

Public Document Pack



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Tuesday 30 August 2016

Notice of Meeting

Dear Member

Calderdale and Kirklees Joint Health Scrutiny Committee

The **Calderdale and Kirklees Joint Health Scrutiny Committee** will meet in the **Council Chamber - Town Hall, Huddersfield** at **3.30 pm** on **Wednesday 7 September 2016**.

This meeting will be webcast live.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light background.

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Calderdale and Kirklees Joint Health Scrutiny Committee members are:-

Member

Councillor Andrew Marchington

Councillor Elizabeth Smaje

Councillor Julie Stewart-Turner

Councillor Carole Pattison

Councillor Adam Wilkinson - Calderdale Council

Councillor Jane Scullion - Calderdale Council

Councillor Marilyn Greenwood - Calderdale Council

Councillor Chris Pearson - Calderdale Council

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of Previous Meeting

1 - 12

To approve the Minutes of the meeting of the Committee held on 14 June 2016.

2: Interests

13 - 14

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.

3: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

4: Deputations /Petitions

The committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

5: Independent Report of Findings - Right Care, Right Time, Right Place 15 - 144

The Committee will receive and discuss the consultation findings report.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

6: Healthwatch Kirklees Consultation Findings and Consideration of Key Themes from the Committee's Own Review of the Proposals 145 - 182

Representatives from Healthwatch Kirklees will be in attendance to present an overview of what people have told them about the proposed changes to Hospital and Community Services in Calderdale and Greater Huddersfield.

In addition the Committee will consider the key themes and issues that have emerged from its own review of the proposals.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

7: Additional Information 183 - 196

The Committee will discuss additional information that has been received from the Clinical Commissioning Groups, Calderdale and Huddersfield NHS Foundation Trust and Yorkshire Ambulance Service.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

8: Date of Next Meeting

To confirm the date of the next meeting as 30 September 2016.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

Contact Officer: Richard Dunne Tel. 01484 221000

CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

Tuesday 14 June 2016

Present: Councillor Marilyn Greenwood
Councillor Andrew Marchington
Councillor Chris Pearson
Councillor Jane Scullion
Councillor Julie Stewart-Turner
Councillor Elizabeth Smaje (Chair)
Councillor Adam Wilkinson

In attendance: Karen Barnett - Calderdale & Huddersfield NHS Foundation Trust (CHFT)
Jim Barwick – Locala Community Partnerships
Anna Basford – (CHFT)
Alan Brook – Calderdale CCG
Paul Butcher – Calderdale Council
Dr Geetha Chandrasekaran – Calderdale Local Medical Committee (LMC)
Rory Deighton – Healthwatch Kirklees
Vicky Dutchburn – Greater Huddersfield CCG
Robert Flack – Locala Community Partnerships
Dr Jayne Ford – Calderdale General Practitioner
Debbie Graham – Calderdale CCG
Dr Richard Jenkinson – Kirklees LMC
Dr Bert Jindal – Kirklees LMC
Bev Maybury – Calderdale Council
Carol McKenna – Greater Huddersfield CCG
Dr Seema Nagpaul – Calderdale LMC
Dr Rob Moisey – CHFT
Jen Mulcahy – Calderdale CCG & Greater Huddersfield CCG
Steve Ollerton – Greater Huddersfield CCG
Richard Parry – Kirklees Council
Jackie Ramsey – Locala Community Partnerships
Matt Walsh - Calderdale CCG
Richard Dunne – Principal Governance & Democratic Engagement Officer Kirklees Council
Mike Lodge – Senior Scrutiny Support Officer Calderdale Council

1 Minutes of previous meeting

RESOLVED – That the minutes of the meetings of the Committee held on 22 March 2016, 6 April 2016 and 19 April 2016 be approved as a correct record.

2 Interests

Cllr Pearson declared an 'other interest' on the grounds that he was a director of CJP Outreach Services Ltd which had a Contract with Calderdale Council for the provision of Learning Disability and Physical Disability Services.

3 Admission of the Public

The Committee considered the question of the admission of the public and agreed that all items be considered in public session.

4 Deputations/Petitions

The Committee received deputations from the following people regarding the Proposals for the provision of Hospital Services in Calderdale and Greater Huddersfield: Murray Seccombe on behalf of the Upper Calderdale Valley Renaissance Sustainable Transport Group and Jenny Shepherd.

5. Care Closer to Home.

The Committee welcomed attendees from Calderdale and Greater Huddersfield Clinical Commissioning Groups, Calderdale and Greater Huddersfield NHS Foundation Trust and Locala Community Partnerships to the meeting.

Ms Graham provided an overview of the report that had been submitted to the Committee and outlined details of phase one of the Calderdale CCG Care Closer to Home (CC2H) programme that included details of the Calderdale Vanguard.

Ms Graham informed the Committee of the position of phase two of the CC2H programme and highlighted the importance of all health and social care partners working together in implementing and delivering the programme.

Ms Dutchburn provided an overview of the report that had been submitted to the Committee and outlined details of the CC2H programme for Greater Huddersfield CCG which was being implemented by the lead provider Locala Community Partnerships.

Ms Dutchburn informed the Committee of the procurement process that had been followed and explained that the CC2H programme had been commissioned jointly by Greater Huddersfield CCG and North Kirklees CCG and covered the whole of Kirklees.

In response to a committee question seeking clarification on the current status of the Community Health Services that had been listed in the Consultation Document the Committee was informed that the services listed were currently being delivered in a hospital setting and were being consulted on as part of the proposal to move them into a community setting under phase two of the CC2H programme.

A Committee question and answer session followed that covered a number of issues that included:

- An overview of the strengths and weaknesses that had been learnt from the strengthening of the services in phase one of the CC2H programmes.
- Examples of services from phase one that had provided an improvement in quality and a reduction in costs.
- A question to the CCG's on how could the Committee have confidence that the CC2H programme would be able to reduce the demands on hospital services when there was still work to be done in developing a service model in Calderdale.
- The aim of the CC2H programme to put more resources and people into the delivery of care outside of the hospital setting and not to expect an increased reliance on general practice.
- The increased role of NHS 111 in the proposals.
- Clarification that no formal consultation had taken place with West Yorkshire Community Pharmacy and confirmation that the main commissioner of community pharmacy was NHS England.
- The role of community pharmacy in the primary care workstream of the West Yorkshire Vanguard programme.
- The impact of the reduction in funding on the Calderdale Vanguard programme.
- A concern over the perceived lack of progress in delivering more care at or closer to home.
- An offer to provide more information to the Committee on the metrics that were being used to measure the outcomes of the CC2H programme in Kirklees.
- A request to provide the Committee with clarification on the data in the Committee report that detailed the numbers of emergency admissions in England and Calderdale.
- A question on how CCG's were going to model the capacity of CC2H to deliver reductions in the demand for hospital services.
- An explanation of the methodology used by the CCGs in Kirklees in modelling the capacity to support services that would move from the hospital into a community setting under phase two of the CC2H programme.

Ms Basford informed the Committee that the modelling that had been used to calculate the number of medical beds required by the Trust had taken into account the development of services out of hospital and the ability for the Trust to provide some of the services and treatments that would normally require an admission to hospital in a community setting.

Ms Basford explained that the modelling on the bed numbers had also assumed a greater efficiency in managing the occupancy of beds by reducing the length of time that people spent in hospital.

Ms Basford stated that the modelling on the reduced numbers of admissions into hospital had been based on nationally benchmarked information which had taken account of the proportion of admissions that had been classed as ambulatory care conditions.

Ms Basford explained that ambulatory care included a range of conditions such as respiratory and taking account of the numbers of people with these conditions in Calderdale and Kirklees there was an opportunity to reduce the admissions to hospital by supporting people with these conditions in a more effective way in their own home.

In response to a committee question on how the CCGs would ensure there was capacity in community services to manage the reductions in hospital admissions the Committee was informed that the CCGs would provide clarity through the CC2H specifications on the capacity that would be required in the new community service models.

In response to a committee question on the timeline for developing the specification covering capacity the Committee was informed that the CCGs would need to go through a process that would enable them to reach a procurement decision later in the year.

Ms McKenna informed the Committee that the decision regarding the procurement of phase two of the community services would, subject to the outcome of the consultation, be taken at a later point in time to decide who would be the most appropriate organisation to provide those services.

RESOLVED:

- (1) That all attendees be thanked for attending the meeting.
- (2) That the Committee's supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

6. Primary Care Services

Mr Brook informed the Committee that the two CCGs were at slightly different points in the development of their Primary Care Strategies although there had been a lot of shared direction in the strategies.

Mr Brook stated that Calderdale CCG had taken on full delegation of responsibility for co-commissioning primary care at the earliest opportunity and had recognised the importance of general practice in its Care Closer to Home Strategy.

Mr Brook explained that the Calderdale CCG Primary Care Strategy was still under development but had identified that access to a General Practitioner (GP) was a high priority.

Mr Brook stated that there was a recruitment crisis in general practice and it was felt that the recruitment and retention of GP's in Calderdale would

be helped if GP's felt that they were part of a better functioning integrated healthcare system.

Mr Brook informed the Committee of the potential role of GP trained doctors in the Urgent Care Centres and explained that the centres would provide an opportunity for portfolio career doctors who wished to carry out a number of roles.

Mr Ollerton stated that a key element in the Greater Huddersfield Primary Care Strategy was the workforce work stream which recognised that in the future there was likely to be fewer GPs working in primary care.

Mr Ollerton informed the Committee that the Strategy was aimed at addressing the issue of fewer GP's and there was an expectation that there would more allied health professionals working in primary care such as nurses coming from secondary care, pharmacists and health care assistants.

In response to a committee question on how the Greater Huddersfield aim of providing greater access to clinical advice through general practice would work in practice the Committee was informed that the strategy would aim to provide a more consistent offer from practices and if people couldn't get timely access to a GP the CCGs would commission an alternative service that could provide appropriate clinical advice.

Dr Jenkinson informed the Committee that Kirklees Local Medical Committee (LMC) did accept the need for change in the hospital configuration although the Kirklees LMC had not had any direct input into the design of the new service model.

Dr Nagpaul informed the Committee that Calderdale LMC also accepted the need for change and although the Calderdale LMC hadn't been consulted on the options the LMC felt that there was a need to proceed with the process to avoid the risk of losing more hospital services in the local area.

In response to a Committee question on the approach that would be taken to recruiting workers that had the skills to deliver the new ways of working the Committee was informed that the various providers would potentially be looking to recruit staff from the same pool of workers although it was felt that there were sufficient enough resources for everyone.

The Committee was informed that the CCG's recognised that there wouldn't be enough allied health professionals to keep up with the increased demand in services and therefore more emphasis would be put on empowering patients to look after themselves with support from the voluntary sector, carers and the greater use of IT.

A full Committee question and answer session followed that covered a number of issues that included:

- An overview of the outcomes of the development of a new integrated workforce in Calderdale which had helped to reduce admissions to hospital and GP call outs to nursing homes.
- An explanation of the vision of the future workforce in health that would provide greater opportunity to workers for career progression and provide a more attractive employment proposition.
- An overview of the work that was being done with the community nursing workforce in Calderdale that included looking at what complimentary skills existed in the community work force to ensure that the workforce and care pathways were working more effectively.
- Confirmation from Kirklees LMC that it had been involved in the development of the Primary Care Strategy.

Dr Jindal informed the Committee that Kirklees LMC was sceptical about the proposals for a number of reasons that included: a concern regarding the accuracy of the financial and demand modelling; the high level of capital that would be required from treasury; the impact on other services and the hidden costs of transformation; the capacity of urgent care and emergency services to meet demand; the capacity of the Yorkshire Ambulance Service; the impact on neighbouring towns; the poor access and parking facilities at Calderdale Royal Hospital; the ability to secure the services of appropriately trained clinicians; the impact of the significantly reduced numbers of hospital beds on the whole system.

Dr Nagpaul informed the Committee that Calderdale LMC shared the same concerns as Kirklees LMC and explained that the LMC also saw the proposals as an opportunity to deal with the concerns although it would require all health partners to work together to build a more attractive local health economy.

Dr Jindal stated that the improvement in information technology services could help improve patient access to primary care and emergency and urgent care services and explained that although there would be an opportunity to give NHS 111 access to GP appointments it would need to be limited to ensure that the additional volumes did not destabilise practices.

Dr Jindal informed the Committee that the proposed changes to community services would have a significant impact on the services in the Care Closer to Home Programme and would require re-engineering in order to meet the anticipated demand.

Dr Nagpaul stated that Calderdale LMC felt that more clarity was required on the strategy for community services and how the Care Closer to Home Programme would work in Calderdale.

Ms McKenna outlined the roles and structures of the CCG and the LMC and provided the Committee with an overview of the work that Greater Huddersfield CCG had done with its member practices to involve them and keep them informed of the proposals as they developed.

Mr Ollerton informed the Committee that the LMC's had not been involved in the design of the proposals although the eight GP's that were on the Greater Huddersfield CCG Governing Body and those GP's on the Calderdale CCG Governing Body were all involved in the design.

Dr Jindal informed the Committee of the role of the LMC which had a statutory function and explained in detail the work of the LMC in helping to shape and influence the Departments of Health's policies.

Dr Jindal stated that Kirklees LMC did have a close relationship with Greater Huddersfield CCG and met with the CCG every month. Dr Jindal explained that the LMC had discussed aspects of the Primary Care Strategy although on the specific issue of reconfiguration the LMC had not been involved in the decision making or given any choices regarding the proposals.

Mr Brook informed the Committee that Calderdale CCG was in a similar position to Greater Huddersfield CCG in its involvement with Calderdale LMC and explained the role of GP's as providers and commissioners.

