

# The Friarage Hospital Post Consultation Report

A consultation on proposals for building a sustainable future for the Friarage Hospital



Involving patients, carers, professionals and partners  
in shaping local NHS services

## Acknowledgements

The writing and development of this document has been carried out as a partnership involving representatives from North Yorkshire Clinical Commissioning Group (formerly in part as Hambleton, Richmondshire and Whitby Clinical Commissioning Group), South Tees Hospitals NHS Foundation Trust (STHFT), North East Commissioning Support (NECS) and Enventure Research.

**This document along with supporting information about the proposals can be viewed online at [www.hambletonrichmondshireandwhitbyccg.nhs.uk](http://www.hambletonrichmondshireandwhitbyccg.nhs.uk)**

**If you would like this document in another format please call 01609 767600 or email [Nyccg.hrwcggenquiries@nhs.net](mailto:Nyccg.hrwcggenquiries@nhs.net)**

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## Executive Summary

North Yorkshire Clinical Commissioning Group (NYCCG) has an ambition to improve the health and well-being of its population by putting care closer to home at the heart of our decision making.

This executive summary sets out the background to the consultation, the responses received and the key findings from the formal consultation between 13 September 2019 and 17 January 2020.

In partnership with South Tees Hospitals NHS Foundation Trust (the Trust), we launched the consultation regarding 'Building a Sustainable Future for the Friarage Hospital' on Friday 13 September at the North Yorkshire Overview and Scrutiny Committee and it closed on Friday 17 January 2020.

Originally the consultation was due to close on 6 December 2019 but due to the general election held in December 2019, the consultation period was extended, and two public consultation events were re-arranged for early January.

The proposal presented for consultation comprised a vision for the future of the Friarage Hospital in Northallerton (see **Figure 1**) and two options regarding the opening hours of the Urgent Treatment Centre based on site (see

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness and injury
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

*Figure 2).*

**Figure 1 – Proposed vision for the future of the Friarage Hospital**

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness and injury
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

**Figure 2 – Options for the opening hours of the Urgent Treatment Centre**

**Option 1 – 24/7 Urgent Treatment Centre**

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 24 hours, 7 days a week.

**Option 2 – 16/7 Urgent Treatment Centre**

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 8am to midnight, 7 days a week

Both options also include:

- A consultant delivered acute medical service, admitting to 6:30pm on weekdays and 4:30pm on weekends
- Repatriation of patients to the Friarage Hospital for care closer to home
- Elective (planned) surgery for day case and short stay inpatients.

The CCG and the Trust used six key criteria to develop the proposal. These took into account feedback from the public from a programme of public engagement in 2017. These were:

- safety/quality
- accessibility
- feasibility
- affordability
- clarity for the public (where to go and when)
- opportunity for integration

The proposal takes into account national policy, advice and guidance on the provision of clinically safe, high quality services, and is in line with the NHS Long-Term Plan.

Key messages about the consultation were shared with the public during the consultation process. These were:

- The Friarage Hospital will not be closing
- Nine out of ten people will continue to receive healthcare in Northallerton
- The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future
- The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required.
- The aim is to support older people with care closer to home where possible
- The aim is to meet the needs of the changing population.

# 1. The purpose of this Report

The purpose of this report is to;

- Present the findings of the consultation process undertaken from 13 September 2019 to 17 January 2020 on the transformation of the Friarage Hospital
- Analyse those findings; and
- Make a recommendation to the CCG Governing Body on which of the two consultation options should be implemented.

This report includes the following:

- A summary of the role and purpose of the CCG,
- A summary of the case for change and how we developed this through the engagement we undertook,
- The options we identified for consultation,
- The consultation process we undertook,
- What people told us through the consultation process; and
- A recommendation to the CCG Governing Body on the preferred option including recommendations on how we can address some of the concerns/issues that people raised throughout the consultation.

This report does not include the detailed case for change. This can be found in the full consultation document (including summary version and easy read) which can be found at

<https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/friarageconsultation>

This document demonstrates compliance with the Department of Health's four test criteria for service change which include:

- Support for proposals from clinical commissioners,
- Strong public and patient engagement,
- A clear clinical evidence base; and
- Consistency with current and prospective need for patient choice.

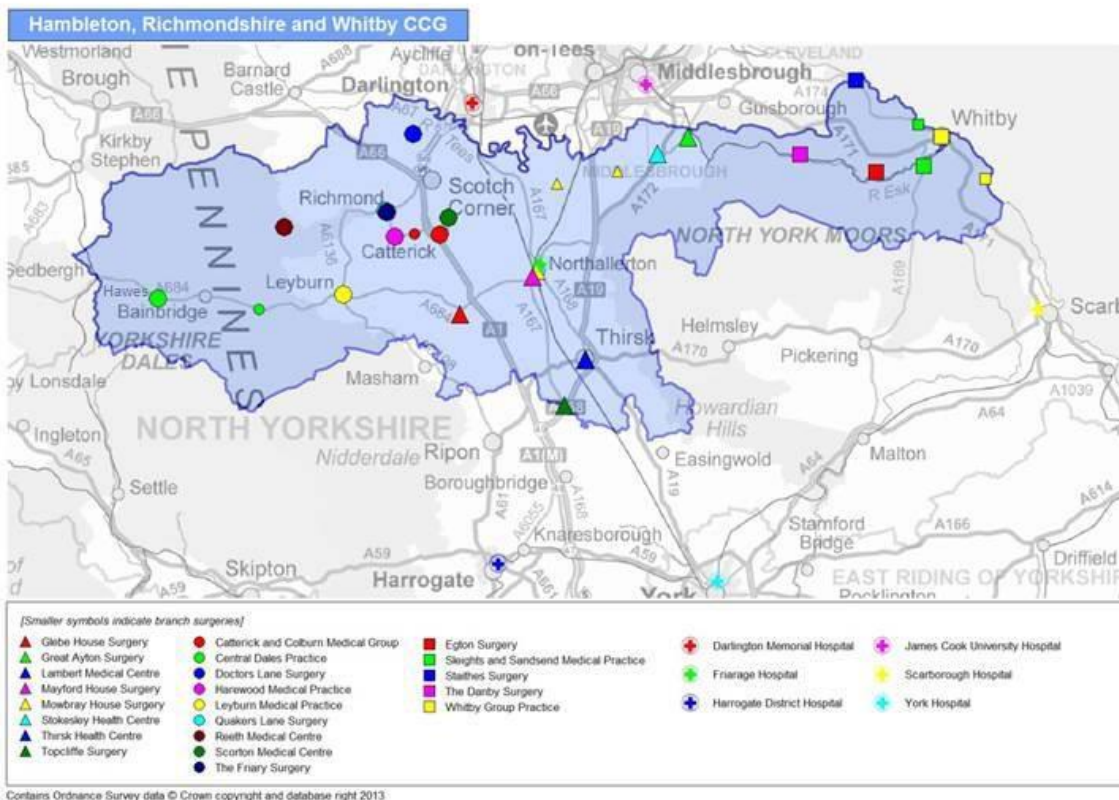
## 2. The role of the Clinical Commissioning Group

Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) became part of the North Yorkshire Clinical Commissioning Group (NYCCG) on 1 April 2020 and the decision regarding the consultation will be taken by NYCCG. The consultation itself was however, carried out by HRW CCG who, as the commissioners of services provided by South Tees Hospitals NHS Foundation Trust, who run the Friarage Hospital, were statutorily responsible for this consultation at the time of its completion.

We undertook this process because it is our job to commission services that are “Fit 4 the Future”, reflect the views of patients, public and clinicians and, most importantly, deliver the needs of our population within the resources which are available.

The HRW CCG footprint was geographically large and is situated in rural North Yorkshire, covering nearly 1,000 square miles including parts of the Yorkshire Dales and the A1 corridor to the east and across to the coastal town of Whitby and its surrounding villages.

The population of approximately 145,000 live mainly in small towns and villages with pockets of extreme rural sparsity. Northallerton is the largest centre of population with approximately 18,000 people. Many communities within the former HRW CCG footprint are very rural with limited access to good transport links or local amenities.



As HRW CCG, we had a legal duty under the NHS Constitution to commission high quality, safe services and to operate within the financial allocation set by NHS England. It is therefore our mission

*“to commission (buy) first class healthcare which improves the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby.”*

Our patients were, and are, at the heart of everything we do and ensuring local services are safe and sustainable is our number one priority.

Together with the people of Hambleton, Richmondshire and Whitby, and now, across North Yorkshire as a whole, we want to radically reimagine how care and support for the local population is provided in order to make it ‘Fit 4 the Future’. By doing this we believe in taking a whole life and integrated approach, with the needs of the individual and the community at its heart.

Our plans seek to ensure that hospitals are used only when appropriate in order to provide urgent and specialist treatments for those that will benefit most.

The NYCCG, whilst retaining our organisational autonomy, is also part of a wider footprint for planning purposes – the Humber, Coast and Vale Integrated Care Partnership (ICP). The key ambition of our ICP is to ensure sustainable, evidence based transformation is taken forward at pace and scale, cutting across organisational boundaries, to deliver an integrated health and social care system which achieves this aim.

During the time that this consultation was completed HRW CCG was part of the Cumbria and North East Integrated Care System (ICS) and worked with our partners in that area to ensure that there was buy in across the system and that all consequences were assessed and managed.

Whilst our ICP and system partners face much more widely across the north, we also remain resolutely within North Yorkshire and are committed to supporting the local model of care based at the Friarage Hospital in Northallerton as the hub for the rural population and renewed services. What we articulate here is a whole system change within existing commissioning arrangements. As this would require significant service change, the CCG has held a formal consultation process with the public to consider two options.

The outcomes of the consultation process and analysis of the options appraisal are detailed in this report. The CCG is overseen by the Governing Body. The Governing Body is clinically-led by GPs and nurses, with support from NHS managers. The public voice is represented by our Lay member lead for Patient and Public Involvement.

Our Governing Body should use the feedback and recommendations in this report to help it reach a final decision about the best option for building a sustainable future for the Friarage Hospital.

### 3. A summary of the case for change

A shortage of key emergency staff has affected South Tees Hospitals Foundation Trust's (the Trust) ability to provide safe 24 hour, high quality accident and emergency (A&E) services, anaesthetic overnight cover and critical care services from the Friarage Hospital in Northallerton (the hospital).

To be classified as an A&E department a service must be led by consultants and have 24 hour access to resuscitation facilities, with associated support from anaesthetists.

The Trust had been raising concerns about workforce shortages since 2017, particularly amongst anaesthetists, and had been working on developing a sustainable model for the future of services at the Friarage Hospital in partnership with HRW CCG, with a plan to undertake a consultation with the public.

However, in March 2019 the Trust suspended A&E services at the hospital due to patient safety concerns brought about by the inability to provide safe anaesthetic cover at both the James Cook University Hospital and the Friarage Hospital sites.

In March 2019 an Urgent Treatment Centre was opened in place of the A&E department which provides 24 hour care to patients, including treatment for children with minor illnesses.

Due to national workforce shortages, the Trust does not believe it will be able to permanently recruit to the posts needed to reopen the A&E department with 24 hour critical care and support from anaesthetists. Therefore, re-instating A&E services at the Friarage Hospital is not seen as deliverable or realistic and this has been confirmed by the CCG Governing Body and was also confirmed with NHS England at the strategic review stage of the service change.

In 2017, the Trust and the CCG undertook a programme of public engagement that included a series of public engagement events in Hambleton and Richmondshire, a survey and various meetings with local interest groups and voluntary and community sector organisations (VCSOs). This engagement sought the views from the public and stakeholders about what was most important to them in relation to their care and treatment.

Clinical working groups comprising senior leaders and clinicians from primary care, the ambulance service, the Trust and the CCG then developed a vision and model for the future of the Friarage Hospital and options for the future of local urgent care, based on six criteria. These six criteria were:

- safety/quality
- accessibility
- feasibility
- affordability
- clarity for the public (where to go and when)
- opportunity for integration

Using these criteria, a proposal for the future of the Friarage Hospital was developed that consisted of a vision and options for the future of local urgent care options based at the Friarage Hospital.

