letter. When Sarah arrives on the ward later that morning, she's met by a nurse, weighed, measured and anaesthetic cream applied in preparation for blood tests.

She is seen by the junior doctor on the ward and a consultant, who suspects reactive arthritis and an ultrasound scan is arranged as an outpatient. A junior doctor takes bloods and suitable pain relief is prescribed.

Sarah is also referred to a physiotherapist at the children's centre and an outpatient appointment is made in a specialist rheumatology clinic.

Sarah is seen four weeks later in rheumatology clinic, where the scan and bloods indicate she has juvenile arthritis so a specialist review is needed. Sarah is referred to the service in Leeds and will be seen twice a year in Leeds, and twice a year in Northallerton.

New service

The GP phones the paediatric assessment unit (PAU) and makes an urgent outpatient appointment for Sarah to be seen there that day by faxing a referral letter.

Sarah is offered an appointment in the afternoon and when she arrives on the unit, she's met by a nurse, weighed, measured and anaesthetic cream applied.

She sees the consultant on that day, who suspects reactive arthritis and an ultrasound scan is arranged as an outpatient. A member of nursing staff takes bloods and suitable pain relief is prescribed.

Sarah is also referred to a physiotherapist at the children's centre and an outpatient appointment is made in specialist rheumatology clinic.

Sarah is seen four weeks later in rheumatology clinic, where the scan and bloods indicate she has juvenile arthritis so a specialist review is needed. Sarah is referred to the service in Leeds and will be seen twice a year in Leeds, and twice a year in Northallerton.



Sammy's story

Sammy is two years old and has had a cough and runny nose for three days. This morning he has vomited once and has a slight temperature. His Mum is concerned and wants to check that he does not have any serious condition. In this scenario, mum brings Sammy to accident and emergency although the first point of contact should have been the GP.

He thinks Sammy may have a viral upper respiratory tract infection, but is unsure of the best way to treat this in children. He asks a senior colleague for advice. Unfortunately his senior colleague is treating a very sick patient and Sammy has to wait another 30 minutes. It is decided that he will need paracetamol and plenty to drink to treat the condition. In total Sammy has waited a little over three hours and is tired and fed up.

What happens now

Mum brings Sammy to the accident and emergency department at Friarage Hospital where he is assessed by an experienced nurse. As he is not seriously unwell Sammy is directed to wait in the children's waiting area. It is a winter morning and the department is very busy with people who have been injured in falls and have serious conditions such as pneumonia.

Sammy waits for two hours to be seen by an A&E doctor. The doctor is very experienced in dealing with injuries but is less experienced in dealing with minor illness in children.

What will happen

Mum brings Sammy to the A&E Department at Friarage Hospital where he is assessed by an experienced nurse. As Sammy is not seriously unwell, he is re-directed to a local GP appointment that morning. He will then be reviewed by a GP who is experienced in the care of children.

The GP finds that Sammy has a viral upper respiratory tract infection and explains this to his mum. The GP offers advice about managing Sammy's temperature and ensuring that he does not become dehydrated. The GP recommends paracetamol to treat the condition.

Sammy's mum feels reassured now that she knows what is wrong with Sammy and is able to take him home.

Maternity Services

Delivering the best possible care means making sure all women have a high quality, safe service and a choice of how to give birth.

We have tried to explain what a potential change in service could look like for pregnant mums.



Mums with a low dependency (low risk) birth

Claire, who lives in Hambleton and Richmondshire, is expecting her first baby. She contacts her GP surgery and is given a booking appointment within two weeks with a community midwife either at the GP surgery or nearest children's centre.

During the booking appointment, the midwife obtains a detailed medical/family history and carries out a risk assessment. No complicating factors are identified, which means Claire is a 'low dependency' birth. Options for place of birth are discussed and these include:

- Home birth.
- The midwifery-led unit at the Friarage Hospital.
- The midwifery-led unit at The James Cook University Hospital (which has a consultant-led maternity unit close-by).
- Another maternity unit of her choice at Darlington, Harrogate or York.