In response to a Committee question Dr Jindal stated that Kirklees LMC would have liked to have had the opportunity to have been included in making the decision on the proposals and that there was a feeling amongst the membership of the LMC that it would have been helpful to have had input during the early discussions on reconfiguration.

Dr Nagpaul informed the Committee that those members of the LMC who sat on the Calderdale CCG Governing Body did provide some feedback to the LMC and confirmed that the Calderdale LMC would also have welcomed an opportunity to have had early input into the discussions on reconfiguration.

A full Committee question and answer session followed that covered a number of issues that included:

- A question on the role of walk in centres in Calderdale in reducing demand in emergency admissions and other hospital services.
- An explanation on the services provided by the walk in centres and their role in the wider community services offer.
- An overview of the work that had taken place in developing the urgent care centres; the potential for urgent care centres to attract newly trained GP's as a place to work; and the further work that was required to fully develop a future workforce model.
- The work that was undertaken in modelling the urgent care centres and an explanation on the assumptions that were used to calculate the provision of staff that would be required for the centres.
- An explanation on how the new model of care could be an attractive working environment for the next generation of GP's.

- The challenge of dealing with an ageing health GP work force and the strategies that were being developed to try and retain the services of GP's who were nearing retirement.
- The importance of ensuring that the plan to deal with the challenges facing primary care that had been outlined in the recently published General Practice Forward View was backed by the required investment and implemented.
- The challenges facing CHFT in staff retention due to the challenge of having to work across two hospital sites and the work that was currently being done to attract, retain and support staff.

RESOLVED:

(1) That all attendees be thanked for attending the meeting.

(2) That the Committee's supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

7. Adult Social Care and Public Health

Mr Parry informed the Committee of the role of Public Health in helping to support people to self-manage their own care which would contribute to managing the demand on the subsequent health care services including those in a hospital setting.

Mr Parry stated that from a social care perspective an important element was the work that the Council was doing alongside Locala; the broader primary care approach; and the development of holistic community based teams that enabled people to be as independent as possible.

Mr Parry explained that it was important to have robust processes in place to deal with hospital discharges and even more important from a public perspective to focus on avoiding admissions to hospital in the first instance.

Mr Parry stated that where hospital admission was unavoidable it was important that there was a seamless delivery of health and social care and there was a clear plan to provide a holistic package of care that would support the person when they went home.

Mr Parry informed the Committee that there was also a need to plan for the reconfiguration of services and to understand how social care would interact with a split site model which would mean for Kirklees more staff working on the Calderdale site.

Mr Parry stated that the split site model could be managed and Kirklees already supported a similar model for the Mid Yorkshire Hospitals Trust although Kirklees would still need to work through the practical operational implications.

Ms Maybury informed the Committee that Calderdale agreed with Kirklees regarding the implications for social care and explained that social care would need to support the wider health care system by preventing people going to hospital and by helping to accelerate their discharge home.

Ms Maybury stated that it was recognised that people who spent long periods of time in hospital deteriorated quickly so the cost to the person needed to be paramount in the process.

Ms Maybury informed the Committee that it was very important to provide the support people needed to go home to either recover or ultimately to end their lives at home and the system therefore needed to as effective as it could be.

Ms Maybury stated that the care and support that people received needed to be as seamless as is possible and be delivered in a sensitive and effective manner.

Ms Maybury informed the Committee that there needed to be a lot of attention focused on developing the home care market. Ms Maybury explained that Calderdale had an integrated team that looked at reablement services which had highlighted a number of lessons that included the need to get people home by providing a greater supply of home care support before they benefited from the input of reablement services.

Ms Maybury stated the issue of where the hospital services were located would not present Calderdale with a significant challenge and the Council was used to working across the two sites and would continue to do so.

A full Committee question and answer session followed that covered a number of issues that included:

- A concern over the difficulties facing the care home sector and the impact of care home closures.
- The additional resources allocated by Calderdale to develop extra care facilities.
- The need for local authorities to work with the market to deal with particular problems in areas such as specialist nursing provision for people with dementia.
- The duty of the local authority under the Care Act to develop the market, manage failure and ensure that there was a diverse and sustainable supply of resources.
- The desire of the vast majority of providers in the social care market to work with the local authority to improve the services they delivered.

Mr Butcher informed the Committee that the impact of hospital reconfiguration on health outcomes was be expected to be very small as

academic research indicated that health services only contributed between 10% - 20% of health outcomes in the population.

Mr Butcher outlined a number of public health initiatives that could take demand out of the system that included work that had been done to reduce the numbers of heart attacks.

Mr Butcher informed the Committee on how the hospital reconfiguration proposals aligned with the priorities identified in the Calderdale Joint Strategic Needs Assessment (JSNA) and explained that there had been a real focus on how to support chronic disease management which was where most of the need was in the local system.

In response to a Committee question Mr Butcher provided an explanation on how the whole system could work together to improve outcomes and highlighted the work that was being done to tackle social isolation as an example of how the system could work together in an effective manner and generate a real benefit in the longer term.

Mr Brook explained that the GP contract included a number of public health measures that included areas such as the immunisations programme and GP's recognised the important role they played and were active participants in public health.

Mr Parry informed the Committee that the Sustainability and Transformation Plans (STP's) that were being developed contained a significant prevention element both at a local level and a West Yorkshire level.

Mr Parry explained that it was hoped that the STP's would start to co-ordinate interventions across the system that in the longer term would help to reduce demand in hospitals.

Mr Parry stated that from a Kirklees perspective that there was work being developed around the wellness service that public health was re-procuring in conjunction with CCG's.

Mr Parry provided an overview of the areas that the wellness service covered and explained that the service would be developed into a holistic model.

In response to a question Mr Parry informed the Committee that the majority of Kirklees social care activity currently took place at the Huddersfield site.

Mr Parry explained that it was likely that people who received the complex non elective activity at the Calderdale site were the most likely to require a social care need intervention and the authority would need to assess the volume of demand coming from each site before deciding on how to structure its operations.

In response to a question Mr Parry informed the Committee that the overall level of activity across both sites was unlikely to significantly change. Mr Parry explained that the authority was used to supporting services that cut across two sites and the authority would have to work closely with Locala and CHFT to understand the impact on the flow of patients and the resources that would be required to match the demand.

Ms McKenna informed the Committee that a formal submission date for the West Yorkshire STP had not yet be confirmed by NHS England. Ms McKenna provide the Committee with an overview of the work that was taking place in developing the STP that identified a number of priorities in West Yorkshire that included urgent and emergency care.

RESOLVED:

- (1) That attendees be thanked for attending the meeting.
- (2) That the Committees supporting officers be authorised to liaise with attendees to obtain any information that had arisen from the discussion.

8. Calderdale and Kirklees Joint Health Scrutiny Committee Project Plan

Ms Mulcahy informed the Committee that the public consultation would finish on the 21 June 2016 and the CCG's expected to get the draft report of emerging findings 2 weeks after the consultation period had finished.

Ms Mulcahy stated that the CCG's currently didn't have a date for the completion of the final consultation report which would be dependent on the volume of responses that had been received.

Cllr Smaje requested that officers' supporting the Committee meet with the CCG's to discuss the timelines going forward so that the Committee could receive a clearer picture of the post consultation time frame.

Cllr Smaje confirmed that the Committee would proceed with drop in sessions to receive public comments and views and the dates for the sessions would be advertised.

RESOLVED:

- (1) That the next meeting be arranged to receive the outcomes of the public consultation at a date to be confirmed
- (2) That the Committee agree to publicise dates for 2 public drop-in-sessions

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KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 1 September 2016

Title of report: Independent Report of Findings – Right care, Right Time, Right Place

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	Not Applicable
Date signed off by Director & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the Committee discussions on the Consultation Findings report
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to support the discussions on the Consultation Findings report.

2. Key Points

- 2.1 The formal public consultation on the proposed future arrangements for hospital and community health services ran from 15 March 2016 to 21 June 2016 with the submissions for online surveys extended until 24 June 2016.
- 2.2 Calderdale Clinical Commissioning Group (CCG) and Greater Huddersfield CCG arranged for the Midlands and Lancashire Commissioning Support Unit (MLCSU) to analyse the feedback from

the responses and produce a report that outlined the key findings and messages that emerged from the consultation.

- 2.3 Representatives from the CCG's and the MLCSU will be in attendance to present the report (attached).

3. Implications for the Council

None at this time.

4. Consultees and their opinions

Not applicable

5. Next steps

That the Committee take account of the information presented and consider the next steps it wishes to take.

6. Officer recommendations and reasons

That the Committee consider the information provided and determine if any further information or action is required.

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft Assistant Director: Legal, Governance & Monitoring



Independent Report of Findings

Right Care, Right Time,
Right Place





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Executive summary

Midlands and Lancashire Commissioning Support Unit (MLCSU) has produced this Independent Report of Findings on the Right Care, Right Time, Right Place consultation on behalf of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield Clinical Commissioning Group (CCG).

The proposals

The consultation ran for 14 weeks from 15 March to 21 June 2016. The deadline for submissions of online surveys was extended until 24 June. In summary the proposals are:

- Development of Urgent Care Centres (UCCs) at both Calderdale Royal Hospital (CRH) and the new hospital on the Acre Mills Site at Huddersfield. Development of a single Emergency Centre at CRH
- Development of a Paediatric Emergency Centre for children at CRH
- A brand new hospital with 120 beds dedicated to planned (elective) care on the Acre Mills site at Huddersfield.
- Strengthening maternity services in the community
- Strengthening community health services

The CCGs state that the proposed models are based on

- Improving quality and safety
- Providing more care closer to home, particularly for those who need it the most
- Reducing the number of avoidable hospital admissions and re-admissions, so fewer hospital beds are needed

Communications and engagement

The CCGs undertook a comprehensive programme of communications and engagement to promote awareness of the consultation, encourage participation in events and give feedback.

A range of channels were used including the media, social media, advertising and direct mail.

Information was made available through a dedicated consultation website:

<https://www.rightcaretimeplace.co.uk/>

Information was also widely distributed throughout public venues across Calderdale and Greater Huddersfield.



There were a variety of ways people could be involved in the consultation. Three public meetings were held – two in Huddersfield and one in Halifax; 17 information sessions were held providing an opportunity for local people to meet with senior representatives from the CCGs and frontline clinicians from the services affected by the consultation.

There was a clear commitment to ensuring all sections of the community were aware of the consultation and had the opportunity to feedback and be involved. This was supported and delivered through an established network of local community groups and organisations who informed people about the proposals and supported people to complete the online survey.

Throughout the consultation period there were active campaigns opposing the proposals most notably Hands off HRI and Save HRI A&E promoted and supported by the Huddersfield Examiner.

Feedback

MLCSU analysed feedback from the online survey, public meetings, stakeholder meetings, and a comprehensive correspondence log.

Survey responses totaled 7,582 and around 40,000 individual comments to open questions were read and themed to determine concerns and support for the proposals.

The results of this review are given below.

Consultation findings

Demographics

- Out of the 7,582 survey responses 27.8% of residents lived in Calderdale, 69.1% lived in the Greater Huddersfield area and 3.1% were classed as 'other'
- 342 (4.5%) respondents said that they are a member of staff, mainly from Calderdale and Huddersfield NHS Foundation Trust and NHS Greater Huddersfield CCG.
- 34.5% of respondents were male and 53.8% of respondents were female. 4.7% of respondents preferred not to give their gender and 7.0% did not answer the question
- Age of respondents ranged from 5.4% aged 0-20 years through to 10.7% aged 71 and over. 51-60 and 61-70 were the most common age ranges for respondents with 16.5% and 18.9% respectively. 14.7% of respondents did not give their age
- Most of the people who responded and stated their religious belief were Christian (41.9%). The second most commonly reported religion was Islam at 6.5%. 25.5% of people stated they had no religion and 11.4% of respondents did not give a response
- 74.8% of respondents stated they were of an English, Welsh, Scottish, Northern Irish or British background. The second most common ethnicity recorded was an Asian background at 7.8%, 11.1% of people did not give a response and 0.9% of



responses were not determinable

Key findings on service areas

Feedback on the proposed changes

60% of all respondents stated that they felt they would be negatively impacted by the proposed changes overall (Section 3 Question 10). There is a significant difference between respondents from Calderdale and Huddersfield. In Calderdale around 33% of respondents believe they would be negatively affected and in Huddersfield it was around 80% of respondents.

Some of the key themes that emerged in comments included concerns around travel times, impact on other hospitals and the ambulance services, and meeting the population's needs.

Some respondents did highlight the feeling that this model will deliver a high quality of care.

Feedback on emergency care proposal

When asked what they like about the proposals 60.8% of respondents from Huddersfield ticked 'none of these apply' from the list.

A higher number of residents from Calderdale ticked that they liked elements of the proposal. None of the elements had over half of respondents stating that they like the proposed changes. However, only 27.2% of residents in Calderdale ticked 'none of these apply'.

The main concerns and worries people have about the proposed changes to emergency care are whether they will be seen and treated quickly, followed by their ability to travel. There is almost a doubling in the number of concerned respondents in Huddersfield compared to Calderdale around being seen and treated and the ability to travel.

Feedback on planned care proposal

When asked to indicate what they dislike about the proposed changes responses are low, suggesting that respondents have few worries about the proposed changes to planned care. There are generally far fewer worries and concerns about planned care proposals.

Key themes to emerge are that an increase in demand is resulting in longer waiting times for operations and that this will only worsen when one hospital has to provide care for two towns. Again travel time and access to services is a real worry for the residents of Huddersfield and Calderdale. Also some respondents questioned the source of the money for the financing of Acre Mills.

Feedback on maternity services proposal

Few respondents offered suggestions on 'what they thought would improve the proposed changes to maternity services'. Respondents were asked if they had any future suggestions or to outline if anything had been missed. Compared to other sections there were



considerably fewer comments.