The Trust and the CCG hope that the vision will ensure the Friarage Hospital's sustainability for the next 10 to 15 years, as well as make sure that local people are able to access the right care as and when they need it. The vision is summarised in **Figure 3** below.

**Figure 3 – Proposed vision for the future of the Friarage Hospital**

- Access to urgent care or treatment in an Urgent Treatment Centre including children's minor illness
- Access to acute assessment and ambulatory care
- Consultant-led medical care with daily admissions
- Daily inpatient care for people that do not need specialist services
- A full range of diagnostic services
- Integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- Short stay elective surgery and day cases for specialities (including orthopaedics, urology, breast surgery and gynaecology)
- Prompt transfer to and from specialist services at other hospitals
- A full range of outpatient services.

As part of this vision, there are also two options for the future of the Urgent Treatment Centre based on site at the hospital. These are summarised in **Figure 4**.

**Figure 4 – Options for the opening hours of the Urgent Treatment Centre**

**Option 1 – 24/7 Urgent Treatment Centre**

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 24 hours, 7 days a week.

**Option 2 – 16/7 Urgent Treatment Centre**

Urgent Treatment Centre for adults and children with minor injuries and minor illnesses, open 8am to midnight, 7 days a week

Both options also include:

- A consultant delivered acute medical service, admitting to 6:30pm on weekdays and 4:30pm on weekends
- Repatriation of patients to the Friarage Hospital for care closer to home
- Elective (planned) surgery for day case and short stay inpatients.

The proposed model of services would mean that 90% of people who were being cared for at the hospital previously would have continued to be so. However, it would mean that in the future critical care patients would have to be treated at the James Cook University Hospital or an alternative site.

The proposed model takes into account national policy, advice and guidance on the provision of clinically safe, high quality services, and is in line with the NHS Long-Term Plan.

The CCG and the Trust wanted to give all local people, staff, patients, carers, partner organisations and other stakeholders the opportunity to provide their views on the proposal. Therefore, a public consultation was conducted from 13 September 2019 to 17 January 2020.

The consultation was launched at the North Yorkshire Overview and Scrutiny Committee on Friday 13 September 2019. At the meeting representatives from the CCG and the Trust presented the consultation aims and processes to members of the committee.

Originally the consultation was due to close on 6 December. Due to the general election held in December 2019, the consultation period was extended, and two public consultation events were re-arranged for early January.

Key messages about the consultation were shared with the public during the consultation process.

These were:

- The Friarage Hospital will not be closing
- Nine out of ten people will continue to receive healthcare in Northallerton
- The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future
- The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required
- The aim is to support older people with care closer to home where possible
- The aim is to meet the needs of the changing population.

Enventure Research was commissioned to carry out independent analysis of the responses received to the public consultation, moderate focus groups, facilitate at public consultation events, and provide an independent report. **[See Appendix 1]**

This report sets out how we will use the findings from the public consultation to shape the future of key services at the Friarage Hospital in Northallerton.

A final decision on the future of the hospital and the options will be made by the GP Governing Body on 30 April 2020.

## 4. Pre-consultation engagement analysis

**Table 1: Summary of CCG engagement activity to date**

Date	Activity
2013	Vision for Hambleton & Richmondshire laid out in the Fit 4 The Future discussion document
2014	Initial stakeholder and patient engagement
2014	Development and understanding of our strengths, weaknesses and the opportunities available to us, forming an intended direction of travel.
2015	DISCOVER! Engagement programme of events to look at mental health services in rural communities.
2015/16	Public and staff engagement – Summer Shows and Clinical Summit. Testing the direction of travel and asking what matters most
2015/16	Understanding the outcomes of the engagement thus far and forming our overarching strategy. Key strategic direction formed from ideas from local community, GPs, nurses and front line staff.
2016/17	Transforming our communities consultation and service change Better Health Programme
2016/17	Collation and analysis of engagement and consultation evidence from Fit 4 the Future, DISCOVER!, the North Yorkshire Mental Health and Dementia Strategies and Transforming our Communities to inform the Transforming Mental Health proposal
2017	Transforming Mental Health Services consultation and service change Engagement on Building a Sustainable Future for the Friarage

Feedback from all engagement was broadly similar and can be summarised in the following themes:

- Keep people in their own homes for as long as possible
- Care close to home
- More information for patients and their carers
- Better patient transport
- Facilitating social interaction

- More support for carers
- Utilise new technologies as part of the solution

The ambition of the CCG to develop a sustainable future for the Friarage was fully in line with the 'care closer to home' vision, 'Fit 4 the Future', 'Transforming our Communities' and 'Transforming Mental Health Services' consultations and it remains a part of the NYCCG vision.

#### **4.1. Process of engagement**

There are statutory requirements around the need to engage patients and the public in the planning and development of services and also around the need for formal public consultation when proposals are made which could result in significant changes in the way that patients access services. The engagement has been carried out in line with statutory requirements to involve patients and the public in the planning and development of health services as set out in The NHS Act 2006 (as amended by the Health and Social Care Act 2012), under Section 14Z2 and in line with the rights and pledges around the planning and development of services in the NHS Constitution. The CCG and the Trust were committed to ensuring a robust process in line with these requirements.

As such, the Trust led a comprehensive process of engagement, supported by NHS Hambleton, Richmondshire and Whitby CCG, to ensure that clinicians and other staff, patients, the public and key stakeholders had the opportunity to make their views known at an early stage. This included contracting an independent expert to oversee the public engagement and commission external facilitation support for public events. It also included targeting specific groups, with protected characteristics, (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender), sexual orientation, and marriage and civil partnerships) as set out in the Equality Act 2010 to make sure that they had the opportunity to make their views known.

The Case for Change document provides an account of the evolution of the Friarage and engagement in service change to date (Chapters 4 and 8). It also sets out the commitment of the Trust and CCG to engage, listen and consult with the public and other stakeholders. Having taken stock of the feedback from previous engagement activities and agreed principles of engagement and service design "Phase 1" was a three-month engagement and listening process.

#### **Key messages of the Case for Change**

- Workforce challenges
- Rurality of services and ability to recruit to more rural areas
- Providing safe and sustainable care and services as close to home as possible, reviewing services that can be delivered in community settings and those that need to be delivered in a hospital setting
- Achieving best clinical outcomes for patients within the available budget across health and social care partners

The three strands of engagement – clinical, staff, public and other stakeholders – are described below. The public engagement was named ‘Building a Sustainable Future for the Friarage’.

### **Engagement objectives**

- To confirm people’s understanding and requirement for the case for change
- To understand the national and local context and the mitigation the Trust has undertaken to resolve the workforce challenges
- To encourage discussions around new models of care to review how the Friarage can be maintained as a central hub for healthcare, serving the local population
- To ensure services offered at the Friarage meet the needs of the local population and have the confidence of General Practitioners so they remain economically viable
- To ensure the services offered are safe and sustainable for the longer term (10-15 years) and provide good quality outcomes to meet the needs of the population

The public engagement began with a stakeholder event which was attended by representatives from a range of local organisations and also from the office of Rishi Sunak, current Chancellor of the Exchequer and MP for Richmond (Yorkshire). This ensured that key stakeholders were aware of the main messages around the engagement and that their questions could be answered. The opportunity was also taken to seek their views on a video that was going to be used at engagement events. As a result of comments received adaptations were made to the video.

The focus of the pre-consultation engagement was to gather views from service users and their carers, NHS staff and community groups using the following methods:

- Pop-up events in The Friarage and GP practices
- A large-scale event with service users and voluntary sector organisations (over 100 attendees)
- Two further large-scale events with services users, voluntary sector organisations and staff (one in Northallerton and another in Richmond)
- Posters in key locations
- Briefings to key stakeholders
- Website page
- Feedback email address

Public engagement included thirteen drop-in events in towns across Hambleton and Richmondshire for which the Friarage is considered to be their local healthcare provider. At these events the video which outlined the Trust’s challenges was played and senior clinicians and managers from both the Trust and the CCG were available to take part in round table discussions, to provide any clarification that may be needed and to answer questions. People attending were also provided with leaflets with links to the Trust website and a survey (online and paper).

Comments made at the drop-in sessions were evaluated independently by the external agency which was commissioned to help facilitate the events. The same agency also supported the development of the survey and evaluated completed copies.

There were also:

- Staff engagement events
- Meetings with various community groups across Hambleton and Richmondshire
- A written staff briefing and information packs distributed to 22 GP practices across Hambleton and Richmondshire
- A letter with details of the engagement to 3,484 members of the Trust
- A media briefing at the forum and a media release which was sent to regional and local television, radio, newspaper and online journalists
- Ongoing use of social media including regular postings on Facebook and Twitter throughout the engagement period
- Thousands of leaflets (one about the challenges and the opportunities to comment; the other about 15 years of developments at the Friarage) and posters about engagement events were made available at the Friarage and at a range of local venues

The 2017 public and stakeholder engagement process is described in detail in the Stakeholder Engagement Report [**Appendix 2**] and supporting materials. Prior to publication of the report, interested parties were kept informed via a Stakeholder Briefing.

#### **4.2 Feedback from public engagement**

Public and stakeholder engagement undertaken during this time demonstrated support for the case for change, with a real understanding from the public for the need to change. This included a rich source of evidence gathered from the consultation undertaken.

There was general consistency in the feedback received throughout the engagement process. The biggest issue overall was transport and distance, which impacts directly on many people's ability to access routine and emergency care. The Engagement Report provides a detailed commentary on each of the themes and this is discussed in relation to the clinical models.

##### **Major themes in public engagement feedback**

1. Transport and distance
2. Ambulance provision
3. Communications about the Friarage to dispel myths and promote services
4. Value of local services and concern over further loss of services
5. Quality of care and importance of receiving the right care in an emergency
6. Impact of potential changes to emergency care services at the Friarage
7. Impact of population growth
8. Meeting the needs of specific communities of interest

The Case for Change [**Appendix 3**] describes previous public engagement in service change, and the key themes gleaned. The messages from the public in 2017 were in line with those in the 2013 'Fit 4 the Future' programme run by HRW CCG. In particular,

concerns around transport, the value placed on the hospital at the heart of the community, service integration, and the appropriate use of technology, to enable patients to self-care and maintain their independence.

It was clear throughout that people are passionate about the Friarage and about maintaining as many services locally as possible, with some saying no more services should be removed from the Friarage. This was also seen in a petition received from the local Green Party (Richmondshire constituency) signed by 200 people.

#### **4.3 Specific communities of interest**

As described in the Engagement Report, the Trust were keen to engage with hard to reach groups and made a conscious effort to target potential patient groups, such as older people, parents of young children and those with additional needs, and the military community including the settled Gurkha community. As part of the engagement, clinical and managerial staff attended over 30 meetings with Parish and Town Councils, local voluntary groups and organisations. Comments made at these meetings were collated and evaluated by the Trust with support from the independent expert who was contracted to oversee the process.

Particular sectors of the population reported that they experienced additional obstacles to accessing services. Examples included lack of local family support for military families, social isolation, lack of own transport, poor public transport links to military accommodation, and language barriers. These specific issues should be addressed by the development of the Catterick Integrated Care Campus in 2023.

Families of adults and children with additional needs also commented on service processes, such as the value of being able to know what time they would be seen rather than waiting, and staff behaviours in dealing with patients with difficulties in communication or understanding. Comments received were included in the feedback report.

#### **4.4 Staff engagement**

Staff engagement is described in detail in the Stakeholder Engagement Report (section 4.4).

