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Our Ref: SJ/bc/VPleydell

4th February 2014

Vicky Pleydell
Clinical Chief Officer
NHS Hambleton, Richmondshire & Whitby CCG
Civic Centre
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Northallerton, DL6 2UU

Dear Vicky

Thank you for the opportunity to contribute to your report on the recent consultation on reconfiguring maternity and paediatric services at the Friarage Hospital.

I am very happy to confirm that County Durham and Darlington NHS Foundation Trust have been fully engaged in the reconfiguration process.

You invited us to become involved in the process at an early stage. A representative of the Trust has been involved in your project team over the last two years, and you have also worked with staff in our care closer to home care group to ensure that we have the capacity to take on the additional work load.

Representatives of the Trust were also part of the wider team at the public consultation meetings.

Within the Trust, our women's and children's team have developed a business case, which assumes that, post implementation, there will no longer be paediatric inpatient beds at the Friarage, and no Special Care Baby Unit. In addition, deliveries will be midwife-led.

This business case was supported in principle by our planning group in July 2013, in preparation for the reconfiguration, and ahead of consultation.

The 'most likely' and 'worst case' scenarios as presented by South Tees were considered in this business case as follows:

- Paediatric Outpatients – 270 outpatient attendances will be lost from South Tees; 229 of which most likely to come to DMH (or worst case 351)
- Paediatric Inpatients – 362 are lost from South Tees; 309 of which are most likely to come to DMH (or worst case 489 come to DMH)

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Chief Executive, Darlington Memorial Hospital, Hollyhurst Road,
Darlington, County Durham DL3 6HX

- Deliveries – 343 will be lost from South Tees (280 of which are most likely to come to DMH or worst case 438)

The business case assumes that patients will flow to the Trust based on the 'most likely' activity levels described in the South Tees business case.

From the maternity point of view, based on our current deliveries and the expected increase, we will have capacity in terms of the environment already in place, likewise in paediatrics.

However, should there be an increase above the 'most likely' activity level, we have identified triggers to manage this going forward in terms of any additional workforce requirements.

The business case also supports the development of 2 additional neonatal cots at minimal capital cost, and associated workforce requirements for such.

We look forward to working with the CCG and South Tees Trust on the details around implementation of these new arrangements, and welcoming an increase in mothers and children from North Yorkshire to the Trust.

Yours sincerely



Sue Jacques
Chief Executive

York Teaching Hospital **NHS**

NHS Foundation Trust

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4 February 2014

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Vicky Pleydell
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Dear Vicky

Maternity and Children's Service Reconfiguration in Hambleton and Richmondshire

Thank you for your letter regarding the reconfiguration of Maternity and Children's Services in Hambleton and Richmondshire. I can confirm that we have assessed the potential impact of these changes and we believe any effect will be minimal and without detriment to our services.

Please let me know if I can be of any further help.



Patrick Crowley
Chief Executive

Harrogate and District **NHS**
NHS Foundation Trust

6 February 2014

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Our ref: Ref: RGO/lp

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Dear Vicky

Maternity and Children's Service Reconfiguration in Hambleton and Richmondshire

Thank you for your email dated 27 January 2014 regarding the reconfiguration of Maternity and Children's Service in Hambleton and Richmondshire.

Harrogate and District NHS Foundation Trust are aware of the process and have assessed the potential impact on any changes at the Friarage.

I can confirm that Harrogate and District NHS Foundation Trust will have capacity to absorb any increase in work in these two specialties that may come our way as a result.

Please let me know if I can be of any further help.

Yours sincerely



Richard G Ord
Chief Executive

Combined Child Health



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Dear Ms Moses,

Paediatric Acute Services within NHS Grampian Board Area

I can confirm that we commissioned an external review in partnership with NHS Highland and Tayside under the auspices of the North of Scotland Planning Group. Following the publication of the review our Board agreed to work with NHS Highland to explore possible changes to the current model of care along the A96 corridor.

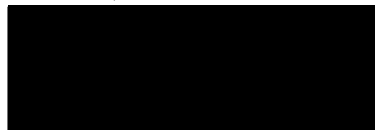
There are presently three sites providing acute paediatric in patient care in this area. A paediatric ward within Raigmore Hospital, classified as a medium unit by the RCPCH Facing the Future report. A ward within Dr Gray's Hospital, DGH, Elgin. This is classified as small. A stand alone, secondary and tertiary teaching hospital, within the Foresterhill Campus, classified as large, located in Aberdeen.

The geography of the North is worth noting. Dr Gray's Hospital is 67 miles North of Aberdeen. Raigmore Hospital is 105 miles North of Aberdeen. Much of the A96 is single carriageway where travel may be disrupted in winter by snow and at anytime by road traffic accidents. We do have access to air transport where essential. Acute services to the Shetland and Orkney Isles are also delivered from Aberdeen.

A phase one report has been produced looking at patient flows across the A96 with a view to informing an option appraisal of future models of care in the North. Phase two will have significant public and staff involvement to look at the options. I cannot pre-empt this process. It is fair to say that the present model is unlikely to be sustainable in the longer term. NHSG hopes to involve stakeholders in a process which helps us arrive, in a planned way, to a solution in the long term provision of high quality, sustainable, acute care for children in the North.

If you wish to discuss further please feel free to get in touch.

Yours sincerely



Lorraine Currie
Strategic Co-ordinator Child Health

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16 January 2014

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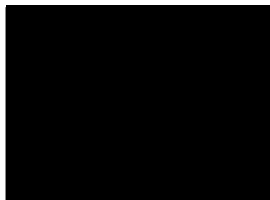
Dear Vicky

Thank you for sharing the additional options received through the consultation process.