Options for Claire:

- If Claire chooses a home birth or the midwifery-led unit at the Friarage Hospital or The James Cook University Hospital, she will be offered a dating ultrasound scan (USS) at 12 weeks gestation and a second scan to screen for abnormalities at 18 weeks gestation, both at the Friarage Hospital. Claire will receive all her antenatal care with her Northallerton community midwife in the GP surgery or nearest children's centre.
- If Claire chooses another maternity unit for her place of birth, the community midwife will contact the unit of her choice and forward all the booking information to them. All scans will be carried out at the maternity unit chosen for the birth. Claire will still receive all her antenatal care with her Northallerton community midwife in the GP surgery or nearest children's centre.

If there are any complications, Claire will be referred to the consultant unit at The James Cook University Hospital or a high dependency unit of her choice.

If there are no complications at the onset of labour, Claire will still be eligible for delivery at home, in the Friarage Hospital's midwifery-led unit or the midwifery-led unit at The James Cook University Hospital (if that is her choice). All care during labour and shortly after birth will be provided by midwives with no medical input.

If Claire gives birth in the midwifery-led unit, an early return home is encouraged with postnatal care and support provided at home and in the postnatal clinics by the Northallerton community midwife and healthcare assistants.

Important points

- If at any time during a 'low risk' pregnancy complications arise, the woman will be referred for a consultant obstetric assessment at the hospital antenatal clinic at the Friarage or in the antenatal clinic in the maternity unit that she has chosen for delivery.
- If complications arise in labour or the early postnatal period in the midwifery-led unit at the Friarage Hospital, the woman and baby would be transferred to the consultant unit at The James Cook University Hospital by emergency ambulance with a midwife escort. Remaining care will be given in the consultant maternity unit.

Postnatal care and support following discharge from hospital will still be provided at the woman's home and postnatal clinics by the Northallerton community midwife and healthcare assistants

- If a woman chooses to change her place of delivery at any time during her pregnancy, this will be organised by her community midwife.
- Where an emergency situation occurs due to complications with the patient and/or baby at home or elsewhere the ambulance will transport to the nearest hospital whether that be Darlington Memorial Hospital or The James Cook University Hospital.

High dependency (higher risk) birth

Susan from the Northallerton area is expecting her second child. She contacts her GP surgery and is given a booking appointment within two weeks with a community midwife either at the GP surgery or nearest children's centre.

During the booking appointment, the midwife obtains a detailed medical/family history, including previous obstetric history, and carries out a risk assessment.

It is identified that Susan had her previous baby by lower segment caesarean section (LSCS) which means she will receive 'high dependency' care and options for place of birth are discussed including:

- The consultant-led maternity unit at The James Cook University Hospital.
- Another consultant-led maternity unit of her choice e.g. Darlington, Harrogate, York.

Options for Susan:

- If Susan chooses The James Cook University Hospital, she will be offered a dating ultrasound scan (USS) and booking appointment with a consultant obstetrician at 12 weeks gestation at the Friarage Hospital.

Delivery options will be discussed and a plan of care decided with the obstetrician. Susan will receive joint antenatal care with the obstetrician and the community midwife and a second ultrasound scan (to screen for abnormalities) will be offered at 18 weeks at the Friarage Hospital.

Susan will receive most of her antenatal care with her Northallerton community midwife in the GP surgery or nearest children's centre but if further appointments with the obstetrician or scans are needed these will be arranged at the Friarage Hospital.

- If Susan chooses another maternity unit, the community midwife will contact the unit of her choice and forward all the booking information to them. All obstetric care and ultrasound scans will be carried out at the chosen consultant led maternity unit. Susan will still receive all her community midwife antenatal care with her Northallerton community midwife in the GP surgery or nearest children's centre.

cont.



If at any time during a 'low risk' pregnancy complications arise, the woman will be referred for a consultant obstetric assessment at the hospital antenatal clinic at the Friarage or in the antenatal clinic in the maternity unit that she has chosen for delivery.

Delivery will take place at The James Cook University Hospital or the consultant led maternity unit of Susan's choice and postnatal care and support following discharge from hospital will be provided at home and postnatal clinics by the Northallerton community midwife and healthcare assistants.

If Susan chooses to change her place of delivery at any time during her pregnancy, this will be organised by her community midwife.