Over 70 Trust staff members in total attended 6 engagement briefings and had the opportunity to put their views, questions and concerns to senior clinical leadership and management representatives. The Trust Joint Partnership Committee (committee of staff union representatives) has been kept informed and the Friarage Medical Advisory Committee has been briefed by the Medical Director. Briefings were given to the Heartbeat Alliance (an alliance of 21 local GP Practices) and HRW CCG Council of Members. Staff in these forums had many questions about the workforce challenges, the opportunities for new models of care, rotating staff and moving clinical work from JCUH, and sought assurances as to the future of the hospital. Throughout the development of the new model of care proposed for the hospital, Dr James Dunbar, Clinical Director, Friarage Hospital also worked with the Local Medical Committee (LMC) to ensure engagement from all elements of clinical staff across the system.

A Friarage Governors' group has met bi-monthly to provide a forum to receive regular updates and engage in discussion. The Governors' group were able to offer a lay perspective and valuable advice particularly on engagement and communications.

#### **4.5 North Yorkshire County Council Scrutiny of Health Committee**

North Yorkshire County Council Scrutiny of Health Committee (NYCC SHC) has been kept informed throughout, with attendance at formal meetings and mid-cycle briefings by representatives of the clinical leadership and management of both the Trust and the CCG. This provided the opportunity to ensure that Scrutiny members were briefed at the earliest opportunity and throughout the process so that their views could be taken into account and any questions answered. As well as briefing Elected Members, this provided an opportunity to hear Members' views and take any questions. The Scrutiny Chair and other committee members also attended some of the engagement meetings. The Committee requested to be kept informed and that every effort be made to engage with a broad range of people and not just those people that are usually involved in consultation and engagement events.

#### **4.6 Local clinical engagement**

Having established the need for a review of the Friarage services branded as Building a Sustainable Future for the Friarage, clinical engagement was formalised. A Clinical Steering Group (CSG) was established. Membership included both primary care and secondary care clinicians, supported by management representatives.

The brief to the Clinical Steering Group was to develop a model or options that are sustainable, which includes financial sustainability, but not driven by the financial agenda. Where it was felt that there were options to commit more cost in order to sustain the service (e.g. premium pay packages to secure workforce) these were explored and not ruled out on financial grounds.

The CSG mandated the establishment of Clinical Working Groups (CWG) to progress the development of future models of care for the Friarage in the areas of emergency medicine, acute medicine and critical care/anaesthesia.

The process undertaken to develop the change proposals set out within the *Building a Sustainable Future for the Friarage* pre-consultation business case (PCBC) and the methodology for developing, evaluating and agreeing the options taken forward to public consultation stage are set out below.

#### **4.7 Methodology of clinical design process**

Clinical working groups (CWG) reporting into a clinical steering group (CSG) were convened to determine and assess all possible options. Each CWG included clinicians and management/business support with expertise in the service domains:

- Emergency medicine
- Acute medicine
- Critical care and anaesthesia
- Surgical services

The group membership facilitated a clinically-led design through which clinicians worked alongside managerial staff and content experts from finance, business intelligence and

human resources to understand the challenges which each of the services faced. This work included:

- Review of the current services configuration at the Friarage
- Identifying the relevant clinical standards and assessment of different service scenarios
- Exploring the literature and best practice from other sites
- Responding to the feedback from Invited Reviews by the Royal Collage of Anaesthetists (RCoA) and Royal College of Emergency Medicine (RCEM) [Refer to PCBC section 3.7]
- Assessment of the workforce requirements for delivering the standards and scenarios
- The clinically-led development of long-list and short-listing of feasible scenarios
- An analysis of the financial aspects of potential service solutions

In addition to these questions the design groups were also asked to ensure that:

- Safety and quality should be at least as good as in the current service configuration, meeting relevant regulatory requirements, standards and guidelines
- The short-list of scenarios should be feasible i.e. affordable and operationally deliverable and financially sustainable
- The short-list of scenarios should address the underpinning **case for change** and resolve, reduce or mitigate the specific workforce pressures [Refer to Pre Consultation Business Case Appendix 1]
- The short-list of scenarios should address the feedback from public and stakeholders as received through the **engagement programme Autumn 2017** and any previous public engagement activities undertaken [Refer to PCBC chapter 3 sections 3.1 to 3.6]
- The shortlist of scenarios should reflect the CCG's **strategic priorities**, geography, and population needs assessment. [Refer to PCBC Chapter 1, Chapter 2, and Chapter 3 section 3.8]

#### **4.8 Feedback from the public to inform the clinical models**

There was general consistency in the feedback received throughout the engagement process. The biggest issue overall was transport and distance, which impacts directly on many people's ability to access routine and emergency care. In particular, concerns around transport, the value placed on the hospital at the heart of the community, service integration, and the appropriate use of technology, to enable patients to self-care and maintain their independence.

It was clear throughout that people were passionate about the Friarage and about maintaining as many services locally as possible.

The CCG have also engaged our primary care colleagues via regular communications, briefings through their practice development sessions and through their primary care networks.

#### **4.9 External clinical review**

The Trust invited the Royal College of Anaesthesia (RCOA) and the Royal College of Emergency Medicine (RCEM) to review the services currently provided and shared our concerns relating to workforce challenges. The Trust asked the Colleges to comment on sustainable service models based on the infrastructure and resources available.

##### Royal College of Anaesthesia

The RCOA were invited to provide an independent external review of the anaesthetic and intensive care services provided at the Friarage. The purpose was to identify the resources necessary to support the Trust's options and to inform both the options appraisal by the Trust's Clinical Steering Group and the subsequent public consultation on the future of services at the Friarage. The review took place over 6 and 7 November 2017, and involved the review team meeting with many groups of staff involved in these processes, as well as considering best practice guidance and benchmarks. The RCOA noted the strong engagement of staff, and their passion for delivering safe and high quality care.

The RCOA review summarised that the Friarage services face complex, multi-faceted challenges, with significant and pervasive resource problems (workforce and recruitment, with a concerning reliance on locums). The RCOA team's view was that a two-site model (with JCUH) is currently compromising services at both sites due to inadequate numbers of staff. They noted that whatever the size of the unit, or service model, the same high standards of care must be met.

The RCOA did not consider the option of closure of the Friarage, recognising that there are compelling reasons to maintain healthcare provision at the site. They recommended that the future model of the Emergency Department (ED) was a driver of the interdependencies. They presented the pros and cons of three example options:

1. An urgent treatment centre (UTC) and no critical care or overnight anaesthetic cover, and no acute medical take but a rehabilitation focus;
2. A UTC with level 2 critical care and resident anaesthetist but selected medical take;
3. Maintain ED and invest in 24/7 intensive care medical roster to maintain a full range of surgical and medical take. They did not recommend a particular option but urged that the interdependencies with surgery and medicine were considered in full, and that there was ongoing focus on recruitment to maintain safe services in the immediate term. The comments and recommendations informed the thinking of the Clinical Steering Group.

##### Royal College of Emergency Medicine

The RCEM were invited to provide an independent external review of the Emergency Department and, focused on whether the ED is fit for purpose in its current configuration, and what options there are for service delivery of urgent and emergency care at the Friarage. The team visited the site on 19 December 2017, met with a number of groups of

staff and considered a range of information provided about the service and Trust including discussions with CCG Health Engagement Network members.

The RCEM report describes the ED service and context in some detail. They noted the local need for access to emergency or urgent care services, and risks to patients and staff arising from the signposting of the ED as a Type 1 ED (i.e. a fully functioning “A&E”) without the full range of skills and supporting services on site. They noted the effect of ongoing uncertainty on staff, and the potential impact of this on recruitment. They commented on the interdependencies between services (“domino effect”) and particular care pathways at higher risk.

The RCEM team concluded that the ED is not viable in its present form, and that the Trust would need to either invest and develop the department as a true ED, reduce the opening hours, re-designate as an urgent treatment centre (which they tended to favour) or downgrade to a minor injuries unit. They noted that within these options, decisions will also need to be made about the extent to which services would be provided to children. The considerations they describe for each of these options informed the Clinical Steering Group.

#### Yorkshire & Humber Clinical Senate

The CCG arranged a site visit by a panel from Yorkshire & Humber Clinical Senate, who were independent clinical experts from the clinical areas in question, on 8 February 2018.

This provided an opportunity for senior clinicians, management and lay representatives from South Tees Trust, HRW CCG, and the Local Authority to meet informally with the Senate Panel, to familiarise the Panel with the challenges facing the Friarage. The purpose of the visit was to enable the Panel to better understand the services provided at the Friarage, the workforce challenges currently faced, and the steps being taken, including meeting and hearing from clinical teams, specifically in emergency medicine, anaesthesia, critical care and acute medicine. The visit aimed to help the Senate to be fully informed of the context prior to evaluation of any proposed changes.

#### **4.10 Cumbria and the North East Integrated Care System**

As noted, at the time of consultation, HRW CCG was part of the Cumbria and North East Integrated Care System and thus engaged with partners in the Cumbria and North East Integrated Care System and in the ‘South’ integrated care partnership of that system. Thus far the local health economy is absorbing the impact of the change well, but recognises that there is a significant system impact to also be considered.

Specifically within the Cumbria and North East South ICP programme the CCGs are carefully considering the interdependencies and implications between the changes at the FHN and the wider acute services reconfiguration change programme which is currently on going. In particular the CCG are closely reviewing the impact on Darlington Memorial Hospital, JCUH and YAS and any resultant capacity issues to understand and gain assurances on how these are addressed for all affected organisations and systems including any potential wider North Yorkshire displacement.

A critical care strategy is already in place across the system and the CCG will ensure that this includes assurance on capacity/occupancy levels and performance impact of the proposed changes.

As part of the scrutiny process the CCG requested explicit support and ICS leader confirmation of the ways in which proposals support strategic change across the ICP and have already received support from the NHSE Armed Forces commissioning team for our proposals.

## 5. Consultation Options

The conclusion of clinical conversations and other evidence was that the most sustainable future for the Friarage results in there being a single option for the inpatient care:

- A consultant-delivered acute medical take, daily, with anaesthetic support on site, meeting needs of 54% of current patients admitted as an emergency (medical or surgical), and 89% of all inpatient admissions
- Medical patients repatriated for care closer to home after their initial assessment and treatment at JCUH
- Short stay elective surgery: Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology and gynaecology, supported with extended recovery in theatres to enable safer surgery for more complex patients

This proposal fits with the CCG's strategic direction to provide care closer to home, with a particular focus on frailty and rehabilitation. The existence of the Friarage enables much of this to be provided within the geographical footprint of the CCG.

The CCG therefore proposed two options for the future of the A&E department. The following summaries show each of the options as described by clinicians and service users and the advantages and disadvantages of each.

### 5.1 Options for future of A&E department

#### Option 1

##### 24/7 Urgent Treatment Centre (UTC)

As per national service specification, this option provides a UTC seeing minor illness and minor injury patients. Delivered by ENPs and GPs. GPs could have a significant on-site presence providing clinical leadership for the unit and seeing walk-ins and NHS111 referrals.

Ideally, this would be a fully integrated 24/7 urgent treatment service including GP OOH service.

Ambulance arrivals for selected patients only, meeting UTC clinical criteria.

#### Supporting Summary Narrative for Option 1

##### Advantages

24/7 walk-in access to minor injury and minor illness services.

GP provision and clinical leadership can be integrated.

24/7 NHS111 – pathway referral destination.

Complies with the national specification and direction for urgent care delivery through a UTC.

Paediatric minor illness service returns to the Friarage site.

Opportunity to progress to a fully integrated 24/7 urgent care service model on the Friarage site (e.g. general primary care provision, advanced paramedics, primary care services including extended access, 111 activity, advanced paramedic home visiting model and direct booking) and evolving away from the traditional in hours and out of hours boundary.

Activity levels and demand for the UTC service have been modelled by STHFT – expected patient profile and demand numbers would be safely managed by the service model and its available capacity.

Clarity for public, compared to a department badged as Type 1 A&E but not able to manage the full range of presentations, which can be misleading and potentially lead to unsafe, inappropriate presentations.

### **Challenges and Risks**

GP workforce availability to staff and provide 24/7 clinical leadership for the service model is not confirmed. This can be mitigated by utilising the A&E workforce including ENPs and medical leadership.