Where comments were made, respondents felt that the Calderdale maternity facilities need to be explained and that at present they are understaffed.

Responses indicate that people believe both towns require their own Maternity Units and there is not enough evidence that care closer to home will work.

There was some agreement that there is evidence of the benefits to this proposal, by maternity being consultant led.

Travel times and access remain key concerns.

Feedback on paediatric care proposal

The main worries raised by respondents were the speed at which they would be seen and their ability to travel to receive treatment. Again, respondents from Huddersfield were far more likely to have concerns and worries. When considering the quality of care and receiving the right treatment low percentages indicated that this was a worry.

Key themes raised included the issue of travel times in particular in an emergency. There was considerable concern about putting children's lives at risk. Respondents noted that children can deteriorate rapidly, which risks the lives of more vulnerable patients.

Feedback on community services proposal

The main concerns raised were around whether community services are able to achieve the proposals and meet the demand. Included within this are staff levels and community workers.

Many queried the funding for the proposal because community services have been cut over recent years. Respondents also highlighted the need for more funding for GP surgeries and associated staff.

Respondents also raised concerns about the level of information provided on the proposal and in particular on how care closer to home will be achieved.

Six key areas for focus

We have set out below six key areas for focus, taken from all the evidence we have reviewed: the surveys, meetings and correspondence. We believe these provide direction to the CCGs to help them deliberate on the findings of this report.

1. Travel and transport

Respondents from Greater Huddersfield are worried about the impact of increased travel times, in particular for access to emergency treatment at Halifax. This was seen as a reason for A&E services to be retained in Huddersfield.

Ease of travel between the two towns was also raised by respondents. Congestion



on the Elland Bypass, which is the primary route between Huddersfield and Halifax was frequently raised as was access to public transport. Increased travel costs and adequate facilities for car parking at Calderdale Royal Hospital were also mentioned by respondents.

Similarly, the additional demand on ambulance services led respondents to believe that there would be a delay in response times and availability to transport those with life threatening conditions.

2. Clinical safety and capacity

As well as concerns that increased travel will have an impact on mortality rates, respondents were sceptical about the quality of care and availability of treatment, and how this could put patients' lives at risk.

Respondents queried whether the proposed model would have the capacity to cope with the population's needs. For example, will there be sufficient beds, staff resource and what about the 'knock-on effects' for other services and areas (for example, Barnsley)? Is there a good understanding of this?

A lack of understanding about the detail of the proposals and how they would work in practice is a key barrier to overcoming concerns (see point five below).

Respondents want to know how the proposed Urgent Care Centres will link with A&E, for example transferring someone from an Urgent Care Centre if a patient's condition deteriorates.

Respondents ask if the impact on GPs and the Ambulance Service has been fully considered.

3. The rationale for change

Respondents question whether the proposals are clinically driven as opposed to financially driven. To what extent, for example, have previous decisions such as the PFI agreement at Calderdale Royal Hospital influenced the proposals?

Respondents want to know whether clinical staff, in particular, are supportive of the proposals. And to what extent other services, such as the Ambulance Service, support the proposals.

4. The consultation process

Within this message, respondents raised a number of concerns.

There is criticism and suspicion of only consulting on a single option. This led to respondents using terms like 'done deal'.

The language and clarity of the proposals within the consultation documents and the structure of the survey was criticised. Respondents queried how decisions were made, how the final proposal was reached and why the other proposals were not



communicated.

Respondents want to know more about how the proposals were developed and what the evidence is to support them.

Respondents complained at the methods of engagement through the consultation and the extent to which different groups were involved. Staff that did participate mentioned that they would like to be more involved in the formulation and structuring of the plans.

5. Understanding the proposed model

There is evidence in the responses to suggest that the detail of the proposals around the clinical model is not fully understood by respondents. There is not enough information and there is a lack of clarity around how it will work in practice.

For example, respondents asked how services could meet the needs of the local population where there is a reduction in the number of hospital beds, staff shortages and increased demands from the populations of both Calderdale and Huddersfield.

Respondents believed that emergency care was needed in both Calderdale and Huddersfield due to the size of both towns.

There appears also to be a lack of understanding about the terms emergency care and urgent care.

6. The need for change

Despite the concerns there is evidence indicating that many respondents acknowledge that change is needed.

Alternative sites, configurations and improvements to services are suggested. Suggestions are also given on how to improve the proposals for example better transport/road links or car parking.

There is some recognition that the existing structure of healthcare is unsustainable to meet current and future needs.



Introduction

Right Care, Right Time, Right Place (RCRTRP) is a public consultation about the future of local hospital and community health services in Calderdale and Greater Huddersfield, led by NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield Clinical Commissioning Group.

NHS Midlands and Lancashire Commissioning Support Unit (CSU) was commissioned to provide an independent report of findings based on the feedback from the formal consultation run between 16 March and 21 June 2016, a period of 14 weeks.

In developing this report the CSU undertook the following activity:

- Analysed 7,582 completed surveys, with approximately 40,000 individual comments to the open questions
- Reviewed correspondence and feedback received at a range of stakeholder meetings
- Developed a coding framework based on the responses received, to extract key themes from the consultation
- Interpreted the findings of this analysis to produce this single report.



The proposals under consultation

In summary, the proposals consulted on were:

- Development of Urgent Care Centres (UCCs) at both Calderdale Royal Hospital (CRH) and the new Hospital on the Acre Mills site at Huddersfield.
- Development of a single Emergency Centre at Calderdale Royal Hospital
- Development of a Paediatric Emergency Centre for children at Calderdale Royal Hospital
- A brand new hospital with 120 beds dedicated to planned (elective) care on the Acre Mills site at Huddersfield.
- Strengthening maternity services in the community
- Strengthening community health services.

The CCGs state that the proposed models are based on improving quality and safety, providing more care closer to home, particularly for those who need it the most, and reducing the number of avoidable hospital admissions and re-admissions, so fewer hospital beds are needed.



Consultation mandate

The consultation ran for 14 weeks between 15 March and 21 June 2016. Its aims were set out in a consultation mandate:

“NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) need to understand the views of all patients, public, stakeholders and staff who live and work in Calderdale, Greater Huddersfield and those directly impacted by the proposals (which may include patients, public and stakeholders in surrounding areas) about the way in which: Urgent Care; Emergency Care; Maternity and Paediatric Care; Planned Care; and Community Services are provided in the future.

The CCGs have already decided that change is necessary to deliver safe, sustainable services that improve outcomes for patients.

However, there are a number of areas where further information and/or suggestions could be made, these could include:

- Services currently provided in hospital that could be provided in a community setting
- The things that matter in relation to: receiving the right care; the staff providing the care and the timeliness of provision
- The physical access to services in relation to transport and parking

This is so that by the end of September 2016 both CCGs can make an informed decision on progressing the future shape of hospital services ensuring that these are high quality, safe, sustainable and affordable and result in the best possible outcome and experience for patients, as well as on which services should be provided in the community, closer to where people live.”

Since the consultation mandate was published the CCGs have said that the decision on the outcome of consultation and next steps will be made by their Governing Bodies at a meeting in parallel on 20 October 2016.



Consultation process

The CCGs embarked on an extensive programme of planned communications and engagement, ensuring that all activities were co-ordinated and that the messages delivered were consistent. The plan helped to:

- Ensure high levels of public awareness
- Encourage participation in the consultation events
- Encourage feedback, particularly through the online survey
- Ensure all sections of the community were informed and had the opportunity to be involved, with efforts made to target particular protected groups such as children and young people
- Support partnership working with other NHS organisations in the area, in particular Calderdale and Huddersfield NHS Foundation Trust, to promote and publicise the consultation.

The consultation plan was approved by the Joint Health and Overview Scrutiny Committee for Calderdale and Kirklees.

The CCGs participated in the Consultation Institute's assurance process to ensure the approach, documentation and reporting met the standards developed by the Institute.

This process included a mid-point review, which provided an opportunity to assess the effectiveness of the consultation and agree any actions heading into the second half of the consultation period. For example, it was agreed that additional activity was needed in order to reach specific demographics, which at the time were underrepresented, as well as delivering a similar mechanism to the Calderdale Talkback survey in Kirklees. It was also agreed to look at alternative opportunities for online engagement.

Campaigns

The consultation took place against a backdrop of high profile campaigns. #HandsoffHRI and the Huddersfield Examiner's Save HRI A&E were two of the most active campaigns.

#HandsoffHRI submitted a 70,000 signature petition (acknowledged in the 'Petitions' section) and also provided template survey responses for respondents to use to provide feedback. It should be noted that we included these responses alongside all others.



Communications activities

A range of communication activities supported the consultation, including:

Right Care, Right Time, Right Place website

The website provided a hub for news and information about the consultation and the proposals, and was updated throughout the consultation period. For example, transcripts from the public meetings were added, along with a frequently asked questions section. The CCGs estimate that there were over 9,000 visits to the website during the consultation period.

Background information to support the consultation was made available, including:

- Joint Health Overview and Scrutiny Committee feedback report about the consultation document
- Pre-engagement reports, including the Quality Impact Assessment and the Equality Impact Assessment
- Pre-consultation business case
- Strategic business case
- Strategic business case summary document
- Strategic business case summary document – easy read version
- National Clinical Advisory Team (NCAT) report
- Reports from the Yorkshire and Humber Clinical Senate
- Five year plan from Calderdale and Huddersfield NHS Foundation Trust (CHFT)
- CHFT estate and Private Finance Initiative report (PFI)
- Ambulance travel analysis report – November 2015
- Ambulance travel analysis supplementary report – November 2015
- 2014 Jacobs travel analysis report and appendices.

Social media

Extensive use was made of social media during the consultation period. Right Care, Right Time, Right Place consultation accounts were created on Twitter, Facebook and YouTube and a schedule of activity developed for each week.

Social media platforms provided the opportunity for 'real time' engagement with users and further channels to promote, publicise and disseminate information during the consultation period. Two Twitter 'chats' allowed people to 'talk' directly with Dr Alan Brook and Dr Steve Ollerton, chairs of NHS Calderdale CCG and NHS Greater Huddersfield CCG respectively.

Social media was used to target communications at young people in particular.



Media

The CCGs worked closely with local journalists, taking a proactive approach to create opportunities for promoting the consultation and explaining the proposals.

Paid for advertising

Advertising was booked in the Halifax Courier and group titles, and the Huddersfield Examiner, to explain the proposed changes when the consultation was launched, and later on to reiterate key messages, encourage completion of surveys, and promote events.

Direct mail

A four page summary leaflet giving details about the proposed changes, raising awareness and encouraging responses was sent to 128,471 households throughout Calderdale and Greater Huddersfield.

An additional 2000 households in Huddersfield were sent the survey and encouraged to respond.

Information made available

A full range of consultation materials was delivered, including:

- A case for change
- A full consultation document, including the survey
- A summary document, with audio (mp3 file), hard copy, easy read and Braille versions, which was also translated into Urdu, Polish, Czech, Punjabi and Slovak
- A separate survey, with online, audio (mp3 file), hard copy and easy read versions, which was also translated into Polish, Czech, and Slovak
- Promotional posters and flyers, including leaflets on planned care, urgent care and the emergency centre
- Direct mail leaflet
- Displays and stands for use at public events and roadshows
- Frequently asked questions
- Transcripts of all public meetings, and all questions put forward to the programme by the public, which were published on the website
- Six videos produced and uploaded to the website and social media and shared with partner communications. These were streamed via YouTube from a channel dedicated to the consultation programme. A seventh summary video was produced and included British Sign Language (BSL) interpretation
- A dedicated telephone number, text facility and email address were also created and promoted on all materials, as well as a Freepost pre-addressed envelope for hard copy surveys.

Core materials, such as the consultation document, consultation summary and survey, were distributed to public locations including pharmacies, libraries and GP surgeries. Posters were also sent out to promote the survey and advertise the information sessions and public meetings.



Document	Quantity printed
Consultation main document	10,000
Consultation survey	19,000
Consultation summary	17,000
Various leaflets	85,000
Promotional posters	2,200
Freepost envelopes	4,500
Total	137,700

The following table lists the main communications and engagement activities undertaken during the consultation. It does not provide a total figure of people reached/engaged with, but rather a summary of the volume of work undertaken and the scale of activity delivered.

Activity	Reach
Staff engagement (including partner staff)	11,966 individuals
Stakeholder meetings	36 meetings (not including informal discussions or meetings with CHFT/CCG staff)
Calderdale Talkback	1,000 individuals (number of survey responses from this exercise being 425)
Kirklees direct mail	2,000 households
Targeted work with children and young people	133,741 (Facebook advertising figure only)
Core consultation documents (hard copy only)	137,700
Advertising	182,220 individuals (based on circulation figures)
Website	9810 views
Social media (Twitter and Facebook combined)	732,669 people had seen RCRTTP tweets or Facebook posts
Direct mail	128,471 households
Correspondence received	478 logged comments
Public meetings	896 people attended
Information sessions	762 people attended
Awareness raising days	48,000 leaflets handed out to the public direct and 800 posters in 800 locations.

Information provided by Right Care, Right Time, Right Place programme team



Notes

The above information was provided by the CCGs.

Media figures have not been included. The only available data on reach is the official viewer/reader figures provided by the media organisation. This does not however provide a 'real' figure for the number of people engaged with/reached.

Figures for social media show that while direct followers were low, the number of people who viewed posts/tweets was high due to shares and retweets. The reach figure stated below is therefore the figure for the number of people who viewed social media posts/tweets, including via shares/retweets, as a more reliable figure than direct followers to evidence reach for social media activity.

The figure for staff engagement is based on activity having utilised all internal communications channels. Therefore the number of staff reached would be all staff, as all avenues of providing information promoted the consultation.

