

North Yorkshire County Council

Scrutiny of Health Committee

14 March 2014

Children's and Maternity Services at the Friarage Hospital, Northallerton – Current Situation**Purpose of Report**

1. The purpose of this report is to inform and assist the Committee in reaching a decision on further action it wishes to take following the decision of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group at its Extraordinary Board Meeting on 27 February 2014 to approve Option 1 – A Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision.
2. To note that in approving Option 1 the CCG Board also:
 - Agreed that the clinical case for change has been strongly made and other options have been considered.
 - Agreed the views of the public have been sought and all mediums used to ensure a fair and transparent process have been adopted and that the impact on vulnerable groups and those experiencing health inequalities can be mitigated.
 - Endorsed the outcome of the GP Council of Members and the preferred option from the public consultation.
 - Approved the overall investment of £625,000 for 24/7 ambulance, SSPAU to provide 7 day working and for a taxi service out of hours and a shuttle bus service in hours between The Friarage Hospital and James Cook University Hospital for all specialities.
 - Agreed all investment areas will be formally reviewed by the Governing Body at 6 months post-implementation.
 - Agreed the implementation timeframes of 6 months for the new services to commence in October 2014.

Background

3. Key Events:

Date	Event
2005	Friarage Clinical Futures Review
July to October 2009	Temporary closure of the consultant-led in-patient paediatrics and consultant-led maternity services at the Friarage Hospital.
December 2011/January 2012	National Clinical Advisory Team (NCAT) review
15 February 2012	North Yorkshire County Council resolved:

Date	Event
	<p>“This Council calls upon all those involved in considering the future of maternity and paediatric services at the Friarage Hospital to consult and engage with all of the communities affected and to leave no stone unturned in an effort to retain the existing consultant led services at what the public rightly considers to be an excellent Hospital”.</p>
21 February 2012	<p>Hambleton District Council resolved:</p> <p>“This Council firmly believes that residents of Hambleton are entitled to receive consultant led medical care of the highest quality at a centre of excellence as close to their home as possible. The rural nature of Hambleton requires maternity facilities to remain at the Friarage Hospital, Northallerton, as part of a local hospital with a long term future.”</p>
April to June 2012	CCG engagement events
26 May 2012	Public march through Northallerton led by William Hague MP
25 September 2012	<p>NHS North Yorkshire and York (NHS NY&Y, the former primary care trust) considered a report “Proposed Reconfiguration of Paediatric and Maternity Services at Friarage Hospital, Northallerton”. The purpose was to agree the options to be included in the formal consultation. The report outlined options for the reconfiguration of paediatric and maternity services:</p> <p>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.</p> <p>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.</p> <p>Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.</p> <p>NHS NY&Y decided to consult only on options 2 and 3.</p>
23 October 2012	<p>Richmondshire District Council resolved, “Urges the NYCC Scrutiny of Health Committee to call in to the Secretary of State for Health the proposals for change at the Friarage during the statutory NHS public consultation period on the grounds that they are not in the interests of the local health service and are prejudicial to patient safety, so as to secure an independent and objective high level review of the current services and the proposals to downgrade them.”</p>
24 October 2012	NHS NY&Y announced that it would be pausing the consultation process.
22 November 2012	Special meeting of the Scrutiny of Health Committee. The meeting was held after it became clear that retention of consultant-led

Date	Event
	paediatric and maternity services at the Friarage Hospital would not feature in a consultation on the way forward. Committee resolved to refer the matter to the Secretary of State for Health.
20 December 2012	Letter sent to the Secretary of State for Health from the Scrutiny of Health Committee. See APPENDIX 1.
23 May 2013	Secretary of State's response to Cllr Jim Clark. See APPENDIX 1.
September 2013 to November 2013	Formal consultation on 2 options: <ul style="list-style-type: none"> • 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.
18 December 2013 and 17 January 2014	Evaluation of 3 other options
7 February 2014	CCG Council of GP Members (in private) approved Option 1.
Thursday 20 February 2014	Final reports published on CCG's website. Please see APPENDIX 2.
Tuesday, 25 February 2014	Richmondshire District Council resolved to look into taking legal action over the decision by the Hambleton, Richmondshire and Whitby Clinical Commissioning Group. Officers from that Council are looking into financial implications.
Thursday 27 February 2014	CCG Board Meeting (in public) endorsed the decision of the CCG Council of GP Members.