Public acceptability of a service model that is no longer described as “A&E” on the Friarage site.

Affordability unconfirmed.

### **Staffing Roles Required**

ENPs, Nurses, HCAs, Administration, GPs, YAS AP/SPs

## **Option 2**

### **16 Hour Urgent Treatment Centre (UTC) supported by GP OOHs service**

As per national service specification, this option provides a UTC seeing minor illness and minor injury patients, 8am to 12pm. Delivered by ENPs and GPs. GPs could have on-site presence providing clinical leadership for the unit and seeing walk-ins and NHS111 referrals.

Traditional OOHs service provision accessed through NHS111 (6.30pm – 8am and 24hrs Sat/Sun/BHs).

### **Supportive Summary Narrative for Option 2**

#### **Advantages**

16hrs per day walk- in access to minor injury and minor illness services.

24/7 NHS111 destination and pathway referral.

Compliance (16hrs per day) with the national specification and direction for urgent care delivery through a UTC.

Paediatric minor illness service returns to the Friarage site during UTC opening times.

Opportunity to progress to a fully integrated 16 hrs per day urgent care service model on the Friarage site (e.g. general primary care provision, advanced paramedics, primary care services including extended access, 111 activity, advanced paramedic home visiting model and direct booking) and evolving away from the traditional in hours and out of hours boundary.

Activity levels and demand for the UTC service have been modelled by STHT – consistent with 24/7 opening the assumption is that the patient profile and numbers would reflect the service model and available capacity.

### **Challenges and Risks**

Public acceptability of a service model that is no longer described as A&E on the Friarage site and restricted access to 16hrs per day “walk in” access.

Potential confusion for patients on access and availability (in short/medium term) with restricted opening times and service change.

Directory of Services (DoS) management and potential confusion.

GP workforce availability and resilience to staff and lead the service 16hrs per day is not confirmed

### **Staffing Roles Required**

GPs, ENPs, Nurses, HCAs, Administration, YAS AP/SPs.

## **5.2 Assessment criteria**

As noted, the CCG and the Trust used six key criteria to develop the proposals. These took into account feedback from the public from a programme of public engagement in 2017 and were also informed by service change best practice from elsewhere together with the four service reconfiguration tests as set out in NHS England guidance.

These were:

- safety/quality
- accessibility
- feasibility
- affordability
- clarity for the public (where to go and when)
- opportunity for integration

In addition, based on the valuable information received during our engagement with members of the public, clinicians, voluntary sector, social care and other local stakeholders, the CCG developed a supplementary and more detailed set of criteria to assess each option against.

These can be found in the table below.

**Table 2: Criteria based on engagement**

Criteria	Supplementary detail	Option 1	Option 2
Safety/quality	High quality care with good clinical outcomes	✓	✓
Accessibility	Care closer to home for the majority of our population	✓	✗
	Convenience and accessibility of services, especially for people who may find it difficult to travel	✓	✗
	Enables GPs to better support out of hospital care	✓	✗
	Equality in retention to service access for the majority of the population of Hambleton and Richmondshire	✓	✗
Feasibility	Maintains a sense of familiarity of services being delivered in known facilities	✓	✗
Affordability	Would actively reduce long lengths of stay in hospital	✓	✗
	Financial sustainability	✓	✓
Clarity for the public (where to go and when)	Provides support for our population to maintain independence	✓	✗
Opportunity for integration	Improved integration in the provision of primary and secondary care	✓	✗
	Retains services at the Friarage in Northallerton	✓	✓
	Creates opportunities for the better use of technology	✓	✓

In order to demonstrate the real and relatable impact of the changes we also illustrated for the public how the proposals would affect the following changes on the service operating model:

Figure 5: Friarage Hospital model prior to the urgent service change in March 2019

## Friarage Hospital Current Service Model

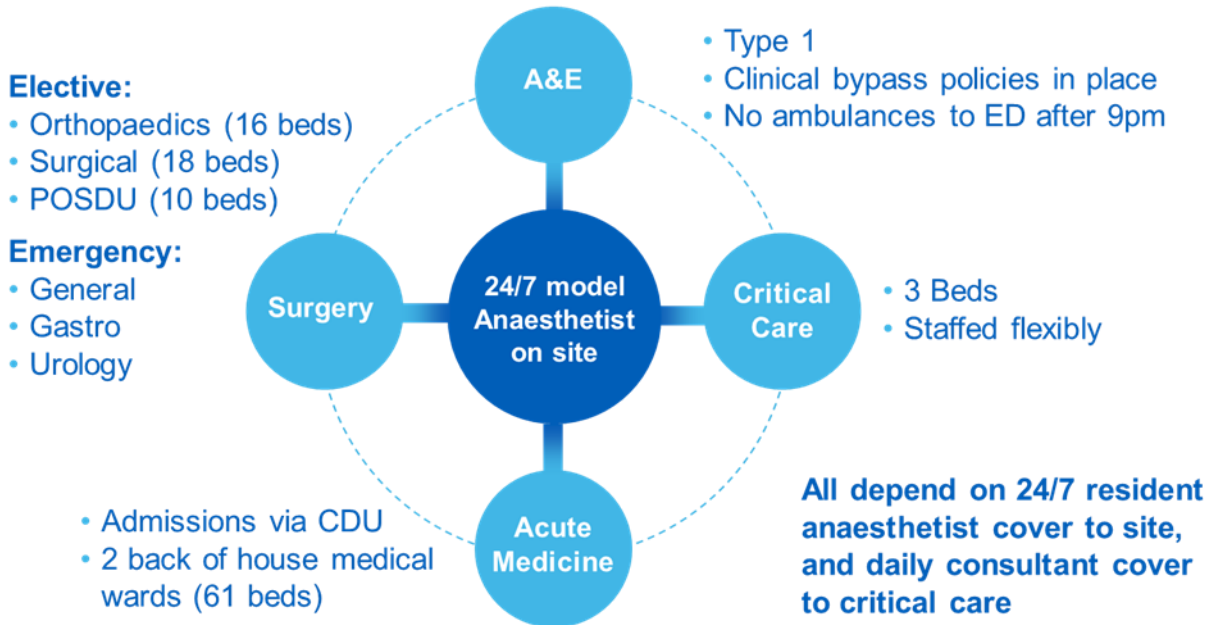


Figure 6 – Friarage Hospital Proposed Sustainable Model

## Friarage Hospital Proposed Sustainable Model

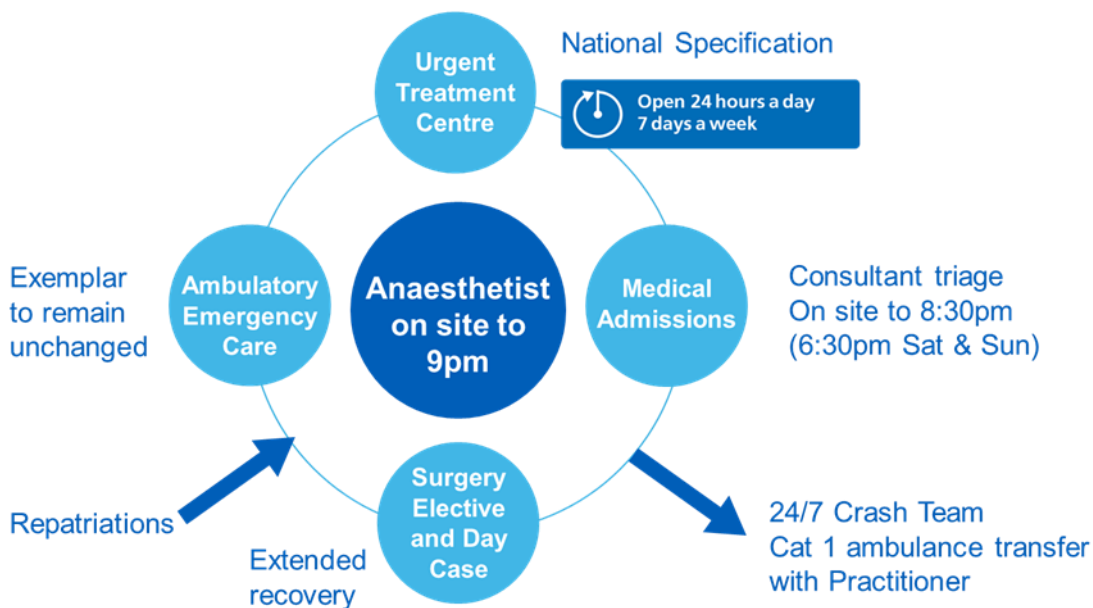
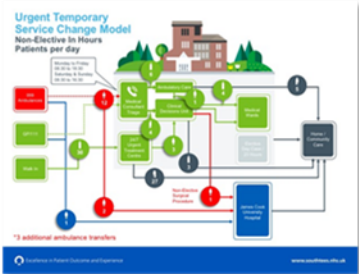
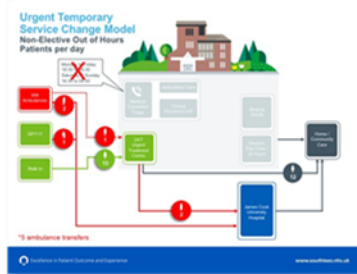


Figure 7 – Friarage Hospital Modelled impact

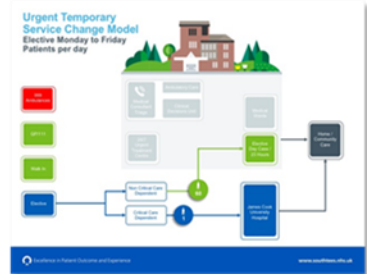
# What does this mean for the population we serve? Modelled impact



**3** patients per day treated elsewhere



**5** Patients per night treated elsewhere



**1** elective surgical patient at James Cook per day

**90%** of inpatients will still have their care delivered at the Friarage site

## 6. The consultation process

Over the 17 week consultation period, the CCG invited residents of Hambleton and Richmondshire to local consultation events to hear ideas and give feedback around the transformation.

The consultation was promoted via widespread leafleting, newspaper, radio and television promotion, extensive social media coverage and targeted communication with stakeholders.

A full consultation document, a consultation summary document and a consultation background video were available on the CCGs and the Trusts websites, along with other supporting documents including a list of frequently asked questions.