The number of people reached by the Kirklees Talkback equivalent and the direct mail is not known as these activities were delivered by household not individual named residents.

The figure for engagement with children and young people is for the Facebook advertising campaign only. This is due to other activity being a mix of face-to-face meetings, work undertaken by community organisations where delegate numbers were not evidenced or due to activity being more generic, such as promotion via student news.

The reach for consultation documents and the awareness raising days cannot be quantified in terms of the number of individuals. The table includes the number of leaflets and posters handed out only. How many people who then read or saw these materials cannot be evidenced.

Number of people reached by advertising figures cannot be exactly evidenced and are those provided by print publications.



Engagement activities

Public meetings and events

Three public meetings were held, two in Huddersfield and one in Halifax. They featured a panel of senior representatives from the CCGs, the Calderdale and Huddersfield NHS Foundation Trust and clinicians working in services impacted by the proposals who had also been involved in developing them. In total, 896 people attended these meetings.

Date	Venue	Attendance
14 April 2016	North Bridge Leisure Centre Halifax	112
18 April 2016	John Smith's Stadium, Huddersfield	520
6 June 2016	John Smith's Stadium Huddersfield	264

Information sessions

The CCGs ran 17 information sessions and drop-in events for members of the public to talk directly about the proposals with senior representatives from the CCGs and staff working in the services impacted by the proposals. People attending could provide feedback through vox pops, surveys and a 'graffiti wall'. Attendance was as follows:

Session	Attendance
Slaithwaite	108
Sowerby Bridge	26
Skelmanthorpe	147
Hebden Bridge	31
Paddock	52
Todmorden	47
Dalton	11
Lindley	59
Brighouse	34
Ovenden	11
Holmfirth	118
Textile Centre	19
Halifax	8
Fartown	22
Greetland	14
Lockwood	25
Meltham	30
Total	762



Community engagement champions/voices

The CCGs' established networks for engaging specific protected groups, who have traditionally been under-represented in consultations, were used to raise awareness and encourage feedback.

Information was circulated throughout the voluntary and community group networks in Calderdale and Huddersfield. In addition, trained community group members, which included 12 groups from the CCGs' Huddersfield programme 'Community Voices', and 27 groups from Calderdale's 'Engagement Champions', presented information at meetings and encouraged responses from identified communities and protected groups.

These groups supported conversations with a broad cross-section of society to cover the following characteristics:

- Gender
- Age, including older and younger people
- Ethnicity, in line with the local demographics
- Religion – a variety of faiths
- Disability, including physical, sensory and learning disabilities
- Locality – from a range of local areas
- Carers
- Sexual orientation
- Pregnancy and maternity

The number of meetings attended is included in the list of stakeholder meetings detailed in the Forward Planner (see section 7.4). The impact of this work has been evaluated as part of the equality monitoring process.

Children and young people

Considerable effort was taken to involve children and young people. Activities included working closely with the Involving Young Citizens Equally Team in Huddersfield and specific engagement activities. For example, 66 children in Calderdale took part in classroom-based focus groups and a social media advertising campaign was run on Facebook.

Staff

Engagement took place through existing platforms and staff were encouraged to take part in the consultation. Information sessions were also held with staff to keep them updated on proposals and encourage them to respond to the survey.



GPs

Existing channels were used to discuss the proposals with GPs. Presentations were given to the Local Medical Committees (LMC) in both Calderdale and Huddersfield and regular bulletins were used to keep GPs updated on the proposals.

Elected representatives

Meetings and regular updates took place between the CCG chief officers and MPs to inform and involve them at every stage of the process. Throughout the consultation, the CCGs have liaised closely with the Calderdale and Huddersfield Joint Health and Overview Scrutiny Committee.

Stakeholders

In addition to planned meetings with local groups, the CCGs were keen to respond to invitations to attend meetings either to give presentations or provide/distribute information. The full list of meetings the CCGs attended is below.

Meeting/Events	
Information session – Slaithwaite	Public meeting – Halifax
Holme Valley Labour group	Public meeting – Huddersfield
Information session – Sowerby Bridge	HUGG group Kirklees
Calderdale engagement champions briefing	School briefing – Greenhead College (two sessions)
Community voices assets briefing – North Huddersfield	School briefing – Ryburn school
Calderdale Health Forum	Awareness raising – Holmfirth
Kirklees rural meeting – Skelmanthorpe	Local Medical Committee – Greater Huddersfield
Community voices	Awareness raising – Huddersfield
Information session – Skelmanthorpe	Awareness raising – Halifax
Information session – Hebden Bridge	Information session – Huddersfield
Age UK business breakfast	Information session – Halifax
School briefing – Todmorden High School	Information session – Fartown
School briefing – Halifax Academy	Disability Support Calderdale – engagement champions
Information session – Paddock Junior and Infant School	Local Medical Committee – Calderdale
Almondbury Patient Reference Group (PRG)	Information session – Greetland
Information session – Todmorden	Public meeting – Huddersfield
Huddersfield Gay Group (HUGG) – Kirklees	Hebden Bridge PRG
Information session – Dalton	Patient Reference Group meeting
Information session – Lindley	Chit Chat group
School briefing – Greenhead College (two sessions)	Information session – Newsome/Lockwood
Information session – Brighouse	Transpositive group
Information session – Ovenden	Healthwatch consultation meeting



Meeting/Events	
Staff briefing	Queens Road Neighbourhood Centre Halifax
School briefing – Ryburn School	Todmorden Women’s Disco – Lesbian and Bi women’s social
Community conference – Sowerby, Calderdale	Health Forum – Calderdale
Community conference – Greenhead College (3 sessions)	Information session – Meltham
Staff briefing	Calderdale and Huddersfield Maternity Services Liaison Committee
Disability forum, engagement champions – Calderdale	Community Conference – Huddersfield New College
Local Medical Committee	Practice Protected Time Greater Huddersfield
Information session – Holmfirth	Calderdale and Huddersfield NHS Foundation Trust staff management partnership
Calderdale Deaf Association	Royal College of Nursing
School briefing – Todmorden High School	Slaithwaite Youth Club
School briefing – Halifax Academy	



Feedback channels

In developing this independent report Midlands and Lancashire CSU reviewed a range of feedback, including:

Survey

This was the main channel for feedback. The survey contained a mixture of closed and open questions about the specific proposals. 7,852 surveys were completed. We estimate that there were approximately 40,000 individual comments to the open questions and each one of these has been read and allocated to a thematic code developed from the responses.

Correspondence

A correspondence log was maintained by the Right Care, Right Time, Right Place Programme Office. In developing this report we have reviewed all letters and comments received through the correspondence log. In total, 478 logged comments have been reviewed. In addition, 19 documents attached to surveys were reviewed.

Public meetings

The transcripts from the three public meetings have been read and relevant themes identified.

Calderdale Talkback

The Calderdale Talkback survey used the same questions as the online consultation survey although some demographic information was excluded. The 425 responses received to this survey were added to the Right Care, Right Time, Right Place survey and have been included in this analysis.



Petitions

The following petitions were received formally by the CCGs:

Organiser	Question	Number of signatures
Calderdale 38 Degrees NHS Campaign Group	We the undersigned demand that there is no downgrading to Calderdale or Huddersfield A and E Departments and instead call for a huge investment in services to provide safe and decent staffing levels.	Online – 2348 Hard copy – 2639 Total – 4987
Not specified (but sent via 38 Degrees)	The Emergency Care Intensive Support Team has just reported positively on Calderdale and Huddersfield A&E departments. Calderdale A&E is doing a good job for its patients. We the undersigned are opposed to all cuts to emergency services in Calderdale and Huddersfield.	78
Not specified (but sent via 38 Degrees)	Our NHS is precious, and we're relying on you to protect it. Please do all you can to stop local health service being broken up or taken over by private healthcare companies. Listen to the real experts – doctors, nurses and patients – when they give warnings about these plans. *Protect patient care – don't cut beds, wards, doctors or nurses *Protect local NHS services and consult patients properly before making changes *Spend money wisely and adopt policies and a constitution which reflect these values	241
Labour Party	Save Calderdale Accident and Emergency Unit	13
Huddersfield Keep Our NHS Public	We the undersigned say no to any cuts to NHS Accident and Emergency Services in Huddersfield and Halifax	10,286
#HandsoffHRI	Prevent the closure of Huddersfield A&E department. Please sign to show your support against the closure of Huddersfield A and E department	70,000
John Garside	We the undersigned residents of Kirklees demand that the accident and emergency department continue at Lindley HRI hospital for many decades to come	190
Save our Hospital #Handsoff HRI	Health bosses plan to close Huddersfield A&E and move all emergency services to Calderdale Hospital in Halifax. This will put Huddersfield lives at risk plus overload the A&E at Halifax with long waiting times. Please sign this petition to try and save hospital A&E	29



Vox pops

Available at information sessions.

Stakeholder feedback

A number of organisations and stakeholders provided formal feedback on the proposals. They are as follows:

- Kirklees Council
- South West Yorkshire Partnership NHS Foundation Trust
- Kirkwood – the hospice for Kirklees
- Calderdale Trade Council
- Calderdale and Huddersfield NHS Foundation Trust
- NHS Wakefield CCG
- Royal College of Midwives
- Kirkburton Parish Council
- Upper Calder Valley Renaissance
- Barnsley Save our NHS
- Governing Body of Lydgate School
- UNISON
- Jason McCartney MP
- Paula Sherriff MP
- Barry Sheerman MP
- Holly Lynch MP
- NHS Barnsley CCG
- Calderdale Health and Wellbeing Board
- Calderdale & Kirklees 999 Call for the NHS
- Irwin Mitchell solicitors
- Grange Moor Community Association
- Calderdale Safeguarding Children Board
- Colne, Holme and Dearne Valleys Society for the blind
- #HandsoffHRI
- Calderdale Local Medical and Kirklees Local Medical Committee
- Healthwatch

Note

Healthwatch are analysing the survey and analysis was not complete at the time of publication

Feedback from meetings

Feedback forms were provided at the consultation events and meetings with community groups and other stakeholders, for example the information sessions.



Key themes from meetings and correspondence

NHS Midlands and Lancashire CSU analysed this feedback and identified a detailed list of key themes commonly raised by respondents. The following section highlights these themes, along with a selection of comments, to give a snapshot of the feedback received.

Consultation process

Feedback indicated concern with the decision-making process, in particular a sense that the decision had already been made. A number of reasons are given for this, such as only one option for A&E services being consulted on.

"We believe it is disingenuous to hold a consultation on a single set of proposals, maintaining that in your view there are no viable alternatives and then to ask the question 'What other alternatives do you think we could have considered?' Surely, a meaningful consultation process should offer a number of viable options."

Correspondence log 449

Some respondents questioned whether the views of the public would be taken into account and suggested that the consultation was simply a 'box-ticking' exercise.

"I've spoken to so many people, friends, neighbours; lots of people in Huddersfield about these proposals and their biggest worry and the thing that causes great upset they say it's just a done deal."

Member of the public at a meeting in Calderdale, 14 April 2016

There was also concern about the lack of consultation with NHS staff, GPs and other clinicians. In its response the trade union UNISON highlighted the lack of consultation with staff as a key concern.

"...when the consultation began there was little evidence of a plan to consult with staff working at CHFT. Whilst UNISON recognises that the CCGs have sought to rectify this by holding some question and answer sessions, and by encouraging staff to fill in the public consultation forms, we feel that this has not been a robust staff consultation, and do not believe that staff engagement by CHFT is a substitute."

Unison response, correspondence log C401



Some respondents commented on the lack of information provided in the consultation document to support the proposals. Also, it was felt that the information provided was complex and difficult to understand. At the public meetings people suggested that they weren't being given the necessary information to help them understand the proposals.

"My response is let us talk about around £500 million, but you are saying it might not be that: it may be less than that; might be more than that, so how can we give you any sort of feedback on something that appears to be – I am sure it's not – but appears to be a bit of a finger in the wind?"

Member of the public at a meeting in Huddersfield, 6 June 2016

A further recurring theme was a lack of evidence in the consultation documents to support the proposals.

"At no point have the CCGs shared any costings to show how Calderdale is the more financially viable town of the two if we have to have only one A&E. Surely we should have the facts that back up the plan."

Member of the public, correspondence log C129

Feasibility of the proposed model

A common theme was the potential impact of the proposed changes on other NHS services, in particular ambulance and GP services.

"Ambulance response times are a crucial issue in Calderdale and Greater Huddersfield. A recent report in the local press this month confirmed that the ambulance service is in crisis, with a single emergency centre, average ambulance journey times will increase, as will waiting times to admit patients from ambulances – leaving even fewer ambulances available to respond to calls."

Response from Hands Off HRI, correspondence log C239

Some respondents expressed their support for the proposed model.

"I fully support the proposal to have one emergency care centre/paediatric care centre and one urgent care centre (e.g. minor injuries unit). CHFT services are currently unsustainable and at times unsafe because of the current trust configuration."

Member of the public, correspondence log C329



"I have not changed my mind that we have to bring together the expertise and facilities to ensure the best health outcomes in the area. We have to focus on the greater good for all sick and injured people who require quick and effective treatment and I understand for best cost reasons this is at Calderdale Hospital A&E."

Member of the public, correspondence log C333

"A hospital colleague told me that he thought that the plan to concentrate all acute services on one site was 'a no brainer'. It would help his team offer better care and make the working life of all staff much easier."

Member of NHS staff, correspondence log, C428

People also raised the issue of a potential 'knock-on' effect for other hospitals, with Barnsley, in particular, highlighted.

"It is clear that the CCG have also failed to consult with the doctors and the public in neighbouring areas who will see their hospitals put under severe pressure by the proposed changes. Barnsley, Tameside and Oldham, among others, are struggling to cope with current workload without the additional patients these proposals will bring."