Next Steps

4. The Scrutiny of Health Committee has been fully involved throughout the engagement and formal consultation phases. The Committee was formally consulted at its meeting on 8 November 2013.
5. Now that the CCG has taken a final decision 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 on 14 March to summarise the case for change and how the other options that came forward from the consultation were evaluated. This will include summarising the discussions at the Council of GP Members on 7 February and the Board meeting on 27 February.
6. In addition to considering all of the issues it raised in the original referral to the Secretary of State for Health, the Committee also needs to reach a view on whether the CCG followed the advice of the Secretary of State/IRP. In particular:
 - a) **Has the case for change been proved?**

- b) **If a consultant-led option is not viable, has the CCG demonstrated why it is not viable - with suitably detailed analysis of sustainability, affordability and quality. This should include why consultant-led services are delivered at other hospitals of a similar size.**
 - c) **Did the consultation invite new options - not limiting respondents to those listed - and have the new options properly evaluated?**
 - d) **Has the consultation been conducted and completed as part of a fair, open and rigorous process that seeks the best possible solution?**
7. In considering the Committee's course of action it needs to reach a view on what has become quite a complex issue and dating back to 2005.
8. The powers of the Scrutiny of Health Committee are set out in APPENDIX 3.

Recommendation

9. Members are asked to consider this report and decide any action the Committee may wish to take.

**Bryon Hunter
Scrutiny Team Leader**

**County Hall
NORTHALLERTON**

4 March 2014

Background Documents: None

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(Harrogate/Harlow Division)

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20 December 2012

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

Dear Secretary of State

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

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

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

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

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

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

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

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

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

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

The referral focuses on 3 main aspects:

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

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

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

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

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

A series of discussions between the GP commissioners and consultant staff from the hospital took place in the autumn of 2011. The CCG then invited the National Clinical Advisory Team (NCAT) to visit in December 2011 to review the clinical case. NCAT published its report⁵ early in 2012.

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

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

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

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

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

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

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

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

On 25 September 2012 the Board of NHS NY&Y considered a report “Proposed Reconfiguration of Paediatric and Maternity Services at Friarage Hospital, Northallerton”⁸ with a view to agreeing the options to be included in the formal consultation. The report outlined options for the reconfiguration of paediatric and maternity services:

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

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

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

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

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

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

At that meeting the Chief Executive of NHS NY&Y advised the Board that legal advice had been sought and the conclusion reached was that the consultation should not be on a single option nor on an option that could not be delivered. The minutes⁹ from the meeting indicate that on the basis of this evidence and the guidance from the Strategic Health Authority's Service Change Assurance Process, the Board of NHS NY&Y agreed to consult on Options 2 and 3 only.

The Board concluded that Option 1 was not feasible given that significant investment would be required to increase the staffing levels to address the issues around quality and safety, and that even if additional investment was made, the service would not be clinically sustainable due to staffing and recruitment issues. At that stage NHS NY&Y's intended start date for the consultation was 1 November 2012.

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

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

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

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

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

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

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

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

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

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

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

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

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

Both the SCBU and Open Access during the evening / overnight hours and all weekend 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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The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
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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

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

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

Conclusion

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

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

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

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

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

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

Yours sincerely

Lord Ribeiro CBE
Chairman, IRP

APPENDIX ONE

LIST OF DOCUMENTS RECEIVED

North Yorkshire County Council Scrutiny of Health Committee

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

NHS Yorkshire and Humber

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

Other information received

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

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Councillor Jim Clark
Chairman
North Yorkshire County Council
Health Scrutiny Committee
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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.