### How we communicated and engaged

During the full consultation in summary we:

- Shared with the public key messages which were:
  - The Friarage Hospital will not be closing
  - Nine out of ten people will continue to receive healthcare in Northallerton
  - The CCG and the Trust are working to develop a model of care at the Friarage Hospital which is sustainable and fit for the future
  - The aim is to ensure high quality care that is local and easily accessible where possible, balanced with specialist care available in a smaller number of centres when required
  - The aim is to meet the needs of the changing population
- Published a full consultation document and summary consultation document (printed and made available online), which detailed the journey so far, why we needed to make changes, feedback from pre-engagement and pre-consultation engagement and the options for the future.
- Published an easy read version of the consultation summary document (printed and made available online), which detailed the journey so far, why we needed to make changes, feedback from pre-engagement and pre-consultation engagement and the options for the future.
- A consultation survey was conducted as an on-street face-to-face survey with residents of Hambleton and Richmondshire, with quotas set to achieve a sample that was representative of the area in terms of age group and sex.
- A self-completion survey that could be completed online or in a paper format. The online survey was promoted on the CCG's and the Trust's website and paper copies were handed out with pre-paid envelopes at the public consultation events, libraries, pharmacies and GP practices in the districts.
- Four focus groups with members of the public, broadly representative of the area in terms of age group and sex. These were independently moderated by researchers from Eventure Research using a tailored focus group guide. Groups were held in Northallerton (two), Richmond (one) and Stokesley (one)
- Eight focus groups organized and held by Voluntary Community Sector Organisations (VCSOs)

- Held 13 open public consultation events in market towns in Hambleton and Richmondshire – 326 people attended in total.
- Meetings with special interest groups
- Public meeting held by Snape Parish Council
- Three meetings with Trust staff which 48 staff attended
- Other submissions in written form, such as emails, letters and formal responses.
- Briefed and gained approval from North Yorkshire County Council Scrutiny for Health Committee both prior to and during the consultation,
- Briefed NHS England and gained approval to proceed prior to consultation,
- Presented the consultation options to North Yorkshire County Council
- Presented the consultation to the CCG Council of Members (representing each of the 22 GP Practices),
- Involved local GP practices through clinical visits, email correspondence and locality meetings,
- Produced and distributed posters advertising the consultation and events to 140 locations across Hambleton & Richmondshire
- Facebook posts (not including paid for posts) from the CCG and Trust reached 218,020 people and 112,213 people engaged with them in some form through likes, comments, shares and clicking links.
- 126 posts appeared on Twitter, which contained 57 unique messages. Tweets through Twitter from the CCG and Trust reached 52,264 people and generated 224 engagements through comments, likes, shares and direct messages
- Issued 7 proactive media releases and 10 reactive statements to promote the consultation, which generated print and online coverage including 5 radio interviews and 2 television features
- Responded to 5 media enquiries and 1 MP letter
- Included 5 updates in the monthly public CCG newsletter ( 25 September 2019, 30 September 2019, 16 October 2019, 23 December 2019 and 31 January 2020 issues),
- Included 2 updates in the monthly CCG GP newsletter (13 September 2019 and 17 January 2020 issues);
- Utilised a dedicated email address for feedback ([HRWCCG.HRWCCGenquiries@nhs.net](mailto:HRWCCG.HRWCCGenquiries@nhs.net))
- Commissioned Eventure Research to assist with the survey design, conduct fieldwork and analyse and evaluate the feedback from the consultation and provide a comprehensive report on the findings.

A scenario-based post-consultation communications and engagement strategy can be found in [**Appendix 4**].

## Being inclusive

We wanted to reach as many members of our population as possible during the consultation and our communications and engagement methodology reflects this.

Our consultation documentation and questionnaire were widely shared with diverse groups and individuals and the results appear to be in line with the demographics of our local area.

In addition to service users, carers, staff and the general public, our comprehensive stakeholder list for Hambleton and Richmondshire for this consultation can be found in **[Appendix 5]**.

Throughout this process, there has also been continued communication and engagement with the following key stakeholders:

### NHS England

In line with the expectations of NHS England's 'Planning, assuring and delivering Service Change for Patients' (2015), representatives from the CCG and South Tees Hospitals NHS Foundation Trust have presented their case for change and provided assurances that the four keys tests have been met. These meetings took place on the following dates:

27 September 2017  
23 July 2019

### Scrutiny of Health Committee

We liaised closely with our local scrutiny committee, North Yorkshire County Council's Scrutiny of Health Committee, prior to and throughout the consultation. The consultation process was approved by the Chair. Presentations were made to the Committee on the following dates:

22 September 2017  
15 December 2017  
28 January 2018  
16 March 2018  
15 March 2019  
21 June 2019  
13 September 2019

### Clinical Senate

A desktop review of an early version of our consultation document was undertaken by the Northern Clinical Senate in December 2018.

The desktop review of the documentation focused on four main areas:

- Is the proposed clinical model clear in the documentation and is it based on the most appropriate evidence base?

- Have the clinical interdependencies with other services been appropriately considered (and if not what areas may require extra work?)
- Do the proposals present any potential clinical risks to patients and where they are known, are appropriate mitigations identified?
- Based on the information provided, are any further details of any aspects of the proposal required in order to be assured that the model is safe and deliverable prior to the beginning of public consultation?

Following receipt of the Senate's feedback we made a number of updates and revisions to the final consultation document. Developments have also progressed throughout the consultation time period to enable us to expand on the crisis and home treatment responses, community mental health models, care home in reach, dementia care and the voluntary sector potential, as well adding the workforce and information technology (IT) detail which they requested.

## **Local authorities**

The CCG is fully committed to partnership working and engaging with partners in local authorities.

In addition, as part of the consultation process, our senior teams attended public meetings with Hambleton District Council and Richmondshire District Council to discuss the consultation and answer queries and concerns.

## **Healthwatch North Yorkshire**

Healthwatch North Yorkshire conducted an online survey about the consultation between October 2019 and January 2020, which received five responses, they also received 54 pieces of feedback between October 2019 and January 2020 about the consultation. The majority of these (43) were received at an outreach engagement event which took place before the formal public consultation, with the others received via social media, email, and meetings.

## **GPs and practice staff**

To help us promote the consultation, we asked GP practices to display posters, information leaflets and surveys. We also gave each practice a copy of the full consultation document and summary versions, with the decision to display materials made by the practice manager.

We presented the consultation to the CCG Council of Members which includes representation from each of the 22 GP Practices.

## **Health Engagement Network**

The HRW CCG had a network of public members referred to as the HEN (Health Engagement Network). There were three lay representatives who sat on the CCG Governing Body representing Hambleton, Richmondshire and Whitby area localities. The HEN representatives ensured a regular flow of consultation communication and engagement enabling the CCG to share important messages and receive information from the public.

The wider HEN network includes over 300 members of the local public. The network received regular consultation information by email and post in the form of stakeholder briefings and our newsletter (both email and print). Any questions raised by the network or representatives were logged and responded to as appropriate.

## **Service user groups**

We worked hard throughout the consultation to ensure that we spoke with as wide a range of people as was possible and it was key for us to speak to service users themselves.

## **Staff engagement**

Prior to the launch of the consultation, we briefed CCG staff and asked for their support in promoting the consultation and also to make sure they had access to any relevant information in case they were asked questions by any partners or members of the public. We issued regular updates throughout the consultation at team meetings and provided briefing documents. A range of staff also attended the public events to provide support and to gain an understanding of the public's reaction to the consultation.

In addition, STHFT held a number of Trust staff engagement sessions prior to and during the consultation to answer questions about the services changes, further gather their ideas and answer employment queries.

## **Adherence with planning, assurance and service development**

The process that has been adhered to has been in line with the expectations of NHS England's '[Planning, assuring and delivering Service Change for Patients \(2015\)](#)'. The law requires NHS bodies to engage with members of the public when considering changes to health services and before making decisions. The duties focus on:

- Involving individuals in the development and consideration of proposals for changes in commissioning arrangements; and
- Consulting the local authority, generally through its Overview and Scrutiny Committee, on any substantial variation in the provision of health services.

The CCG and STHFT have taken these legal duties into account in developing the consultation proposals and accompanying process. The scale and length of the proposed consultation period was discussed and agreed with the Chair of the North Yorkshire County Council Scrutiny of Health Committee prior to its start.

The CCG has followed guidance from NHS England and, in order to give people as much time as possible to consider our proposals; our consultation ran for more than 12 weeks from 13 September 2019 to 17 January 2020. Originally the consultation was due to close on 6 December 2019. Due to the general election held in December 2019, the consultation period was extended, and two public consultation events were re-arranged for early January.

Throughout the engagement and consultation process the CCG sought to ensure all of the five tests were met fully and provided regular updates to the service change assurance team at NHS England by way of a number of checkpoint visits and the regular completion of a reconfiguration grid. A summary of the evidence against the five tests can be found in **[Appendix 6]**

## 7. Response to the consultation

In total, during the consultation there were 2,064 instances of engagement with the public through the surveys, focus groups, events and via other written submissions. **Figure 8** shows the breakdown of this figure by response method.

**Figure 8 – Number of responses/participants/attendances by response method**

Response method	Number of responses/participants
On-street face-to-face survey responses	601
Online and paper survey responses	1,011
Easy Read questionnaire responses <sup>1</sup>	16
Focus groups moderated by Enventure Research	29
VCSO focus groups/meetings	81
Public consultation events	326
<b>TOTAL</b>	<b>2,064</b>

Some members of the public may have engaged in the consultation process more than once, for example they might have taken part in the survey and attended a focus group or meeting or attended several meetings.

Three meetings with Trust staff were held on 17 September 2019, 23 September and 13 December where staff were able to ask questions and express their views. In total 48 members of staff attended meetings.

### 7.1 Consultation response methods

The consultation comprised several different response methods to ensure as wide a reach as possible amongst the local population.

#### On-street survey

An on-street face-to-face survey was conducted with residents of Hambleton and Richmondshire aged 16 and above.

The on-street survey employed the questionnaire that was developed by Enventure Research, the CCG and the Trust. Interviews took no longer than 10 minutes for an interviewer to complete with a respondent. The questionnaire can be found in **[Appendix 7]**

A target of 600 interviews was set, 300 in each district. In total, 601 interviews were achieved. Figure 9 shows the number of completed interviews achieved in the districts of Hambleton and Richmondshire.

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<sup>1</sup> These were all completed by participants who took part in a focus group organised by the Northallerton and the Dales Mencap Society.

**Figure 9 – Number of interviews in on-street survey by district**

District	Number	Percentage
Hambleton	300	50%
Richmondshire	301	50%
<b>TOTAL</b>	<b>601</b>	<b>100%</b>

Sampling points were chosen in the districts based on high levels of footfall and covered the town centres of Leyburn, Masham, Northallerton, Richmond, Stokesley and Thirsk. **Figure** shows the breakdown of interviews achieved by town.

**Figure 10 – Number of interviews in on-street survey by town**

Town	Number	Percentage
Leyburn	27	4%
Masham	27	4%
Northallerton	193	32%
Richmond	247	41%
Stokesley	54	9%
Thirsk	53	9%
<b>TOTAL</b>	<b>601</b>	<b>100%</b>

Quotas for the survey were set on age group and sex based on mid-year population estimates for North Yorkshire, to provide a sample that was broadly representative in terms of those demographic characteristics.

**Figure 11** shows the original quotas for age group and sex and the breakdown of the achieved sample by those characteristics.

**Figure 11 – Quotas for sex and age group for on-street survey**

Characteristic	Quota	Achieved no.	Achieved %
<b>Sex</b>			
Male	300	299	50%
Female	300	300	50%
Other	0	2	0%
<b>Age group</b>			
16-24	46	52	9%
25-34	78	59	10%
35-54	193	190	32%
55-64	106	115	19%
65+	178	185	31%
<b>TOTAL</b>	<b>600</b>	<b>601</b>	<b>100%</b>

## Online and paper survey

During the consultation period an open survey was available for Hambleton and Richmondshire residents to complete anonymously to provide their views about the proposed model and the options for the opening hours of the Urgent Treatment Centre.

This survey was available online and in paper format and comprised the same questions as the on-street survey. These surveys were also handed out at the public consultation events, libraries, pharmacies and GP practices in the districts.

The online survey was promoted on the CCG's and the Trust's website.

In total, 1,011 responses were received to the online and paper survey. 701 responses were received online (69%) and 310 in paper copy (31%).

In the survey respondents were asked to provide their postcode sector. These were then used to map responses to the districts of Hambleton and Richmondshire. There were some cases where the district could not be determined because the postcode district or sector provided by respondent covered both Hambleton and Richmondshire. These were coded as 'Either'. Some responses came from outside of the two districts and were coded as 'Other'. Some respondents did not provide a valid postcode, and this was coded accordingly. **Figure 3 12** shows the response breakdown by district.

**Figure 3 – Number of responses to online and paper survey by district**

District	Number	Percentage
Hambleton	551	55%
Richmondshire	155	15%
Either	183	18%
Other	60	6%
No valid postcode provided	62	6%
<b>TOTAL</b>	<b>1,011</b>	<b>100%</b>

**Figure 4** shows the breakdown of responses by age and sex for the online and paper survey.

**Figure 4 – Number of responses to online and paper survey by sex and age group**

Characteristic	Number	Percentage
<b>Sex</b>		
Male	309	31%
Female	660	65%
Other	4	0%
Prefer not to say	38	4%
<b>Age</b>		
16-24	15	1%
25-34	74	7%
35-54	270	27%
55-64	246	24%
65+	378	37%
Prefer not to say	28	3%
<b>TOTAL</b>	<b>1,011</b>	<b>100%</b>

The survey was also available in Easy Read format. In total, 16 Easy Read surveys were completed and submitted.