Jason McCartney, MP

Many raised concerns about the affordability of the proposed new model and questioned whether funding would be made available.

Patient safety was also a recurring theme to emerge from the correspondence. People raised concerns about the 'back-up' arrangements to support the Urgent Care Centre in Huddersfield if a patient's condition becomes an emergency.

"...the so called "Urgent Care Centre" planned for HRI is simply another step in the process, and means that seriously ill people will have to drop off at Huddersfield for triage assessment and then be reloaded into the ambulance and set off for Halifax, a nightmare journey at the best of times virtually impossible in winter."

Member of the public, correspondence log C338



The issue of capacity at Calderdale Royal Hospital was also mentioned, with concerns expressed about whether it will cope with the additional people who will be attending if the proposed changes go ahead.

“It is not feasible to increase the pressure on CRH in order to support patients from both towns. This will affect patient care and be difficult to provide at the current staffing levels.”

Member of NHS staff in response to UNISON survey, submitted via correspondence log C401

Many respondents wanted to know if the proposed model was affordable.

“My question is have you actually assessed how much it would cost to provide an A&E urgent care service? All the things we require at both Huddersfield and Halifax? This is so we are able to go to Government and actually lobby them for the service we all deserve in our areas, because that is the way we need to approach it.”

Member of the public at a meeting in Huddersfield, 18 April 2016

Rationale

Respondents expressed doubts about the case for change and whether the proposals were more financially driven than stated in the consultation document.

“The main financial implication is the main driving force behind these proposals.”

Member of the public at a meeting in Huddersfield, 18 April 2016

“Can evidence be provided by the panel that the decision has not been wholly-centred around PFI contract signed by Calderdale rather than around the human impact?”

Member of the public at a meeting in Huddersfield, 6 June 2016

Many respondents raised concerns that the proposals were driven by increasing privatisation in the NHS. They also claimed that there was little evidence of staff support for them.



“Some of the senior clinicians are in favour but the core workforce; the feet on the ground are largely against the closure. We already see a department that is at times completely overwhelmed. This is when patient care standards drop.”

NHS staff member in response to UNISON survey, correspondence log C401

Retention of A&E at Huddersfield Royal Infirmary

Many respondents felt that Huddersfield, as the larger of the two towns, should retain the A&E.

“It is inconceivable to think that one of the largest towns by population and land mass should be stripped of its A&E. Huddersfield A&E does need an overhaul – an onsite one!”

NHS staff member in response to UNISON survey, correspondence log C401

In addition, some respondents believed that there were greater demands on the Huddersfield A&E service given it is a university town.

“Huddersfield is the fastest growing university town in England. Close Calderdale it makes more sense. We need an expanded, fully functional hospital in Huddersfield.”

Member of the public, correspondence log C302

Many respondents stated that A&Es were needed in both towns and should be maintained.

“Given the size of the towns' populations, both Calderdale and Kirklees should have their own A&E with full services available.”

Member of the public, correspondence log C337



Transport

A lot of respondents expressed concerns over the effect of increased travel times as a result of the proposals, in particular when there is an emergency situation.

“For many of my most vulnerable constituents travel and transport, including accessing healthcare is a significant worry and it is one that I don’t think has been fully addressed by the consultation”

Paula Sherriff MP, correspondence log C430

The impact on patient safety, as a result of perceived increased travel times, was also raised.

Some respondents had concerns about congestion on the Elland bypass and how this will impact on travel times. Many suggested that any timescale for implementing the proposals needed to take account of planned improvements to the road.

“Until the improvements to the A629 have been made the suggestion of moving emergency services to Halifax is totally unrealistic. The road already suffers from an unusually high degree of congestion and it is impossible to envisage improved care by sending increased traffic along this route, especially ambulances.”

Member of the public, correspondence log C340

Accessibility was a regular theme raised by respondents, in particular the challenges faced in travelling by public transport from Huddersfield to Calderdale.

Car parking capacity at Calderdale Hospital was also highlighted as an issue by many.

“If the existing car parks were built on this would make the current inadequate parking much worse. This and the inevitable increase in traffic and car parking around CRH would have a significant impact on local residents.”

Retired GP, correspondence log C341



Survey analysis

Protected characteristics

Equality Findings

The CCGs are very mindful of their duties with regard to the Equality Act 2010 and the Public Sector Equality Duty as well as their commitment to commission services that meet all of their community's needs. In order to achieve this, the CCGs need to ensure they are confident they have considered all protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation within the Right Care, Right Time, Right Place programme. The CCGs have also committed to consider the needs of carers as they often face additional issues accessing health care.

Critical to this consideration is ensuring widespread involvement by local people to ensure the CCGs are able to understand if diverse communities feel differently about the proposal and that the consultation reached a representative sample of local people.

The CCGs routinely equality monitor their engagement activity. The consultation survey had a full equality monitoring form. This data has been analysed to understand if the respondents were a match to the local demographic profiles and also to understand if there were any trends or differences in responses by particular communities or groups. Not everyone completed the equality monitoring form, some partially completed. The data received through the Calderdale Talkback survey is incomplete as it did not include the full equality monitoring form.

There was a good response from residents as a whole, with over 1.5% completing the survey overall and in terms of equality characteristics the data confirms that the respondents are close to the demographic profile of each locality. Not all the respondents were residents of Calderdale or Greater Huddersfield the data of the remaining respondents will be analysed separately and reported in the Equality and Health Inequalities Impact Assessment.



The residential data reflects the following;

Calderdale		Sex %		
	all pop	Male	Female	Prefer not to say/not answered
Local Demographic profile	209,000	51.1	48.9	
Respondents Profile	2109 (1.0%)	36.1	53.2	10.7
Differential		-15.0	4.3	

Greater Huddersfield		Sex %		
	all pop	Male	Female	Prefer not to say/not answered
Local Demographic profile	243,000	49.4	50.6	
Respondents Profile	5237 (2.15%)	34.3	54.2	11.5
Differential		-15.1	3.6	

Calderdale		Age %						
	0-20	21-30	31-40	41-50	51-60	61-70	71+	Prefer not to say/not answered
Local Demographic profile	24.6	11.5	12.8	15.6	13.1	11.3	11.1	
Respondents Profile	2.6	7.6	14.5	16.9	18.9	19.7	11.0	8.8
Differential	-22	-3.9	-1.3	-1.3	5.8	8.6	-0.1	

Greater Huddersfield		Age %						
	0-20	21-30	31-40	41-50	51-60	61-70	71+	Prefer not to say/not answered
Local Demographic profile	25.1	13.3	13.2	14.8	12.2	10.8	10.6	
Respondents Profile	6.4	6.4	9.9	15.5	15.5	19.2	11.0	16.1
Differential	-18.7	-6.9	-3.3	0.7	3.3	8.4	1.6	



Calderdale		Religion %							
	Buddhism	Christianity	Hinduism	Muslim	Judaism	Sikhism	No religion	Other	Prefer not to say/not answered
Local Demographic profile	0.3	56.3	0.3	7.3	0.1	0.2	28.1		7.4
Respondents Profile	0.7	32.1	0.8	14.7	0.1	0.5	20.0	1.5	29.6
Differential	0.4	-24.2	0.5	7.4	0	0.3	-8.1		

Greater Huddersfield		Religion %							
	Buddhism	Christianity	Hinduism	Muslim	Judaism	Sikhism	No religion	Other	Prefer not to say/not answered
Local Demographic profile	0.3	54.9	0.4	8.8	0.1	1.2	27.1	0.2	
Respondents Profile	0.4	46.4	0.5	3.2	0.1	0.8	27.8	2.7	18.0
Differential	0.1	8.5	0.1	-5.6	0	-0.4	-0.7	2.5	



Calderdale		Ethnic group* %					
	White British	White Other	Asian/Asian British	Mixed/multiple background	Black/Black British	Other Ethnic group	Prefer not to say/not answered
Local Demographic profile	86.7	3.0	8.3	1.3	0.4	0.3	
Respondents Profile	71.1	2.3	16.3	1.3	0.3	0.7	8.0
Differential	-15.6	-0.7	8	0	-0.1	0.4	

Greater Huddersfield		Ethnic group* %					
	White British	White Other	Asian/Asian British	Mixed/multiple background	Black/Black British	Other Ethnic group	Prefer not to say/not answered
Local Demographic profile	79.6	3.0	10.5	3.0	3.0	0.9	
Respondents Profile	76.9	1.3	4.5	1.6	1.7	0.1	13.9
Differential	-3.3	-1.7	-6	-1.4	-1.3	-0.8	

Note

* White British includes English, Welsh, Scottish, Northern Ireland, British.

White Other includes Irish, Gypsy or Irish Traveller, any other white groups

Asian/Asian British includes Indian, Pakistani, Bangladeshi, Chinese and any other Asian background,

Mixed/multiple ethnic background includes White and Black Caribbean, White and Black African, White and Asian and other mixed/multiple ethnic background

Other ethnic group includes Arab and any other ethnic group



Calderdale	Disabled %	Carers %
Local Demographic profile	9	10.5
Respondents Profile	19.1	19.1
Differential	10.1	8.6

Greater Huddersfield	Disabled %	Carers %
Local Demographic profile	8.9	10.4
Respondents Profile	12.0	12.0
Differential	3.1	1.6

Calderdale	Lesbian, Gay and Bisexual* %	Transgender* %
Respondents Profile	3.2	0.3

Greater Huddersfield	Lesbian, Gay and Bisexual* %	Transgender* %
Respondents Profile	3.2	0.4

Note

*Accurate demographic data is not available for these groups as it is not part of the census collection.

The most up to date information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Calderdale	Pregnant %	Have given birth in the last 6 months
Respondents Profile	1.2	1.3

Greater Huddersfield	Pregnant %	Have given birth in the last 6 months
Respondents Profile	1.2	1.1



As can be seen from the tables above the reach of the survey has met with a representative sample of some of our communities. However to understand what, if any, under representation existed between known demographic profiles and people responding to the survey, the section below highlights any difference of -5% or more;

- Male response rates are 15% down in both areas
- Younger people, under 20 (under 30 in Greater Huddersfield) are much lower than the demographic profiles
- Christian groups were down in both areas, in Calderdale possibly due to a good response from Muslim people. Muslims in Greater Huddersfield were also underrepresented. A significant number of people did not respond to this question or provided 'other' religions, such as Spiritualism, Quakers etc.
- White British respondents in Calderdale were – 15.6% lower than their demographic profile and Asian/Asian British respondents in Greater Huddersfield were -6% lower than their demographic profile.

Utilising the themes identified across the survey in the open questions, analysis has been undertaken to understand if there is any difference in the responses to these questions by people from protected groups. Caution should be applied as some themes are raised by relatively few people. Some headlines are;

- Older people (aged 60 and above), disabled people and carers were worried about travel access.
- Lesbian, gay, bisexual and transgender people raised concerns in relation to patient recovery
- Younger people (aged 20 and under) raised worries about waiting times.

Service specific feedback included;

Emergency and Acute Care,

- People aged 41-50 years raised concerns regarding ambulance services being able to cope.
- Some groups of people showed support for this part of the proposal – these included people from Asian backgrounds.
- People who were pregnant or had given birth showed concern for site capacity.

Urgent Care,

- Young people were concerned with travel access.
- Some age groups showed support for this part of the proposal –people aged 21 to 50 and people aged 71 plus.
- Disabled people raised the issue of travel access to urgent care centres.



- Lesbian, gay, bisexual and transgender people raised concern with waiting times.

Planned Care,

- There was support for this part of the proposal from young people aged 0-20, disabled people and people from Asian backgrounds.
- Lesbian, gay, bisexual and transgender people and people Asian, Black, African and Caribbean backgrounds concern with waiting times.

Maternity Services,

- This received support from younger people (0-20 yrs.) and disabled people.

Paediatric services,

- There were no significant differences from general responses.
- People aged over 31 years old raised a concern with the NHS 111 service.
- People who were pregnant or had given birth felt that the proposal would put lives at risk.

Community Services,

- Disabled people and carers were worried about waiting times.
- People who were pregnant or had given birth and Transgender people felt the service would deliver inadequate care.
- Young people aged 0-20 supported this part of the proposal.

This equality data will be further analysed in the Equality and Human Rights Impact Assessment which will be produced to support the Right Care, Right Time, Right Place programme.



Survey responses and proposal engagement

The consultation survey received a total of 7,582 responses. The majority of the respondents stated that they were a resident of Greater Huddersfield. 342 respondents said that they were a member of staff. From the further information provided, staff came from Calderdale and Huddersfield NHS Foundation Trust, and Calderdale and Greater Huddersfield CCGs.

Respondent location		
	No.	%
Resident of Calderdale	2109	27.8
Resident of Greater Huddersfield	5237	69.1
Other	236	3.1
Total respondents	7582	100.0

Note

Respondents were asked to 'tick' whether they were a resident of Calderdale or Greater Huddersfield. Residents who only provided a postcode were retrospectively categorised into either Calderdale or Greater Huddersfield. Respondents who 'ticked' they were not a resident of either area, did not provide a postcode, or provided a postcode outside of these two areas have been classified as 'other'.

The largest proportion of respondents had read some of the consultation documents (the main one or the summary version). Only 8.9% of respondents had not read any of the consultation documents. A further 11.6% had attended a consultation event.

Respondents' engagement with consultation background documents								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I have read the main document	3336	44.0	721	34.2	2526	48.2	89	37.7
I have read the summary document	4111	54.2	1378	65.3	2632	50.3	101	42.8
I have not read either of the documents	675	8.9	176	8.3	470	9.0	29	12.3
I have been to one of the consultation events	881	11.6	154	7.3	693	13.2	34	14.4
Other	421	5.6	126	6.0	277	5.3	18	7.6
Number of respondents from each area	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Responses to section 1: about all the alternatives we have considered

In the first section respondents were asked to indicate whether they felt anything had been missed in the proposals.