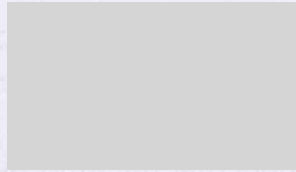
Conclusion

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



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

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

Date of Meeting: 27 February 2014

Title: Reconfiguration of Maternity and Paediatric Services at
The Friarage Hospital, Northallerton

Report for: Decision

This Report includes /supports the following CCG aims:

1. Involve people in their care and as part of that we will encourage self-care	Tick √
2. Buy quality services	√
3. Change services for the better and in doing so we will provide care as close to home as possible that is easily accessible	√
4. Use the money we have in the best possible way	√

The CCG values are:

Integrity

Transparency

Collaborative

Focus

Action

Energy

Courage

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

27 February 2014

Reconfiguration of Maternity and Paediatric Services at The Friarage Hospital,
Northallerton

1. Introduction and Purpose

The purpose of this report is to present the final assessment for future maternity and paediatric services which has been developed following extensive public consultation. The report provides information on the two options the CCG presented and the additional options put forward during the consultation by the public. The risks associated with each option are assessed, including the clinical safety and sustainability and the ability of the options to deliver care closer to home.

The Assessment of Future Services report details the clinical case for change, the results of the public consultation phase, the various assessments and a review of the evidence gathered. It also details the method by which the original options and the additional three options that were submitted following the public consultation were assessed.

2. Background Information

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

Following discussions between GP Commissioners and Consultants, concerns were raised by senior doctors at The Friarage Hospital in 2011, about the long term sustainability of some children's and maternity services. The local NHS agreed to look again at how best to meet the required standards in the future. Two reports published at the time, from the Royal College of Paediatrics and Child Health (RCPCH) - *Facing the Future: Standards for Paediatric Services* (2010) and *Facing the Future: A Review of Paediatric Services* (2011) had set out a series of minimum service standards which should be achieved.

During the last two year period the CCG and STHFT have visited and engaged with a range of commissioners and providers across the UK, in order to leave "no stone unturned" in the efforts to find an innovative solution to the issues facing The Friarage Hospital. The CCG has contacted, visited and surveyed a range of hospitals and has made this information available publically.

Where local stakeholders have suggested new models which are currently available in other parts of the country, the CCG has, throughout the public consultation period, engaged with those who both commission and provide those maternity or paediatric services.

The CCG has not found a model, different from the original options proposed which is sustainable in terms of staffing, does not require continuation of a consultant led model, additional tier 1 and 2 provision or require Advanced Neonatal Nursing Practitioners (ANNPs) and/or does not require significant investment. Many of the models explored are also subject to similar reviews due to concerns over sustainability.

The CCG has demonstrated that other hospitals, many larger than The Friarage Hospital, are struggling with the same issues. Despite the intensive work to understand different models from around the country there does not appear to be any suitable model which has not been considered within our range of options.

Public Consultation

The CCG went out to public consultation following extensive public engagement and a review by the Independent Reconfiguration Panel (IRP). The CCG took two options to full public consultation which took place from 2 September 2013 to 25 November 2013. The options which the CCG consulted on are summarised below:

Option 1 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision.

Option 2 - Paediatric outpatient services and enhanced community services and a midwifery led unit.

A total of 293 members of the public attended nine events, held across the locality. A survey was also conducted and there were 76 respondents – received either on-line or via mail. An overwhelming majority of survey respondents were in favour of Option 1. The public remain keen to access high quality and safe services in both maternity and paediatrics locally. The main issues identified by the public were issues relating to transport and a strong desire to retain local services.

Other Options

The IRP did ask however that the CCG invite additional options from the public, in order to try to find a unique solution. In total, three additional options were put forward and the CCG are very grateful for the hard work which the local public undertook to develop each of these options. The 3 additional options are summarised below and are available on the CCG website.

Option 3 (submitted by Andrew Newton) - The provision of a 7 day Paediatric Short Stay Assessment Unit with overnight beds, enhanced 24/7 community paediatric nursing and access to outpatient services 7 days per week making use of technologies e.g. telemedicine.