## Focus groups with the public

Four focus groups were moderated by Enventure Research in the districts of Hambleton and Richmondshire. Participants were recruited to the groups to be broadly representative of the local community in terms of age and sex.

A focus group guide was used to moderate the groups that followed the same themes as the surveys and public consultation events. The guide can be found in [**Appendix 8**] Participants watched the consultation background video at the beginning of the groups before providing their views and opinions.

In total, there were 29 participants across the four groups. **Figure** shows the details of the groups including location, date and numbers of participants. The profile of participants who took part in the groups can be found in **section Error! Reference source not found.** of the report.

**Figure 14 details of the focus groups moderated by Enventure Research**

Town/village	Date	Venue	No. of attendees
Northallerton	Monday 14 October 5.45pm-7.45pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	7
Richmond	Monday 21 October 6.45pm-7.45pm	Richmond Town Hall, Market Place, Richmond, DL10 4QL	7
Stokesley	Monday 4 November 6.15pm-7.15pm	Stokesley School, Station Road, Stokesley, TS9 5AL	8
Northallerton	Thursday 21 November 6.15pm-7.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	7
<b>TOTAL</b>			<b>29</b>

## VCSO focus groups

The CCG invited 170 local voluntary and community sector organisations (VCSOs) to hold their own focus groups with the aim of reaching out to individuals from protected characteristic groups, as these individuals are likely to be affected by the proposed changes at the Friarage Hospital.

A focus group guide and a reporting template were designed by Enventure Research and provided to these organisations to assist with conducting the groups and providing their feedback. A copy of the guide can be found in [**Appendix 9**]

Discussions in each group focused on the same themes and topics as the focus groups moderated by Enventure Research. At some of the focus groups the consultation background video was shown to participants, but not in all of them.

Donations of £150 were made to each organisation which held a focus group. The organisations that took part were:

- Stokesley & District Community Care Association
- Northallerton Over Fifties Forum (NAOFF)
- A1 Community Works Ltd.
- Darlington Mind
- North Yorkshire Youth Ltd.
- Northallerton and the Dales Mencap Society
- Samaritans Northallerton

- Bedale Community Minibus

Organisations which held focus groups represented the following protected characteristic groups:

- Age – older people
- Age – younger people
- Disability – mental
- Disability – physical
- Carers

In total 81 people attended focus groups held by voluntary and community sector organisations during the consultation period.

Feedback from these groups is reported separately for each organisation.

## Public consultation events

In total, 13 public consultation events were held in towns and villages in the districts of Hambleton and Richmondshire. **Figure 5** details these meetings, including their locations, dates and numbers of attendees.

**Figure 5 – Details of the public consultation events**

Town/village	Date	Venue	No. of attendees
Northallerton	Friday 20 September 2019 10.15am-12.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	26
Stokesley	Wednesday 25 September 2019 6.15pm-8.15pm	Stokesley School, Station Road, Stokesley, TS9 5AL	9
Catterick	Monday 7 October 2019 2pm-4pm	Catterick Village Booth Memorial Institute, 32 High Street, Catterick, DL10 7LD	28
Middleham	Monday 14 October 2019 2pm-4pm	Middleham Key Centre, Park Lane, Middleham, DL8 4RA	20
Richmond	Monday 21 October 2019 4.15pm-6.15pm	Richmond Town Hall, Market Place, Richmond, DL10 4QL	29
Bedale	Friday 1 November 2019 10.15am-12.15pm	Bedale Hall, North End, Bedale, DL8 1AA	30
Northallerton	Monday 11 November 2019 6.15pm-8.15pm	The Golden Lion Hotel - Mowbray Suite, 114 High Street, Northallerton, DL7 8PP	35
Leyburn	Friday 15 November 2019 10am-12pm	Wensleydale RUFC, Cawkill Park, Wensley Road, Leyburn, DL8 5ED	6
Catterick Garrison	Monday 18 November 2019 12.30pm-2.30pm	Catterick Leisure Centre, Gough Road, Catterick, DL9 3EL	7
Thirsk	Friday 22 November 2019 10.15am-12.15pm	East Thirsk Community Hall, Hambleton Place, Thirsk, YO7 1DN	7
Hawes	Monday 25 November 2019 2pm-4pm	Dales Countryside Museum, Station Yard, Burtsett Road, Hawes, DL8 3NT	12
Northallerton	Saturday 11 January 2020	Northallerton Town Hall -	72

Town/village	Date	Venue	No. of attendees
(drop-in)	10am-12pm	Upper Hall, High Street, Northallerton, DL7 8QR	
Northallerton	Friday 17 January 2020 10.15am-12.15pm	Northallerton Town Hall - Upper Hall, High Street, Northallerton, DL7 8QR	45
<b>TOTAL NUMBER OF ATTENDANCES<sup>2</sup></b>			<b>326</b>

At the beginning of each meeting (except for the drop-in session), the consultation was introduced by a representative of the CCG and then attendees were asked to watch the consultation background video. Following the video, a representative from the Trust presented the proposed model, the criteria and the proposed options for the future of local urgent care. A copy of the presentation slides can be found in [Appendix 10]. At the drop-in session, the video was played on a loop and attendees were encouraged to watch it before they asked questions of staff and participated in the consultation.

At the public consultation events (except for the drop-in event in Northallerton) five key questions were posed to attendees and they were invited to give their opinions and views in relation to these questions at roundtable discussions. On each table there was a facilitator to moderate the discussion and a scribe to take notes. **Figure** shows the questions that were posed to attendees.

**Figure 16 – Questions asked to public consultation event attendees**

- Q1. What do you think about our vision?
- Q2. Are we using the right criteria when we consider the future model?
- Q3. What do you think of our options and the different UTC opening hours?
- Q4. If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?
- Q5. Are there any other options we should consider?

### Meetings with Trust staff

Three meetings with Trust staff were held on 17 September 2019, 23 September 2019 and 13 December 2019 where staff were able to ask questions and express their views.

In total 48 members of staff attended these meetings.

### Meetings with special interest groups

The judicial review outcome in 2019 required the Trust to engage with five special interest groups. These were Save the Friarage, Age UK, Healthwatch, Parkinson’s UK and Headway.

Two meetings with Save the Friarage took place during the consultation period on 28 October 2019 and 3 December 2019. Four members of Save the Friarage met with representatives from the CCG and the Trust.

<sup>2</sup> It should be noted that some members of the public attended more than one meeting and so may be counted more than once in the figure.

A meeting took place between representatives from Age UK, the CCG and the Trust on 7 November 2019.

CCG and Trust representatives met with the Healthwatch Chief Executive and Operations Manager on 16 December 2019.

The meeting with Parkinson's UK took place on 20 January 2020, with 12 attendees. This meeting took place after the consultation period had ended.

Between 24 September and 19 December 2019, the CCG made seven attempts to engage with Headway by letter, email and telephone. No response was received, so a meeting was not able to be held.

## **Other meetings**

Snape Parish Council chaired a meeting on 9 January 2020 with the local community to give feedback on the consultation. It was attended by 59 members of the public and representatives from the Trust and the CCG.

A Malton and Thirsk Area Constituency meeting took place on 10 January 2020 and representatives from the CCG and the Trust provided an update on the consultation process.

## 8. Key findings

The key themes which arose during the consultation discussions and feedback are set out below:

### **There is a fondness for the Friarage Hospital, with other hospitals viewed negatively in comparison**

There was a perception at the focus groups and public consultation events that the Friarage Hospital is a friendly and welcoming hospital that provides high quality and person-centred care. In comparison, it was felt that the James Cook University Hospital and the Darlington Memorial Hospital are larger hospitals and the care received there does not feel as personal, and patients do not rate their experience of those hospitals as highly as they do of the Friarage Hospital.

### **Opinion about the proposed vision is split**

Half of on-street survey respondents (50%) felt the proposed vision failed to meet their needs, which was larger than the proportion who felt it met their needs (36%). In comparison, a larger proportion of online and paper survey respondents said the proposed vision met their needs (53%), which was larger than the proportion who said it failed to meet them (43%).

Opinion about the proposed vision was also split amongst focus group participants and public consultation event attendees.

### **Positivity for the vision centred around the Urgent Treatment Centre treating children, the provision of safe care and the repatriation of patients to the Friarage Hospital**

Focus group participants at one of the groups were pleased that the Urgent Treatment Centre treated children and thought that the proposed model would provide safe and efficient care to the local population.

Some public event attendees were reassured, having seen the proposed vision and heard CCG and Trust representatives present it, that the model was safe and sustainable in the long-term, and felt that it was realistic given the current staffing challenges the Trust had experienced.

There was some positivity amongst event attendees about the repatriation of patients, whereby they are brought back to the Friarage Hospital from other hospitals to receive ongoing care and treatment closer to home when it is safe to do so.

### **Some felt reassured as a result of attending an event that the hospital was not closing and had a sustainable future**

Some public consultation event attendees had heard that the hospital was either closing or facing severe reductions in services and said that they were reassured to hear this was not the case from presentations by CCG and Trust representatives. They were also reassured that the proposed vision had been designed by clinicians to be sustainable in the long-term. This led to a suggestion that more information about the vision, the background to it and all the associated facts and figures should be provided to the public to restore public confidence that the care model provided at the Friarage Hospital is sustainable in the long-term.

### **Those with disabilities, long-term illnesses and health conditions were more likely to think the vision did not meet their needs**

In both surveys, respondents who had disabilities, long-term illnesses and health conditions were more likely to say that the proposed vision failed to meet their needs than those who did not have them (55%

compared with 48% in the on-street survey and 46% compared with 37% in the online and paper survey).

**It was felt that the vision would put more pressure on alternative services that are struggling to cope**

There was a worry expressed at the focus groups and public consultation events that there will be additional pressure placed on other A&E departments if the A&E department at the Friarage Hospital remained closed. It was highlighted that the James Cook University Hospital had recently missed its A&E waiting time target, and this led to concern about lengthy A&E waiting times to be seen in an emergency. This was also highlighted in the comments captured in the surveys by 11% in the online and paper survey and 3% in the on-street survey.

A formal response received from the County Durham and Darlington NHS Foundation Trust concluded that the proposed vision would mean additional attendances at their A&E department. Furthermore, a formal response from the North East Ambulance Service NHS Foundation Trust acknowledged that there had been a negative impact for the A&E departments at the James Cook University Hospital and at the Darlington Memorial Hospital, and that this had caused issues with ambulance handover times.

Concerns about the impact of the vision on other hospitals were also mentioned at the focus groups held by the Northallerton and the Dales Mencap Society and the Stokesley and District Community Care Association.

**It was felt by some that the proposed vision provided a scaled down service at the Friarage Hospital and there were worries about a perceived reduction in services over time at the site**

In the comments provided by on-street survey respondents and online and paper survey respondents, a common theme mentioned was that the vision provided a scaled down service that did not meet the needs of the local population (13% in the on-street survey and 35% in the online and paper survey).

This was reflected in feedback from focus group participants and event attendees, some of whom felt that there had been a slow reduction in services provided at the Friarage Hospital over time, highlighting the closure of the A&E department and changes made to the children's and maternity services in 2014.

The opinion was expressed at some of the events that the financial challenges in the NHS will further negatively impact the services provided at the hospital

**There was some cynicism about the Trust's staffing issues, with questions about whether every option in relation to recruitment had been explored and there was a perception that the changes had been made at the hospital for financial reasons**

In the comments about the vision from online and paper survey respondents, 9% thought that better management of the hospital was required to make it a better place to work and that its finances should be better managed to recruit and retain staff.

At the focus groups and public consultation events there was some cynicism about the Trust's staff recruitment and retention issues, with some questioning how the Trust can recruit sufficient staff at the James Cook University Hospital but not at the Friarage Hospital. This led to a query about whether the Trust had explored every option in relation to recruitment. There was a perception that many qualified doctors and nurses would want to work in Northallerton, as it was in a beautiful area.