Section 1 Question 1

Did we miss anything when looking at the alternatives?

33.8% of all respondents stated that something was missed when developing the proposals. When comparing the responses from Calderdale and Greater Huddersfield the picture is quite different.

In Calderdale, 43.8% of respondents said that nothing was missed whilst just 15.4% said that something was missed. However, in Greater Huddersfield 41.5% said that something was missed, compared to just 13.8% who said that nothing was missed.

Section 1 Question 1 – Did we miss anything when looking at all the alternatives?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	2564	33.8	325	15.4	2175	41.5	64	27.1
No	1712	22.6	923	43.8	721	13.8	68	28.8
I don't know	1873	24.7	646	30.6	1169	22.3	58	24.6
I don't understand how you got to your alternatives	1364	18.0	203	9.6	1120	21.4	41	17.4
Number of respondents from each area	7582		2109		5237		236	



Section 1 Question 2

Please tell us what we have missed

A total of 3,689 respondents provided further comments, out of a total of 7,582. Most comments were negative or negative/neutral (78.4%). However, the proportion of Calderdale respondents providing negative or negative/neutral comments was much lower than those from Greater Huddersfield (55.5% and 82.7% respectively).

Section 1 Question 2 – Please tell us what we have missed – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2530	68.6	268	47.7	2205	72.7	57	60.6
Negative/neutral	363	9.8	44	7.8	304	10.0	15	16
Neutral	720	19.5	216	38.4	482	15.9	22	23.4
Positive	54	1.5	24	4.3	30	1.0	0	0
Positive/negative	6	0.2	2	0.4	4	0.1	0	0
Positive/neutral	16	0.4	8	1.4	8	0.3	0	0
Total number of respondents answering this question	3689		562		3033		94	

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

For this question, the five main themes for both locations are identical.

Section 1 Question 2 – Please tell us what we have missed						
	Total	%	Calderdale	%	Huddersfield	%
1	Consultation process	31.5	Consultation process	23.6	Consultation process	32.2
2	Travel	17.0	Travel	18.1	Travel	17.0
3	Implementation	10.5	Implementation	10.8	Implementation	10.4
4	Finance	7.8	Buildings and estates	6.5	Finance	8.0
5	Buildings and estates	6.7	Operational	6.5	Buildings and estates	6.8

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.



Consultation Process

The key concern raised by respondents in this section was about only having one option for the public to provide feedback on. Respondents felt that other options had not been presented and so it was not possible to review or comment on them. Some respondents stated that they felt this was not a proper consultation and that the views of the public and staff hadn't been taken into account.

"Involving the public in the "pre consultation" engagement. You have failed to explain how these people were selected and how they represented the wider population. You have not explained how you arrived at 11 alternatives then shortlisted 5 or why you know consult on a single option. You have missed the views of many front line community and hospital based staff. I wonder how many purley "provider" orientated staff were consulted and how free they were to contribute."

Respondent 6670, Female, 42, British, resident of Calderdale

Travel

A recurring theme throughout the responses was the impact of travel times, specifically distances, road structure and volume of traffic. Respondents from Huddersfield frequently expressed that they would struggle to reach Calderdale to receive emergency treatment.

There was considerable concern over ambulance capabilities, particularly as it was felt that they are already overstretched and understaffed. It was felt that this would put lives at risk and delay receipt of appropriate care.

"A university town with a population the size of Huddersfield requires a fully functioning hospital. There is already a shortage of hospital beds. Inadequate parking at Calderdale for family and people and friends to visit patients. People already travel a distance to HRI - further to Halifax - not just 5 miles. Taxis cost a lot more. Traffic problems - due to hilly conditions impossible in adverse winter conditions."

Respondent 3909, Female, 74, British, resident of Greater Huddersfield



Implementation

Many respondents questioned the feasibility of the proposals. They often did not agree with the proposals, did not feel there was enough evidence that they would work or they believed the proposal creating further problems such as impact on mortality rates or leave areas without adequate service provision.

“Generally, the proposals are aspirations rather than detailed and considered strategic and operational plans. Three examples are: the impact of patient flows on surrounding hospitals and health services, both for Kirklees and neighbouring residents. The impact on local community services that are already struggling. The impact on social care services which is already a significant issue for some residents.”

Respondent 2148, Male, 63, British, resident of Greater Huddersfield

Finance

Finance was discussed at length by respondents. Two issues were mentioned – how the proposals would be funded (with some expression towards what could be achieved within budget) and the impact of past decisions, and specifically PFI, on the present finances of the Calderdale and Greater Huddersfield health economies.

“You have deliberately conflated value for money with the need to improve your deficit position. Just be honest because you signed a PFI deal you are saddled with an impossible and immovable debt. Value for money would take into consideration the likely impact on customer satisfaction if you think getting rid of A&E in Huddersfield will do this you are wrong.”

Respondent 7039, Male, 57, British, resident of Greater Huddersfield

Buildings and estates

This theme covers questions, observations and concerns around site capacity and the proposals' ability to meet the needs of the population. Respondents often expressed the desire for A&E to remain within Huddersfield as this would better meet the care needs of local people. Some respondents stated that services remaining as they are should have been considered as an alternative.

“The number of people living in Huddersfield who could need emergency care. Both hospitals are usually running at full capacity how can you consider losing over 200 beds at HRI.”

Respondent 4565, Female, 66, British, resident of Greater Huddersfield



Section 1 Question 3

Out of a total of 7,582 respondents, 3,895 provided further comments. Most were negative or negative/neutral (80.8%). However, Greater Huddersfield respondents provided a higher proportion of negative comments than Calderdale respondents (85.6% and 61% respectively).

Section 1 Question 3 – What other alternatives do you think we could have considered? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2991	76.8	424	57.7	2485	81.4	82	75.9
Negative/neutral	157	4.0	24	3.3	129	4.2	4	3.7
Neutral	667	17.1	245	33.3	406	13.3	16	14.8
Positive	63	1.6	36	4.9	21	0.7	6	5.6
Positive/negative	10	0.3	2	0.3	8	0.3	0	0.0
Positive/neutral	7	0.2	4	0.5	3	0.1	0	0.0
Total number of respondents answering this question	3895		735		3052		108	

The analysis of the open ended questions identified a range of responses. The five main themes for all respondents, respondents from Calderdale and respondents from Greater Huddersfield, are outlined below.

The responses received from each area are identical except that residents of Calderdale made a large number of comments classified as 'Not applicable'. An not applicable comment is one which may say 'I don't know', is unrelated or has no particular link to the consultation.



Section 1 Question 3 – What other alternatives do you think we could have considered						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Alternative suggestion	20.9	Alternative suggestion	24.1	Estates and buildings	8.2
2	Estates and buildings	20.4	Estates and buildings	6.6	Alternative suggestion	20.2
3	Finance	17.9	Travel	8.6	Finance	19.8
4	Consultation process	8.0	Not applicable	7.8	Consultation process	8.2
5	Travel	6.3	Finance	7.5	Travel	6.0

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.

Alternative suggestion

Many respondents provided alternative suggestions to the existing proposals. Most were very specific, referring to particular elements of the proposal. They referred to a modification to existing sites or services, including parking (but not travel), expansion of existing sites, incorporating services onto one site or splitting services completely. The focus here is on providing a completely new suggestion or an additional aspect for consideration.

“MORE SUPPORT FOR YOUNG PEOPLE NEARER HOME”

Respondent 95, Male, 17, Pakistani, a resident of Calderdale

“Why not have mobile health services at say sports events so if there is an injury it can be dealt with quickly rather than hospital?”

Respondent 206, Male, 17, Pakistani, a resident of Calderdale



“Split accident from emergency, but have a major trauma unit and a walk in accident centre at each site. Use the money to build a new fully functional hospital at Ainley Top.”

Respondent 7033, Female, 45, British, resident of Greater Huddersfield

Splitting the Trust. Building a new, joint hospital. Tackling PFI debt. Cost of continuing with 2 A&Es.

Respondent 2826, Male, 48, British, resident of Greater Huddersfield, MP

Others suggested that a new site could be developed between Calderdale and Huddersfield, such as Ainley Top. This could be in place of both hospitals or as an additional site.

Estates and buildings

Respondents frequently proposed that services should remain the same and not be moved or reconfigured. They also asked for building refurbishments, specifically to HRI, and were concerned over CRH being able to cope with the demand and increase in patients. Respondents also stated concern over the number of beds available for the population.

Keep the A&E in Huddersfield and Calderdale. It is too big an area for one. Especially with no Ambulance Station in Halifax anymore.

Respondent 965, Female, 32, Chinese, resident of Calderdale

“Keep both A&E's Why only 100 beds in Huddersfield and 700 in Halifax We are the largest town if we have to share facilities at least lets get the largest amount in Huddersfield”

Respondent 1482, Female, 78, British, resident of Greater Huddersfield



Finance

Some believed that the merger of HRI and CRH was because of the impact of the PFI agreement and the financial burden required the Huddersfield health economy to provide support for CRH and therefore 'bail them out'. Queries were also raised over the source of the funding and the need for additional funding in order for the proposals or suggestions to take effect.

"There are a lot of empty NHS buildings, sell them off and invest money back in these new services. Also, PFI is killing CRI, why has this not been addressed?"

Respondent 139, Male, 28, Pakistani, member of staff

Consultation process

The bulk of comments on the consultation process focused on how it was managed, how proposals were formulated, and how the public and NHS staff were involved.

Many commented on the order of the process and how views on the proposal should have been asked for much earlier, particularly before the proposal was compiled.

Key issues were a feeling that the process had not been properly managed and it was not a true consultation. There was some concern about the ability to access the necessary documents and communications.

There are numerous alternatives, but as has been stated, your present consultation is so lacking in the necessary information, the first step is to go back and gather information which is sufficiently detailed, reliable and valid. Then, and only then can the question of alternative be properly considered.

Respondent 410, Male, 59, any other White background, resident of Huddersfield



Travel

The main themes raised under travel were travel times, travel access and car parking at all sites.

Once again respondents raised concerns about the roads between Calderdale and Huddersfield and were particularly worried that more people could die because of having to travel further for treatment. Concern was also raised about the capacity of car parking facilities at CRH.

Travel to Calderdale along Elland Bypass takes a significant length of time even more so with Elland budge being shut, would have concerns that travel to CRH will increase another + how are ambulances going to get through in timely + safe manner. Parking at CRH is also huge factor for patients, visitors + staff.

Respondent 224, Female, 41, British, resident to Calderdale

Respondents from Greater Huddersfield argued that emergency care should be retained in the city because of its large and growing population, the presence of the university and because people are living longer.

Keep emergency services (A&E) at huddersfield. We would have to travel too far to Halifax and this could mean the difference between life and death. Congestion on the A629 to Halifax is unacceptable

Respondent 1689, Female, 38, British, resident of Greater Huddersfield



Responses to Section 2: We want your views on our proposed changes

Emergency and acute care – for life threatening conditions

Section 2 Question 4a

What worries you/do you not like about our proposed change to emergency care?

The main concerns which people have about proposed changes to emergency care are whether they will be seen and treated quickly, followed by their ability to travel. There is almost a doubling in the proportion of concerned respondents in Greater Huddersfield compared to Calderdale in relation to these issues.

Receiving the right care and being seen by the right staff were the least concerning aspects of the proposals.

Section 2 Question 4a – What worries you/do you not like about our proposed change to emergency care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will not receive the right care	2153	28.4	391	18.5	1706	32.6	56	23.7
I will not be seen and treated quickly	4063	53.6	683	32.4	3293	62.9	87	36.9
I will not be able to travel to get the care I need	3678	48.5	520	24.7	3074	58.7	84	35.6
I will not be seen by the right staff	1603	21.1	398	18.9	1164	22.2	41	17.4
I will not receive the treatment I need	1760	23.2	285	13.5	1427	27.2	48	20.3
None of these apply	1387	18.3	955	45.3	360	6.9	72	30.5
Other	2014	26.6	301	14.3	1648	31.5	65	27.5
Number of respondents from each area	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 4b

What do you like about our proposed change to Emergency Care?

Few respondents from Greater Huddersfield indicated that they liked any of the aspects of the proposal. When asked what they like about the proposals, 60.8% of respondents from Huddersfield ticked 'none of these apply'.

A higher number of residents from Calderdale indicated that they liked elements of the proposal. None of the elements had over 50% of respondents stating that they liked them. However, only 27.2% of residents in Calderdale ticked 'none of these apply'.

Section 2 Question 4b – What do you like about our proposed change to emergency care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will receive the right care	1740	22.9	1036	49.1	651	12.4	53	22.5
I will be seen and treated quickly	1249	16.5	823	39.0	381	7.3	45	19.1
I will be able to travel to get the care I need	1088	14.3	800	37.9	261	5.0	27	11.4
I will be seen by the right staff	1581	20.9	886	42.0	645	12.3	50	21.2
I will receive the treatment I need	1593	21.0	939	44.5	594	11.3	60	25.4
None of these apply	3876	51.1	574	27.2	3183	60.8	119	50.4
Other	1428	18.8	189	9.0	1202	23.0	37	15.7
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area



Section 2 Question 4c

Is there anything else that you would like to tell us? Is there anything we have missed?

Out of a total of 7,582 respondents, 4,094 provided further comments. Most were negative or negative/neutral (77.2%). However, Greater Huddersfield respondents provided a far higher proportion of negative comments than Calderdale respondents (84.7% and 50.7% respectively).