South Tees CCG is keen to ensure our member practices and the services we commission continue to offer patients choice in line with the legal right enshrined within the NHS Constitution. This would include any patient who needs to be referred to see a specialist in a hospital setting by a GP. In light of this we are therefore unable to divert patients away from James Cook Hospital site to the Friarage Hospital as this could be perceived to be in direct conflict with patients constitutional rights.

Furthermore we feel that it is unlikely that an additional 500 mothers-to-be would choose the Friarage Hospital as essentially this option is available to them currently. The CCG fully understands the clinical and safety issues raised through the consultation and is supportive of the planned way forward as detailed in the preferred option discussed through the public consultation.

Yours sincerely,



Dr Henry Walters

Cc Shirley Moses
Sarah Ferguson
Amanda Hume
Craig Blair



7th February 2014

Sarah Ferguson
Senior Delivery Manager
Hambleton, Richmondshire & Whitby CCG
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Stone Cross
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Dear Sarah

Further to your request, we have asked our regional analytics team to review the mortality statistics used within your own document, as well as those contained within the response to the consultation submitted by Richmondshire District Council. I have included below their comments (sent to us via email):

Richmondshire District Council 'Our Model for the Future Provision of Children's and Maternity Services' (pages 15-16)

'I have just had a look at our Summary Hospital-level Mortality Indicator (SHMI) to get a feel for the data (please see attached; it has three full fiscal years, whilst 13/14 is up to Sept 2013). There must be data available elsewhere on size, but from the observed mortalities I would estimate that Friarage is about a third the size of Darlington, and a fifth the size of James Cook. For this reason alone it makes no sense to compare the raw deaths.

The crude mortality rate does appear to be slightly lower for Friarage, as does the SHMI (which is the ratio of the actual number of patients who died and the number expected, given the characteristics of patients treated there), but I'm not immediately certain about statistics to test that they are significantly different. To compare Trusts, sites can only be done using something like their SHMI values or HSMR (Hospital Standardised Mortality Ratio), which account for differences in size, case mix, etc.'

HRWCCG 'Proposed Reconfiguration of Paediatric and Maternity Services at The Friarage Hospital, Northallerton' (pages 34-36)

'Was pleased to see that rates were used instead of raw numbers, and that there were

caveats, e.g. on small numbers. As mentioned previously using something like SHMI would account for the case-mix (and includes mortalities up to 30 days outside of hospital), but again that was mentioned in para 4.19. Unfortunately however we wouldn't be able to drill down to the level of paediatrics or maternal deaths. When using these rates the caveats really are important!

It is important to note that the analytics team have not undertaken their own, separate piece of work to review the various sources of mortality data and verify the data used by either party; what they have done is provide a view on the figures that have been used, and whether the approach appeared to be appropriate in supporting the respective arguments.

Please do not hesitate to contact me if you would like to discuss this in more detail, or if you would like to request any further advice from the regional analytics team.

Yours sincerely

A solid black rectangular box used to redact the signature of Julie Wilson.

Julie Wilson
Assistant Director Clinical Strategy



Health Education North East

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Date 20 January 2014

Dr Ruth Roberts
Associate Medical Director
The Friarage
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Dear Dr Roberts

Further to your discussions with Health Education North East including both myself as Director of Specialty Training and Dr Namita Kumar as Postgraduate Dean, I would like to summarise our discussions relating to the allocations of doctors in training, in paediatrics, to the Friarage Hospital, Northallerton.

In order to progress in their training programmes towards a certificate of completion of training (CCT), all trainees require exposure to sufficient levels of training opportunities in each post, in order to develop the competencies required to obtain their CCT and to then be able to apply for consultant posts.




Unfortunately, as is the case with Friarage Hospital, smaller training units are only in a position to provide very limited training opportunities to a very small number of doctors in training grades and also at a specific point in their training programme. Given the amount of clinical activity taking place both in and out of hours, the capacity of the Friarage Hospital to train paediatric trainees has been assessed as being at most one or two doctors, however concerns would remain regarding the volume of activity and exposure of training opportunities, they would receive out of hours during their placement.

The capacity of the Friarage Hospital to train doctors in paediatrics is therefore at odds with the number of doctors required to provide a rota sufficient in number to provide clinical service for which a minimum rota frequency of 1:8 is recommended. Doctors in training would therefore, only ever form a small part of the rota required for clinical service. The recruitment of other doctors such as non-consultant career grade/trust grade doctors to fill service rotas is not the responsibility of Health Education North East and lies with the local commissioning groups and the Trust. Unfortunately such doctors have become very difficult to recruit in recent years, in part due to changes in immigration rules as well as a general shortage of doctors residing in the UK being available to take on such roles.

In summary therefore Health Education North East is not in a position to provide doctors in training in paediatrics to the Friarage Hospital in sufficient numbers to provide a sustainable rota for service delivery and we do not envisage the situation changing in either the short or the long term. It therefore

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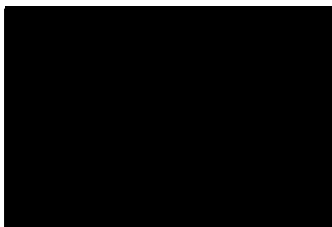
National Training Survey 2013

*Northern Deanery No1 for overall
trainee satisfaction in the UK.*



falls upon the South Tees Hospitals working in partnership with the commissioning groups to decide whether or not there is a real possibility of them recruiting sufficient trained doctors/doctors not in training grades to provide paediatric services to the population they serve.

Yours sincerely



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c.c Dr Namita Kumar
 Postgraduate Dean
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