Some event attendees thought that the staff recruitment and retention issues were symptomatic of a lack of long-term planning both from the Trust's point of view and within the NHS in general. There was also a perception that there had been a high turnover of staff at the Trust in the past, which could have been caused by staff not feeling valued and low morale. Recent regular changes in leadership at the

Trust were also mentioned, which led to a belief that this had impacted the Trust's ability to effectively plan ahead to address the staffing issues.

Some event attendees had assumed that the proposed changes to the services based at the Friarage Hospital were underpinned by financial pressures, but once they had heard the presentations from CCG and Trust representatives, they realised this was not the case.

### **However, there is some acceptance about the staffing issues the Trust faces**

There was some acceptance and recognition at the focus groups and public consultation events that the Trust was facing staff recruitment and retention issues, which meant that an A&E department providing safe care was not sustainable at the hospital. Some highlighted general staffing issues within the NHS that they thought were a result of a lack of investment in staff training and the pressure that working long hours puts on staff.

### **Concerns were expressed about the accessibility of other A&E departments due to the travel distances and time, the impact this might have on patient safety, and there is a wish to be treated close to home in familiar surroundings**

Accessibility of services was covered in the surveys; focus groups and public consultation events, as well as featuring in other consultation feedback, such as emails, letters and formal responses.

Both surveys found that large proportions of people would find it hard to travel to the James Cook University Hospital and Darlington Memorial Hospital during the day and at night. Six in ten on-street survey respondents (58%) said it would be difficult to travel to the James Cook University Hospital during the day and 63% at night. Four in ten (40%) said it would be difficult to travel to the Darlington Memorial Hospital during the day and 52% at night.

Three quarters of online and paper survey respondents (75%) said it would be difficult to travel to the James Cook University Hospital during the day and the same proportion felt it would be difficult at night. Six in ten (60%) reported it would be difficult to travel to the Darlington Memorial Hospital during the day and 67% at night.

When asked for comments about the vision, 39% in the on-street survey and 35% in the online and paper survey mentioned that it was difficult to travel to alternative sites.

The surveys also found that people who had disabilities, long-term illnesses and health conditions were more likely to find it difficult to travel to the two alternative sites than those who did not.

Concerns about the accessibility of the James Cook University Hospital and the Darlington Memorial Hospital were also frequently expressed at the focus groups held with the public and by VCSO organisations, at the public consultation events and in letters and emails received by the CCG. Discussions about accessibility included:

- Concerns about the distance of alternative A&E departments and the time it takes to travel there, particularly in adverse weather conditions and in heavy traffic, and the impact that this can have on patient safety. It was highlighted that there are particular access issues for those living in remote and rural areas.
- Long journeys by ambulance to alternative sites could compromise patient safety, as patients need the right treatment at the right time in an emergency.
- Many people, particularly those who are elderly, disabled and vulnerable might not be able to drive to access alternative sites and there is a lack of public transport options.

- There is a need for more ambulance cover if patients are not able to access alternative sites by themselves.
- There is a desire amongst patients to be treated close to home so they can travel to a facility easily, have peace of mind that they were being treated in familiar surroundings, and be close to their friends and family, which is beneficial for their mental wellbeing.
- As well as services being easy to access, it is also important that it is easy for patients to get home following their treatment.
- Travelling a longer distance to access services costs more and this can adversely affect those on low incomes in particular.

### **There is a general lack of awareness about what an Urgent Treatment Centre provides and of the GP out of hour's service**

Public consultation event attendees highlighted that there was uncertainty about what conditions could be treated at an Urgent Treatment Centre, when it was appropriate to attend there, who can attend there, and what the difference was between it and an A&E department. At the same time, many attending events said they had not been aware that there was a GP out of hours service at the Friarage Hospital. It was suggested that if the public was more aware of both what the Urgent Treatment Centre provides and the presence of the GP out of hour's service at the Friarage Hospital, they would be more comfortable about the changes in service provision at the hospital.

### **There is general public uncertainty about where to go and when in relation to health matters**

Focus group and event attendees highlighted a lack of awareness about what healthcare services were available locally and where. This led to a suggestion that the CCG could provide more clarity about who the public should contact and where they should go if they had health concerns or suffered an accident.

The NHS 111 service was discussed at some of the events, with praise for its ease of use, but negative experiences were also mentioned in regard to response times and the advice provided. However, it was highlighted that not everyone was aware of the service and that it could be better promoted, so that fewer patients attended A&E departments as their first port of call when they could be treated by an alternative and more appropriate service.

### **There is a widespread preference for Option 1 (24/7 Urgent Treatment Centre), as patients worry about not having a facility open overnight locally if they or a family member become unwell or suffer an accident**

The majority of respondents in both surveys expressed a preference for Option 1 (78% in the on-street survey and 64% in the online and paper survey). When asked whether Option 1 met their needs, larger proportions in both surveys said it did (72% in the on-street survey and 69% in the online and paper survey) than said that Option 2 met their needs (28% in the on-street survey and 27% in the online and paper survey).

Large proportions in the surveys also said that Option 2 failed to meet their needs (49% in the on-street survey and 63% in the online and paper survey).

When asked for their comments about Option 1, common themes included that it was a good option (18% in the on-street survey and 11% in the online and paper survey) and that being open for 24 hours was better than being open for 16 hours (16% in the on-street survey and 36% in the online and paper survey). In relation to Option 2, many survey respondents expressed concerns that illness is unpredictable and felt that 24 hour a day care is required by the local population (53% in the on-street survey and 26% in the online and paper survey), that they did not like the option and that it was not viable (10% in the on-street survey and 29% in the online and paper survey).

This was echoed by those completing the Easy Read survey, who all (n=16) expressed a preference for Option 1 over Option 2. At the focus groups and events, it was felt by some that since injury or illness could occur overnight, a facility available locally that was open 24 hours a day was required. There was a feeling that its 24 hour availability would give the local population peace of mind. Some, however, questioned why Option 1 was being considered in the consultation if it might not be sustainable in the long-term. They worried that if Option 1 was taken forward in the short-term, in the long-term the opening hours of the Urgent Treatment Centre would have to be reduced anyway.

The majority of participants in the focus groups organised by the voluntary and community sector organisations expressed a preference for Option 1 over Option 2.

**However, there is some support for Option 2 (16/7 Urgent Treatment Centre), particularly when people realise how few patients use the facility overnight and that it is more sustainable in the long-term**

There was some support amongst survey respondents for Option 2, with 28% saying it met their needs in the on-street survey and 27% in the online and paper survey.

Focus group participants on the whole were very negative about Option 2, although some could see the reasoning behind why it might be more sustainable in the long-term. However, there was more positivity about this option amongst event attendees. Notably, whilst many had attended the events with a clear preference for Option 1, for some this attitude shifted once they had gained a better understanding of the wider issues from the video and presentations by CCG and Trust representatives. There was also a concern that Option 1 might not be sustainable in the long-term given its impact on staff morale and the further staff recruitment and retention issues it might cause. In addition, many did not realise how few patients attended the Urgent Treatment Centre overnight and that some of them could be treated elsewhere, such as by the GP out of hours service or at another time, such as when the facility would be open under Option 2. A few felt that the resource needed to care for so few patients overnight would be better spent elsewhere.

There was also a suggestion at some of the public consultation events that the Urgent Treatment Centre's opening hours could be flexible based on expected patient demand. For example, on weekends and in the winter when there were more patients requiring treatment overnight it could be open 24 hours a day, but at other times it could close overnight.

**There was a request for more data to be shared with the public about the Urgent Treatment Centre and the consultation options**

There was some cynicism at one of the focus groups that the numbers of patients seen overnight did not tally with participants' recent experience or anecdotal evidence that they had heard.

At the public consultation events the need for more information to be made available to the public about the following was highlighted:

- Details about the cost difference between the two options and what money saved on Option 2 would be spent on
- More information about the patients attending the Urgent Treatment Centre overnight, what conditions they have and whether they could be treated elsewhere or at another time
- Figures for overnight attendances during the winter, in case there is an increase
- Information about why Option 2 is more sustainable in the long-term.

It was suggested that if the public is presented with more information such as the figures of overnight attendances at the Urgent Treatment Centre and clear reasons why Option 2 is more sustainable, this might shift the public's attitude towards Option 2. This was corroborated by observations at the events where many attendees changed their mind to support Option 2 when they had heard presentations from CCG and Trust representatives.

### **Agreement that the criteria used were the right ones was split, with a particular focus on the need to include future demand as the population changes**

Although larger proportions of survey respondents agreed that the criteria were the right ones, the margins between agreement and disagreement were small. In the on-street survey 33% agreed and 29% disagreed, and in the online and paper survey 41% agreed and 39% disagreed. One of the most common reasons for disagreeing in both surveys was that the criteria did not take into account the geography and demographics of the area. Respondents highlighted that the distance for some people to travel to alternative sites is significant and there are many elderly and vulnerable people who are not able to find transport to alternative sites (22% in both surveys).

There was some praise for the criteria at the events - that they were clear, easy to understand, well-thought out and seemed to align with patients' and the public's priorities.

There was a general consensus at the focus groups and public consultation events that safety and quality of services was important, and for some these were a given in the NHS. Some suggested that in order to provide safe care to the local population, the Urgent Treatment Centre should be open 24 hours a day so that people could be seen if they felt unwell or suffered an accident overnight. Safety and quality were also considered to be important criteria by some at the VCSO focus groups.

It was highlighted at the focus groups and events that the population in the area was increasing with new housing developments planned in the local area, as well as the population also ageing. This led to discussion that the criteria should have taken into account future demand for services caused by these population changes.

### **Quality and safety of care are seen as important to many, but accessibility of services is also important**

Both surveys asked respondents what the most important things to them were if they or someone they care for is unwell and needs to be in hospital. In both, quality and safety of care was most frequently selected (77% in the on-street survey and 82% in the online and paper survey). However, large proportions also felt that access to and from hospital was important (73% in the on-street survey and 68% in the online and paper survey).

At the focus groups and public consultation events many agreed that quality and safety of care is most important. However, it was felt that accessibility of services was also important, and some linked it to safety, as they felt that in an emergency patients needed treatment quickly and if the travel time to access the care was long it could compromise their safety.

Accessibility of services was also mentioned as being important in the majority of the VCSO groups.

### **Negative experiences of car parking were reported at alternative sites, and it was suggested that parking could be expanded to meet the extra demand that the changes to the services at the Friarage Hospital will have on them**

Focus group participants and public consultation event attendees expressed concerns about the availability of car parking spaces at the Darlington Memorial Hospital and the James Cook University Hospital, with personal experiences shared of not being able to find a space. It was highlighted that this can cause patients undue stress and worry when attending hospital. It was suggested at the events that the parking facilities at the two alternative sites should be upgraded and expanded to allow for the extra

demand of more people accessing the A&E departments as a result of the Friarage Hospital's A&E department remaining closed.

### **Some would like to see the patient transport system reinstated, which used to operate between the Friarage Hospital and the James Cook University Hospital**

Given the repeated concern about the lack of public transport options for travelling from the local area to the James Cook University Hospital, it was suggested at the public consultation events that the shuttle bus that used to operate between that site and the Friarage Hospital should be reinstated. It was felt that this would be of particular benefit to those who were elderly, vulnerable and did not drive, and could help people overcome their reservations about the proposed changes.

### **There is a desire to see the A&E department reopened at the Friarage Hospital**

A common theme in the surveys, focus groups and public consultation events was a wish and an expressed need for the A&E department to be reopened at the Friarage Hospital.

One in ten (11%) on-street survey respondents said that they preferred neither option and 18% of online and paper survey respondents said the same. In online and paper survey respondents' comments about Option 1, 22% mentioned a preference for a full service A&E department. A need for the A&E department to be reinstated was also mentioned in 13% of on-street survey respondents' comments and 18% of online and paper survey respondents' comments in relation to the criteria.