Option 4 (submitted by David Williamson) – The provision of a Midwifery Led Unit (MLU) and a nurse-led paediatric overnight model achieved by rotating nursing staff in order to maintain skills with The James Cook University Hospital.

Option 5 (submitted by Richmondshire District Council) – The continuation of a consultant led unit for both maternity and paediatric units, continuation of a full A&E for major and minor illness and injury and the development of a Young Persons Unit through a more relaxed approach to Royal College guidance, innovative recruitment and for a £200,000 additional investment.

The CCG hosted two clinical review meetings (18 December 2013 and 27 January 2014) with the authors of the additional proposals along with clinicians from STHFT. These meetings were both chaired by Henry Cronin, Chair of HRW CCG and there was attendance from a HealthWatch representative. Transcripts from both meetings are shared on the CCG website. Both meetings were positive and constructive and all participants engaged in the discussion and debate.

The CCG requested that the National Clinical Advisory Team (NCAT) review the additional options, to ensure robust and independent clinical views were sought. The view of NCAT were that none of the models were clinically viable in their own right and commented that the option proposed by the Richmondshire District Council was a continuation of consultant led services which they had previously discounted and was not a new option. They commended elements of option 3 (Andrew Newton's Option) and suggested these could be incorporated into options 1 or 2 proposed by the CCG. The CCG included these within the options which were taken to the Council of Members meeting.

Council of Members meeting

On the 7 February 2014, the CCG held an extra-ordinary meeting of the Council of Members, in order to review the options and information collated. Prior to the meeting each practice was sent the decision making process and a copy of all the options. Every practice held a meeting with all of their GPs to review the options and determine if they agreed with the areas of investment and scoring process. The practices collated the scores and brought these to the Council of Members meeting. If they were unable to attend, the scores were emailed to the CCG Project Manager. The meeting was attended by HealthWatch and videoed in order to provide full public transparency and to ensure an accurate record was maintained.

The Council of Members voted overwhelmingly for option 1 and supported the investment of £625,000 in local services, this includes 7 day opening for the PSSAU, additional emergency and local transport and finally a taxi service out of hours for those patients who do not have access to transport. Further information on this meeting can be found in Chapter 9 of the Assessment of Future Services.

3. Key Issues

The full range of issues is highlighted in Chapter 3 of the Assessment of Future Services - The Case for Change. The key issues are summarised below:

- Both the paediatric and maternity units at The Friarage Hospital are amongst the smallest in the country and the CCG cannot ignore national guidance by the Royal Colleges in terms of staffing levels.
- The paediatric unit operates with only consultant and junior medical staff with no middle grade tier and has only approximately 1700 non-elective admissions per annum.
- The principal concern is that night cover on the unit is provided by junior medical staff and nurses without any senior doctor being available within the hospital, delaying children's access to consultant input into their care pathway.
- The maternity unit has on average 1250 deliveries per year, meaning it is classified as a small unit.
- The overnight cover on the unit is provided by a rota of only six middle grade staff (of which a number are locums), with no junior doctors.
- The Deanery has also confirmed there is no opportunity of providing a middle tier at The Friarage Hospital. The volumes of activity on both units mean that there is limited exposure for the maintenance of skills and there remain issues at both sites in relation to staffing levels.
- There are currently issues nationally with recruitment of consultants and the most appropriate solution to this would be to centralise rotas.
- There is strong public desire, including from local GPs, to maintain safe local services for maternity and paediatrics and offer wide range of choice for patients under the NHS Constitution.

4. Implications/Risks

Quality

As highlighted in the NCAT reports of 2012/2013, "doing nothing is not an option".