Section 2 Question 4c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negativity or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2796	68.3	380	43.1	2338	75.3	78	71.6
Negative/neutral	363	8.9	67	7.6	292	9.4	4	3.7
Neutral	675	16.5	253	28.7	403	13.0	19	17.4
Positive	165	4.0	129	14.6	31	1.0	5	4.6
Positive/negative	53	1.3	26	2.9	26	0.8	1	0.9
Positive/neutral	42	1.0	27	3.1	13	0.4	2	1.8
Total number of respondents answering this question	4094		882		3103		109	

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

The issues raised were almost identical. The only difference was that in Calderdale there were a number of responses which supported the proposals, and several which discussed access.

I think that one emergency care centre makes sense

Respondent 12, Female, 46, British, resident of Calderdale, member of staff)



I support the idea of the changes as I understand that resources are limited and should be used to provide the best care in one place rather than splitting the resources to provide ok care in two places.

Respondent 354, Female, 56, British, resident of Calderdale

Section 2 Question 4c – Is there anything else that you would like to tell us? Is there anything we have missed?						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Travel	28.6	Travel	22.7	Travel	30.0
2	Implementation	12.6	Estates and buildings	10.7	Implementation	12.9
3	Estates and buildings	11.4	Implementation	10.6	Estates and buildings	11.6
4	Putting lives at risk	10.0	Support for Proposal	10.2	Putting lives at risk	11.0
5	Consultation process	5.7	Access	9.4	Consultation process	5.9

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.

Travel

The two main themes raised under travel were travel times and travel access.

Once again respondents raised concerns about the roads between Calderdale and Huddersfield and were particularly worried about the potential for an increasing number of deaths because of this. This led some to question the information provided on travel times.

Respondents from Greater Huddersfield argued that emergency care should be retained in the area because of its large and growing population, the presence of the university and because people are living longer.



My partner recently had to use Huddersfield A & E, was a life threatening condition but didn't realise it at the time; had pneumonia, on verge of stroke due to diagnosed heart condition and had suffered a heart attack. Was able to walk to HRI. Had the service been in Halifax, he wouldn't have bothered, certainly wouldn't have got a bus or ambulance. neither of us can drive, we don't have a car.

Respondent 13, Female, 41, British, resident of Greater Huddersfield

Having been stuck in traffic using public transport and being late for an appointment despite building in an extra hour to allow for delays the current proposed location simply isn't viable. Also public transport isn't 24h and I doubt whether I could afford a taxi and there are lots of people in my position. Plus how do you decide if you need urgent or emergency care? It's not always obvious.

Respondent 1348, Male, 44, British, resident of Greater Huddersfield

Implementation

Most respondents were concerned about the proposal and doubted whether it was feasible. Many questioned the resources and staffing required and asked how staff would be recruited.

Many believed felt that the proposal would lead to problems, including increased mortality rates, increased waiting times (which was linked to access) and greater demand on services.

It's a waist of money it will delay treatment time and we would have to pay higher for the improved doctors which in itself will take valuable money for under priviledged people causing more injurys and illness putting us under huge pressure once again.

Respondent 6696, Male, 14, British, resident of Greater Huddersfield

Be clear on what they will do. Most cases end up in leeds anyway CHH cant cope and dont have everything.

Respondent 6593, Male, 45, British, resident of Greater Huddersfield, resident of Calderdale



Estates and buildings

A high proportion of respondents indicated that services should remain the same and not be moved or reconfigured. Respondents emphasised the need for Huddersfield to have its own emergency care. They were also concerned at the change and reduction in the number of beds available.

Reliable studies show that A&E closures increase death rates for inpatients in the remaining A&E hospital, and those in the surrounding area. Furthermore, increased travel distances to A&E are associated with increased patient death rates. Moreover, this reconfiguration proposal is in danger of creating a geographical inequity of care; if this proposal is accepted there will be three A&E departments in the north of West Yorkshire. In the south, there will be none.

Respondent 893, Female, age not specified, British, resident of Greater Huddersfield

A&E is an absolute must for an area as big as Kirklees. To close A&E would be the height of irresponsibility.

Respondent 1805, Male, 25, British, resident of Greater Huddersfield

Putting lives at risk

Respondents often stated that they believed the proposals would put lives at risk, due to increased travel times and distances. They thought that the proposals were driven by a desire to save money, which would lead to more deaths.

Who will be held responsible when deaths occur due to these changes!?! Probably the front line services not the people who are making these decisions you have missed showing compassion for the people of Huddersfield and Calderdale by giving them peace of mind over their health care. No one can believe that by joining two huge areas. You can provide care by shutting paring down such an important service such as A&E

Respondent 7074, Female, 62, ethnicity not specified, not a resident of Greater Huddersfield



Consultation process

Comments on the consultation process focused on concerns that the decisions were financially motivated and had already been made.

The failure to have a plan B is appalling. The consultation has been shambolic and i was among the hundreds who could not get into the last meeting. There appears to be a failure to grasp the reality of the geography, road layout and transport problems of the region. There is also a failure to integrate care in the community or to have lots of round the clock walk in centres. Those making these stupid proposals seem to be just hoping everything will work but not basing ideas on any reality and certainly not on patient needs!

Respondent 894, Female, 66, British, resident of Greater Huddersfield



Urgent care – for non-life threatening conditions

Section 2 Question 5a

What worries you/do you not like about our proposed change to urgent care?

When asked to consider the Urgent Care Centres in the proposal, respondents from Greater Huddersfield were on average twice as concerned as those from Calderdale. There were fewer worries about travel and being treated quickly, which suggests that location was less of a concern.

Section 2 Question 5a – What worries you/do you not like about our proposed change to urgent care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will not receive the right care	2098	27.7	360	17.1	1681	32.1	57	24.2
I will not be seen and treated quickly	2964	39.1	488	23.1	2410	46.0	66	28.0
I will not be able to travel to get the care I need	2388	31.5	407	19.3	1924	36.7	57	24.2
I will not be seen by the right staff	1847	24.4	370	17.5	1425	27.2	52	22.0
I will not receive the treatment I need	1902	25.1	270	12.8	1576	30.1	56	23.7
None of these apply	2333	30.8	1174	55.7	1068	20.4	91	38.6
Other	1607	21.2	182	8.6	1374	26.2	51	21.6
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 5b

What do you like about our proposed change to urgent care?

Respondents from Calderdale were much more likely to be in favour of aspects of the proposals compared to respondents from Greater Huddersfield. Although it should be noted that none of the aspects of care listed were liked by over 50% of the respondents from Calderdale.

Section 2 Question 5b – What do you like about our proposed change to urgent care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will receive the right care	1898	25.0	1018	48.3	821	15.7	59	25.0
I will be seen and treated quickly	1662	21.9	934	44.3	676	12.9	52	22.0
I will be able to travel to get the care I need	1630	21.5	858	40.7	735	14.0	37	15.7
I will be seen by the right staff	1627	21.5	877	41.6	703	13.4	47	19.9
I will receive the treatment I need	1764	23.3	970	46.0	743	14.2	51	21.6
None of these apply	3508	46.3	565	26.8	2832	54.1	111	47.0
Other	1349	17.8	142	6.7	1163	22.2	44	18.6
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 5c

Is there anything else that you would like to tell us? Is there anything we have missed?

The majority of responses were negative. When responses from Calderdale and Greater Huddersfield are compared there are far fewer negative comments from Calderdale and a higher proportion of positive ones.

Most comments from Greater Huddersfield are negative and indicate concerns with the proposals or outline things which they feel have been missed.

Section 2 Question 5c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive

	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2053	63.7	275	39.4	1718	70.6	60	65.2
Negative/neutral	235	7.3	37	5.3	195	8.0	3	3.3
Neutral	624	19.3	213	30.5	392	16.1	19	20.7
Positive	216	6.7	135	19.3	72	3.0	9	9.8
Positive/negative	58	1.8	21	3.0	37	1.5	0	0.0
Positive/neutral	39	1.2	17	2.4	21	0.9	1	1.1
Total number of respondents answering this question	3225		698		2435		92	



Section 2 Question 5c

Is there anything else that you would like to tell us? Is there anything we have missed?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments are broadly identical. However, the largest proportion of comments from respondents from Calderdale were supporting the proposal.

To show support for the proposal the comments would express praise, confidence or agreement. Positive comments are sometimes made as part of a comment which includes negative comments.

“good to have this at both sites”

Respondent 52, Female, 51, British, resident of Calderdale

“I believe a dedicated urgent care centre will improve the treatment I receive and the time to access that treatment”

Respondent 53, Female, 50, British, resident of Greater Huddersfield

Section 2 Question 5c - Is there anything else that you would like to tell us? Is there anything we have missed?						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Implementation	19.7	Support for proposal	14.8	Implementation	21.4
2	Operational	13.5	Staff	12.6	Operational	14.9
3	Staff	11.9	Implementation	12.1	Staff	11.6
4	Travel	9.4	Travel	10.5	Travel	9.4
5	Access	7.0	Access	10.1	Access	6.4

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.



Implementation

Most respondents were concerned about and questioned the feasibility of the proposal. Respondents questioned how the proposal would work in reality. Respondents stated that they disagree with the proposal, do not think it will work or feel that implementation will cause further problems. Many responses question the resources and staffing required for Urgent Care Centres.

Many believed that there would be negative consequences such as increased mortality rates, increased waiting times or demand on services.

“These proposals rely on changes to community based care that have not yet been made available to be tested to any reasonable degree. Indeed, there are proposals to cut 66% of local GP services by 44%. This is contrary to the CCGs’ responsibility to ensure that enough local resources exist to make the proposed urgent care system work safely.”

Respondent 1997, British, resident of Greater Huddersfield

Operational

Respondents raised a range of operational concerns. The two main comment areas were raising a lack of confidence in NHS111 and concerns with GP capacity.

Concerning NHS111 respondents expressed concerns about the level of training and knowledge of NHS 111 staff, many have had negative experiences, there is a lack of trust in the advice provided by NHS 111.

Respondents highlighted the issues with GP capacity and their ability to handle increased responsibility and patient demands. Respondents highlighted the existing issues of access GPs and booking appointments. Some comments were made around GPs not being able to see patients for days and this leading to patients seeking urgent or emergency care.

“The public don’t trust the 111 service. I was told at a drop in session that the unit would be staffed by GPs and Nurses, where are they coming from? There is already a national shortage . Community based care is already overstretched. More ambulance time will be taken up with transfer to CRH if further care is needed. Will the unit be viable in the near future when another report comes out saying these units are unsafe?”

Respondent 934, Male, 62, Male, 66, British, resident of Greater Huddersfield



Staff

A range of responses discussed aspects of staffing. These focussed on staff levels and staff access. Respondents raised a number of points including: concern about patients receiving poor quality care from staff with limited skills and training, low confidence in some staff for example NHS111, having the correct number of trained staff, concern about the standard of spoken English of foreign staff, concern that staffing levels will be sufficient at the two new sites for future population needs and a feeling that a lack of funding is a reason for limited number of staff and this in turn leads to longer waiting lists.

Reliance on NHS 111 - REALLY?!!! GP's - no. Impossible to get an appointment at my practice. How is urgent care going to be staffed? Ratio of trained doctors and nurses to support staff? Staffing levels at weekends/holidays? Any access to consultants? If urgent care decides the patient need to go to Calderdale - again, time means lives. How are national waiting targets going to be met if centre is a drop-in?

Respondent 1223, Female, 45, British, resident of Greater Huddersfield

Travel

The two main themes raised under travel were travel times and travel access.

Once again respondents raised concern about the roads between Calderdale and Huddersfield and were particularly worried about the potential for an increasing number of deaths because of this.

Respondents from Greater Huddersfield argued that emergency care should be retained in the area because of its large and growing population, the presence of the university and because people are living longer.

"You are asking people to travel further, to pass one hospital then five miles more when they are unable to get transport at night time. Then you TELL us a new smaller hospital will be built in Huddersfield with 300+ less beds but you don't have enough beds now - how is that going to work!! (This is about PFI not the care of the people)."

Respondent 5726, gender not specified, age not specified, ethnicity not specified, resident of Greater Huddersfield



Access

The main points raised by respondents around access was access to care and services. Respondents discussed concern that they would not receive the right care and treatment for their conditions including LTCs, others talk about receiving care close to home and that travel times and distance can dictate service choice, responses mention that there are capacity issues, particularly around GPs, community services and appointment making with services.

Much too narrow a scope for the Huddersfield site will lead to much longer 'time to treat' as people are transferred and this is associated with much poorer outcomes. Reduction in range of services means that over time Huddersfield will not be able to attract and retain high calibre staff

Respondent 1867, Female, 59, British, resident of Greater Huddersfield

This is interlinked with comments that demonstrate there is a lack of understanding of which services to access and what they can treat.



**Planned care – a procedure or treatment that is planned.
You may have to stay in hospital to recover**

Section 2 Question 6a

What worries you/do you not like about our proposed change to planned care?

When asked to indicate what they dislike about the proposals respondents have fewer worries with regards to planned care compared with the other proposed elements. Responses were similar between Calderdale and Greater Huddersfield, although respondents from Greater Huddersfield were considerably more likely to indicate that they would not be seen and treated quickly (32.6% in comparison to 21.5%).

Section 2 Question 6a – What worries you/do you not like about our proposed change to planned care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will not receive the right care	1424	18.8	278	13.2	1104	21.1	42	17.8
I will not be seen and treated quickly	2211	29.2	454	21.5	1705	32.6	52	22.0
I will not be able to travel to get the care I need	2102	27.7	610	28.9	1438	27.5	54	22.9
I will not be seen by the right staff	1213	16.0	265	12.6	913	17.4	35	14.8
I will not receive the treatment I need	1301	17.2	223	10.6	1042	19.9	36	15.3
None of these apply	2771	36.5	994	47.1	1682	32.1	95	40.3
Other	1882	24.8	275	13.0	1549	29.6	58	24.6
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 6b

What do you like about our proposed change to planned care?