When asked in the surveys if there were any other options that should be considered, reopening the A&E department with 24 hour major care provision was the most common theme amongst on-street survey respondents (48%) and online and paper survey respondents (53%).

A desire for the A&E department to be reopened at the Friarage Hospital was also stated at the focus groups and public consultation events. Some stated that the local area required a full service A&E department, given the population's current and expected needs and the distance to alternative sites. A few felt that an Urgent Treatment Centre was a poor substitute for an A&E department and others suggested that the CCG and the Trust ask central government for more funding to recruit sufficiently qualified staff to be able to reopen the A&E department. However, some, particularly at the events, appreciated why reopening the A&E department was not a viable and sustainable option given the staffing issues.

Some of the VCSO focus group participants also expressed a wish for the A&E department to be reopened.

### **Some concerns about the consultation process were expressed**

The following concerns about the consultation process were expressed at focus groups and public consultation events:

- The consultation did not include an option for the A&E department to reopen. Some participants and attendees expressed disappointment and surprise as they thought the changes in service provision were temporary but they were now being told they were permanent. There was also a concern that the public had not been consulted about the permanent closure of the A&E department. This led to some questioning the point of the consultation and saying that it undermined confidence in the consultation process.
- Concerns about the consultation document designed by the CCG and the information presented were raised by the Consultation Institute and the Richmond Town Council working group.
- Some event attendees raised concerns that the public consultation events were not well attended and had not been well publicised. However, an extensive campaign using social media, websites,

leaflets and posters promoted the events and some events were advertised in the local press. It should be noted, however, that the CCG and the Trust were not able to carry out much promotion of the consultation in the pre-general election purdah period.

- The timing of the public consultation events was also highlighted as a concern by some, with many of them held during the day on weekdays. However, two events took place in the evening in Northallerton and Stokesley and there was a drop-in event on a Saturday morning in Northallerton, which gave those who worked full-time during the week a chance to attend an event.

## 9. Assessment of proposed changes

The two proposed options were taken forward for formal public consultation across Hambleton and Richmondshire over 17 weeks during autumn 2019 and winter 2020 with a recommendation being taken to a CCG Extraordinary Governing Body meeting on April 30<sup>th</sup> 2020.

### 9.1 Decision making process

A Decision-Making Workshop was held on 12 March 2020 with members of the NY CCG Governing Body, CCG Clinical Leads, Clinical Director, Friarage Hospital Service Manager Friarage Hospital, Medical Director STHFT and a number of STHFT Governors in attendance as well as a representative from Healthwatch.

The purpose of the workshop was to discuss:

- the findings of the recent consultation (which are noted above) and feedback received
- the proposed vision or the future of The Friarage Hospital
- the options
- the discounted options
- Compliance with the 2019 Judicial Review
- Travel & Transport
- Impact on other Providers
- steps STHFT have taken to try and recruit anaesthetists/critical care consultants
- the proposed model for The Friarage Hospital (and to gain assurance from STHFT that a 24 hour UTC was sustainable)

The workshop produced a detailed and challenging debate on the issues described above.

The outcomes report will be discussed with the CCG Council of Members (which is made up of representatives from each of our member GP Practices). The final decision will be made by the CCG Governing Body once they have had time to consider the consultation feedback and responses.

### The role of the Scrutiny of Health Committee

The way our proposals have been developed and the way that a decision will be reached, is being overseen by North Yorkshire Scrutiny of Health Committee, made up of local councillors. The Committee has the power to refer both the outcome of the consultation and the decision making process to the Secretary of State for independent review.

### Consistent with rules for cooperation and competition

Where there are any procurement requirements with this service change the legal procurement frameworks will be followed.

## 9.2 Managing and understanding risk

Risk Assessments provide an opportunity to consider the likelihood and potential impact of all the elements of a proposed service reconfiguration. The CCG has undertaken risk assessments to diagnose the associated risks and mitigations relating to the pre-consultation and formal consultation process.

The CCG risk assessment process is outlined below:

The CCG has a consistent method of quantifying risk, the results of which can be processed to produce the acceptability of the risk(s) and follow a Risk Matrix methodology to designate each risk with a rating of Low, Moderate, High or Extremely High. Together the CCG/GP Council of Members will assess risks by defining the likelihood of the risk occurring or re-occurring (on a score of 1 to 5) and its consequence (also on a score of 1 to 5). These are defined as follows:

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

Details of any associated risks with the Friarage transformation programme were discussed, logged and, where possible, mitigating action was agreed at the transformation programme board. Risks were reported through the CCG assurance process and recorded on the corporate risk register.

A communications and engagement strategy was developed to outline the range of methods and opportunities to communicate and engage with local stakeholders. This can be found in Appendix 4 of this document. A full review of local voluntary sector organisations and service user groups identified a number of opportunities to further engage prior to formal consultation.

## 10. Assurance and approval processes

Following the end of the consultation the feedback and recommendation from the consultation will go through a number of stages prior to final consideration by the CCG Governing Body. This process is outlined in the table below.

**Table 3: High-level mobilisation time table**

Key action	Timetable
NHS England final Sense Check	April 2020
CCG Governing Body decision	April 30 <sup>th</sup> 2020
Update to NYCC Health Overview & Scrutiny committee	September 2020
Revised Service Offer start date	May 2020

The CCG as commissioners for local services are required to assess whether the four tests for service reconfiguration (set down by the Secretary for State in 2010) have been met:

- Support for proposals from clinical commissioners
- Strong public and patient engagement
- A clear clinical evidence base
- Consistency with current and prospective need for patient choice

A summary of the evidence against each of these tests is summarised in Table 21 below:

**Table 4: Four key service test assurances**

Test Expectation	Summary of evidence	Referenced in Pre Consultation Business Case
Strong public and patient engagement	2013 <ul style="list-style-type: none"> <li>• Launch of Fit 4 the Future with a number of local focus groups to scope a vision for Hambleton and Richmondshire and Whitby.</li> <li>• Vision documents shared with members of the public and used as a further discussion document to</li> </ul>	Appendix 5 – Stakeholder Engagement Report  Section 3 of this document <a href="#">3.Patient, public, carer and wider stakeholderengagement</a>

Test Expectation	Summary of evidence	Referenced in Pre Consultation Business Case
	<p>seek further views</p> <p>2014</p> <ul style="list-style-type: none"> <li>• Stakeholder and patient engagement to develop an understanding of strengths and weaknesses and explore opportunities, forming a direction of travel for community services</li> <li>• Stakeholder and public engagement informed the launch of a procurement exercise in Whitby for a new community service provider, linking in the vision for Whitby locality</li> </ul> <p>2015</p> <ul style="list-style-type: none"> <li>• Testing the direction of travel with members of the public and local stakeholders</li> <li>• Launch of the Dales Project to undertake detailed scoping with clinical teams with a view to piloting new models of care</li> <li>• Clinical summit attended by over 200 stakeholders</li> </ul> <p>2016</p> <ul style="list-style-type: none"> <li>• ‘Transforming our Communities’ consultation</li> <li>• Better Health Programme</li> </ul> <p>2017</p> <ul style="list-style-type: none"> <li>• Transforming Mental Health consultation</li> <li>• Building a sustainable future for the Friarage engagement</li> </ul>	
<p><b>Consistency with current and prospective need for patient choice</b></p>	<p>The model of care will seek to ensure that:</p> <ul style="list-style-type: none"> <li>• Care closer to home is achieved whilst also commissioning safe and sustainable services which are fit for the future.</li> <li>• The ability for patients to have a wider range of options in relation to the services delivered at the Friarage, retaining the ability to remain in their own community</li> <li>• Development of an integrated healthcare system to ensure that patients are better supported in the community reducing the requirement</li> </ul>	<p>Section 4 of this document - Clinical Modelling</p> <p>Appendix 18 – Case Studies</p> <p>Other Supporting Documentation - Friarage Hospital Northallerton Clinical Scenarios, Comparison of DMH modelling for Friarage Hospital Sustainable Future Model</p>

Test Expectation	Summary of evidence	Referenced in Pre Consultation Business Case
	for admission into hospital	
<p><b>Clear clinical evidence base</b></p>	<p>A range of clinical evidence has been collated and reviewed in the development of the proposed plans, all options put forward as part of the formal consultation and new models of care are fully evidence based.</p>	<p>Section 4 of this document - Clinical Modelling  Appendix 1 – Case for Change  Appendix 2 - NHS England Response to case for Change  Appendix 13 – Final Report Royal College of Anaesthetists  Appendix 14  Appendix 15 – Final Report of Royal College of Emergency Medicine  Appendix 16  Appendix 17 Clinical Senate  Appendix 18 Interim Clinical Senate Report  Appendix 24 Letter from Clinical Senate  Other Supporting Documentation - Friarage Hospital Northallerton Clinical Scenarios, Comparison of DMH modelling for Friarage Hospital Sustainable Future Model</p>
<p><b>Support for proposals from clinical commissioners</b></p>	<p>The pre consultation listening has been led by STHFT with active support from the CCG and primary care. The listening events have been attended by a range of clinical and non-clinical colleagues from all bodies.</p>	<p>Appendix 5 – Stakeholder Engagement Report</p> <p>Section 3 of this document <a href="#">3.Patient, public, carer and wider stakeholder engagement</a></p> <p>Appendix 13 – Final Report Royal College of Anaesthetists  Appendix 14  Appendix 15 – Final Report of Royal College of Emergency Medicine  Appendix 16  Appendix 17 Clinical Senate  Appendix 18 Interim Clinical Senate Report</p>

Test Expectation	Summary of evidence	Referenced in Pre Consultation Business Case
		Appendix 24 Letter from Clinical Senate

## 11. Conclusion

The CCG want to stabilise and maintain services at the Friarage to secure a strong and stable future for it. Its existence remains at the heart of North Yorkshire Clinical Commissioning Group's ambition to improve the health and well-being of its population by ensuring that there is quality-driven care available close to home.

Through engagement already carried out concerning the future of the hospital, the public has given us their views and suggestions, as well as their issues and concerns. Principally, these were:

- Ongoing fears for the future of the Friarage overall
- Concerns relating to the possibility of increased travel distances and the availability of public transport to access inpatient care, should services at the Friarage not be available
- Queries relating to the detail and practicalities of the community-based treatment model and the move away from secondary care

South Tees NHS Foundation Trust has developed a clinical model which would ensure sustainability of services over the longer term, rather than continue to attempt to address workforce issues as they occur. This single option solution which has been developed following an analysis of the clinical evidence, the needs of the population and taking account of public opinion, would be to establish the following inpatient service model on the Friarage site:

- A consultant-delivered acute medical take, daily, with Anaesthetic support on site, meeting needs of 54% of current patients admitted as an emergency (medical or surgical), and 89% of all inpatient admissions
- Medical patients repatriated for care closer to home after their initial assessment and treatment at JCUH
- Short stay elective surgery: Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, urology and gynaecology, supported with extended recovery in theatres to enable safer surgery for more complex patients

The outcome of the Decision-Making Workshop was to strongly recommend Option 1 - the 24-hour option urgent treatment centre - to NY CCG Governing Body on 30 April 2020.

The workshop also recommended North Yorkshire CCG in collaboration with STHFT explore:

- Integration of the UTC service with the GP OoH to provide a more seamless 24 hour Urgent Care service offer for patients.
- Opportunities to access capital investment to further develop the Friarage site, in particular the possible development of a new theatre block
- Further expansion of outpatient capacity at the Friarage in specialties such as Ophthalmology.

The CCG's preferred option for the future of the A&E department is to commission a 24 hour GP-led Urgent Treatment Centre, however other options are also being developed in the event of a sustainable primary care workforce not being available to support this.

The proposed changes would allow the CCG to:

- Commission safe and more appropriate care in the right clinical environments
- Enable the continued development of an integrated health and care system across North Yorkshire.

The CCG believe that this is the right thing to do.