Failing to act on the evidence the CCG has – both national and local – will mean the CCG could experience poorer quality services. In making the changes the following areas will be addressed:

- All patients can experience the same high standard of care, from the right healthcare professional with the right skills and experience to support their needs.
- Improving maternity and paediatric care will save lives. Centralising specialist services in our area means better outcomes for patients as specialists increase their skills and knowledge by dealing with larger numbers of similar complex cases.
- It is easier to attract and retain skilled staff if they are able to work in specialist centres. The CCG will avoid the problems of having to temporarily close services or divert patients at the last minute when

staffing levels drop or where there are long-term vacancies which are not attracting new staff.

- Specialist services will safeguard the quality of care patients will receive today – and in the future.
- Taking action will avoid the problem developing into a crisis in the future where the unit needs to close in an unplanned way.

Financial

Details of the additional costs can be found in Chapter 8 of the Assessment of Future Service Report. The costs will require careful and ongoing management to ensure they continue to provide value for money and that open book accounting is agreed with the Trust in the first year.

Constitutional and Legal

The approach undertaken by the CCG complies with the NHS Constitution. Specifically in terms of consistency with the following rights and pledges:

“The NHS is accountable to the public, communities and patients that it serves. You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

The CCG recognise that there remains a significant risk of referral to The Independent Reconfiguration Panel or to Judicial Review.

Equality and Diversity

A detailed equality analysis was undertaken by the CCG and this has been reviewed to ensure all suggestion and areas of impact have been acted on to reduce impact on those experiencing health inequalities. As commissioners the CCG has complied with the public sector Equality Duty in the Equality Act 2010.

Other Risks

The CCG remain concerned that a referral to the IRP or to Judicial Review would pose a significant risk of closure to maternity and paediatric services at The Friarage Hospital. The risk is heightened by any delays to the implementation of a new and sustainable service model, due to consultant and staff shortages.

5. Conclusions

Following the outcome of the Council of Members meeting the recommendation to the Governing Body is to approve a 7 day a week Paediatric Short Stay Assessment Unit (PSSAU) and Midwifery Led Maternity Unit (MLU) as detailed in option 1.

6. Recommendation

The Governing Body of the CCG is requested to approve option 1 and in doing so:

- Agree that the clinical case for change has been strongly made and other options have been considered.
- Agree the views of the public have been sought and all mediums used to ensure a fair and transparent process have been adopted and that the impact on vulnerable groups and those experiencing health inequalities can be mitigated.
- Endorse the outcome of the GP Council of Members and the preferred option from the public consultation.
- Approve the overall investment of £625,000 for 24/7 ambulance, SSPAU to provide 7 day working and for a taxi service out of hours and a shuttle bus service in hours between The Friarage Hospital and James Cook University Hospital for all specialities.
- Agree all investment areas will be formally reviewed by the Governing Body at 6 months post-implementation.
- Agree the implementation timeframes of 6 months for the new services to commence in October 2014.

Author: Shirley Moses

Title: Project Manager – Reconfiguration of Maternity and Paediatric Services at Friarage Hospital Northallerton

Powers of the Scrutiny of Health Committee

1. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002¹ require NHS bodies to consult formally with the health and overview and scrutiny committee (HOSC) on any proposals for substantial variations or developments to local services.
2. The 2002 Regulations also set out the health scrutiny functions of such committees and the other duties placed on NHS bodies. These regulations are still in force today. They:
 - a. enable HOSCs to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;
 - b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee;
 - c. enable HOSCs to make reports and recommendations to local NHS bodies and to the local authority on any health matters that it scrutinises;
 - d. require NHS bodies to respond within a fixed timescale to the HOSC's reports or recommendations, where the HOSC requests a response;
 - e. require NHS bodies to consult HOSCs on proposals for substantial developments or variations to the local health service; and
 - f. enable local authorities to appoint joint HOSCs;
 - g. enable HOSCs to refer proposals for substantial developments or variations to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service.
3. It should be noted that a HOSC can refer a reconfiguration proposal to the Secretary of State at any time during the development of the proposal, although most tend to be after the NHS has concluded its consultation and decided on the preferred option.

¹ http://www.legislation.gov.uk/uksi/2002/3048/pdfs/uksi_20023048_en.pdf