When asked to indicate what they liked about the proposed changes to planned care responses indicate that most people do not like the proposed changes. As a percentage respondents from Calderdale were far more likely to be in favour of the proposed changes compared to residents of Greater Huddersfield.

Section 2 Question 6b – What do you like about our proposed change to planned care?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will receive the right care	2113	27.9	981	46.5	1074	20.5	58	24.6
I will be seen and treated quickly	1552	20.5	741	35.1	760	14.5	51	21.6
I will be able to travel to get the care I need	1679	22.1	671	31.8	971	18.5	37	15.7
I will be seen by the right staff	1830	24.1	849	40.3	927	17.7	54	22.9
I will receive the treatment I need	2025	26.7	929	44.0	1034	19.7	62	26.3
None of these apply	3311	43.7	667	31.6	2535	48.4	109	46.2
Other	1278	16.9	145	6.9	1094	20.9	39	16.5
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 6c

Is there anything else that you would like to tell us? Is there anything we have missed?

A total of 3,200 provided further comments out of 7,582 survey respondents. Most comments were negative – negative/neutral (69.1%). However, the proportion of residents in Calderdale providing negative comments was smaller than for Greater Huddersfield (51.5% and 74.7% respectively).

Section 2 Question 6c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2054	64.2	360	47.2	1631	69.5	63	70.0
Negative/neutral	158	4.9	33	4.3	122	5.2	3	3.3
Neutral	652	20.4	193	25.3	442	18.8	17	18.9
Positive	221	6.9	127	16.6	88	3.7	6	6.7
Positive/negative	54	1.7	19	2.5	34	1.4	1	1.1
Positive/neutral	61	1.9	31	4.1	30	1.3	0	0.0
Total number of respondents answering this question	3200		763		2347		90	



Section 2 Question 6c

Is there anything else that you would like to tell us? Is there anything we have missed?

Out of a total of 7,582 respondents, 3,200 provided further comments. Most were negative or negative/neutral (69.1%). Greater Huddersfield respondents provided a higher proportion of negative comments than Calderdale respondents (74.7% and 51.5% respectively).

Section 2 Question 6c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2054	64.2	360	47.2	1631	69.5	63	70.0
Negative/neutral	158	4.9	33	4.3	122	5.2	3	3.3
Neutral	652	20.4	193	25.3	442	18.8	17	18.9
Positive	221	6.9	127	16.6	88	3.7	6	6.7
Positive/negative	54	1.7	19	2.5	34	1.4	1	1.1
Positive/neutral	61	1.9	31	4.1	30	1.3	0	0.0
Total number of respondents answering this question	3200		763		2347		90	



Section 2 Question 6c

Is there anything else that you would like to tell us? Is there anything we have missed?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments were broadly similar. The main difference appears to be Calderdale residents supporting the proposals but querying access.

Support for the proposals around planned care broadly covered the same issues, although sometimes included some caveats.

"This will be in Huddersfield - just where I need it to be." (Respondent 53, Female, 50, British, resident of Greater Huddersfield)

I think this is a really sensible idea and I can't see where an issue could arise with this? As an inpatient and outpatient my care and treatment has been provided well at either site. If this can support another service or wider team this is definitely seen as a positive step in the right direction.

Respondent 22, Female, 38, British, resident of Calderdale

I like this idea, but only if it helps speed up treatment and cut down on waiting lists, should operate seven days a week

Respondent 185, Female, 61, Pakistani, resident of Calderdale



Section 2 Question 6c – Is there anything else that you would like to tell us? Is there anything we have missed?

Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Travel	27.0	Travel	37.9	Travel	24.5
2	Implementation	14.5	Support for proposal	12.4	Implementation	15.5
3	Estates and buildings	11.9	Implementation	9.5	Estates and buildings	12.9
4	Operational	9.8	Estates and buildings	7.8	Operational	11.4
5	Finance	7.8	Access	7.0	Finance	8.8

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.

Travel

The two main themes raised under travel were travel times and travel access.

Once again respondents raised concern about the roads between Calderdale and Huddersfield and were particularly worried about the potential for an increasing number of deaths because of this. This led many to question the information provided on travel times.

Responses linked travel times with an increase in deaths and also the impact on friends and families visiting patients in hospital. Respondents also queried travelling from Acre Mills to Calderdale should something go wrong during an operation.

Many mentioned the costs associated with the increase in travel times and access difficulties. Costs are discussed in relation to public transport, making appointments, receiving care and visiting family. Many said that the impact would be greater on low income families.

"I just want to know what I am doing and when. I have concerns about transport and family members being able to visit with it not being in Halifax. Transport is a big issue in this whole process for everyone whether you live in Calderdale or Huddersfield. No one is going to not have transport issues."

Respondent 6904, gender not specified, 40, British, resident of Calderdale



Implementation

Most respondents were concerned about the proposal and questioned its feasibility. This was linked to operational concerns.

Popular queries included how patients would receive emergency care if something went wrong during an operation and how the proposal would work in terms of bed capacity.

A planned care hospital in Huddersfield would cause travel problems for Calderdale residents, particularly for cancer patients attending day case treatment. Furthermore, there won't be any emergency services, such as an Intensive Care Unit on site should things go wrong in planned care surgery. In addition, the proposed planned care hospital on the Acre Mill site does not seem to represent value for money leading to further questions about the sustainability of the proposal."

Respondent 868, Female, 36, British, resident of Greater Huddersfield

Estates and buildings

Respondents frequently proposed that services should remain the same and not be moved or reconfigured. Many were concerned about the number of beds available to meet the needs of Calderdale and Huddersfield.

"A planned care hospital in Huddersfield would cause massive travel problems for Calderdale people. There won't be an ICU on site in case anything goes wrong in planned care surgery. The cuts to hospital beds means there will only be 1.62 beds per 1,000 of population. Only Indonesia, India and Columbia have fewer beds per 1,000 population than this. High bed occupancy reduces the time available for cleaning between patients and increases the chances of infection. I can't see how this new hospital represents value for money when there is no information about the costs for repaying the 290 million loan that CHFT needs to build the hospital."

Respondent 6820, Female, 51, British, resident of Greater Huddersfield



Operational

Respondents raised a range of operational concerns, mainly about urgent and emergency care capacity. There was around what would happen if urgent or emergency care was required on a site where the necessary facilities or staff were not present. Others wondered what would happen if planned operations went wrong at Acre Mills, leaving a patient requiring urgent or emergency care.

What happens when something unforeseen occurs during routine surgery. An emergency like this could be life threatening. Transfer to another hospital would be fraught with problems and again impacts on the Ambulance service. Will the unit be open overnight to cope with patients who may need overnight care? Who will provide this care?

Respondent 934, Male, 62, British, resident of Greater Huddersfield

Finance

Finance was discussed at length by respondents. Two specific issues were mentioned – how the proposals would be funded, and the impact of past decisions, specifically PFI, on present finances of the Calderdale and Greater Huddersfield health economies. Comments were made around the cost of establishing Acre Mills and whether this would be value for money.

How much will it cost to build a new Hospital? Will it involve entering a finance agreement like Calderdale entered into that is financially unviable, resulting in cuts to other services like now?? The number of beds provided seems really low to say it is covering both Calderdale and Kirklees. The new proposal seems insufficient re populations of the local area.

Respondent 3542, Male, 58, British, resident of Calderdale



Maternity services in the community

Section 2 Question 7a

What would improve our proposed change to maternity services?

Respondents were asked to indicate what they thought would improve the proposed changes to maternity services. Responses were very similar between Calderdale and Greater Huddersfield with between 20% and 30% ticking all possible answers.

Section 2 Question 7a – What would improve our proposed change to maternity services?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Receiving the right care	1942	25.6	646	30.6	1236	23.6	60	25.4
Seeing the right staff	1792	23.6	586	27.8	1156	22.1	50	21.2
Being seen and treated quickly	2158	28.5	608	28.8	1489	28.4	61	25.8
Receiving the treatment I need	1672	22.1	509	24.1	1117	21.3	46	19.5
Being able to travel and to get the care I need	1816	24.0	440	20.9	1331	25.4	45	19.1
None of these apply	3240	42.7	1061	50.3	2078	39.7	101	42.8
Other	1461	19.3	182	8.6	1232	23.5	47	19.9
Total number of respondents answering this question	7582		2109		5237		236	

Note

This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.



Section 2 Question 7b

Is there anything else that you would like to tell us? Is there anything we have missed?

Out of a total of 7,582 respondents, 2,529 provided further comments. Most comments were negative or negative/neutral (61.7%). Greater Huddersfield respondents provided a far higher proportion of negative comments than Calderdale respondents (69.3% and 34.8% respectively).

Section 2 Question 7b – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	1174	46.4	158	29.4	986	51.3	30	42.9
Negative/neutral	387	15.3	29	5.4	345	18.0	13	18.6
Neutral	733	29.0	237	44.1	474	24.7	22	31.4
Positive	138	5.5	88	16.4	48	2.5	2	2.9
Positive/negative	61	2.4	7	1.3	52	2.7	2	2.9
Positive/neutral	36	1.4	19	3.5	16	0.8	1	1.4
Total number of respondents answering this question	2529		538		1921		70	



Section 2 Question 7b

Is there anything else that you would like to tell us? Is there anything we have missed?

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Section 2 Question 7b – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	1174	46.4	158	29.4	986	51.3	30	42.9
Negative/neutral	387	15.3	29	5.4	345	18.0	13	18.6
Neutral	733	29.0	237	44.1	474	24.7	22	31.4
Positive	138	5.5	88	16.4	48	2.5	2	2.9
Positive/negative	61	2.4	7	1.3	52	2.7	2	2.9
Positive/neutral	36	1.4	19	3.5	16	0.8	1	1.4
Total number of respondents answering this question	2529		538		1921		70	



Section 2 Question 7b

Is there anything else that you would like to tell us? Is there anything we have missed?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments are broadly similar. The main difference is in the responses from residents of Calderdale, which mention access and support for the proposal.

Section 2 Question 7b – Is there anything else that you would like to tell us? Is there anything we have missed?						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Implementation	11.0	Not applicable	17.3	Implementation	11.8
2	Travel	10.6	Support for proposal	12.5	Patient experience	11.1
3	Patient experience	10.1	Access	10.1	Travel	11.0
4	Operational	9.1	Travel =	9.2	Finance	9.6
5	Finance	9.0	Operational =	9.2	Operational	9.1

These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.

Implementation

Most respondents were concerned about the proposal and questioned its feasibility. Many disagreed with the proposal or did not think it would work. Many queries related to the provision of community services as part of this proposal and how this would work.

“The current arrangement of service appears to work. It is not clear that this will continue under the new proposals. Will there continue to be a birthing centre at Huddersfield? Again, there is talk of more community based services. What services? How are these to be paid for? How are they to be staffed, given the shortage of midwives and other suitably wanted staff?”

Respondent 7024, Male, 67, British, resident of Greater Huddersfield



Travel

The two main themes raised under travel were travel times and travel access.

Once again respondents raised concern about the roads between Calderdale and Huddersfield and were particularly worried about the potential for an increasing number of deaths because of this. This led many to question the information provided on travel times.

Respondents said increased travel times would lead to more deaths and affect friends and families visiting patients in hospital. The car parking capacity at Calderdale was also mentioned.

“Maternity care involves lots of visits and can involve lots of long period at the hospital. The parking situation at Calderdale cannot cope with the cars that use it now, I struggled to get parked while my wife was in the maternity suite. I could walk to the HRI if I needed to.”

Respondent 3007, Male, age not specified, ethnicity not specified, resident of Greater Huddersfield

“The distance but even more so, the TIME TAKEN to reach Calderdale from the HD8 area. The Huddersfield to Halifax road is very clogged and slow during certain times of the day. It an take 45 minutes to get from HD8 to HRI, then the journey from HRI to Halifax needs to be added - which can be another 45 - 60 minutes. Sirens will not make any difference as there is nowhere for cars to move out of the way. This could mean an hour and a half in an ambulance. This could easily lead to unnecessary DEATH! Speaking from knowledge, the paramedics are not even able to insert a cannula, so how can they treat anyone adequately in a medical emergency? There could be complications requiring a doctor. By the time Calderdale is reached, it could be too late. THIS PROPOSAL IS SO DANGEROUS.”

Respondent 986, Male, 65, British, resident of Greater Huddersfield)



Patient experience

Lack of improvement in patient experience and inadequate care were the main concerns raised. There was a perception that maternity services have previously undergone changes yet there has been limited benefit to patients.

Responses state the proposal undermines the principle and practice of NHS care. Respondents expressed concern that increased demand on services would mean that the sites and staff would not be able to meet care needs.

How will this be funded? I worry that there will be a great increase in private provision; this leads to much poorer care as companies don't want to take on risk, staffing levels are cut or experienced staff members are replaced with cheaper less experienced staff (like has happened since DISC took over the alcohol service).

Respondent 2647, Male, 37, British, resident of Calderdale

Operational

Responses focused on concerns about service reduction. Some felt that the Calderdale maternity facilities were understaffed at present and that there needed to be more confidence in staff and doctors. Respondents argued that both towns required their own maternity units and that there was not enough evidence that care closer to home would work.

"More local midwife services. More in home appointment. Choices offered at each stage which are culturally aware and domestic situation aware."

Respondent 1596, Female, 32, Arab, resident of Calderdale

I would like to ask if these "plans to improve community based services for women at all stages of their pregnancy...providing more care closer to home" are to rely on the recent National Maternity Review and its call for £3,000 "personal care budgets" for all pregnant women? If so, I believe that this would result in fewer services, privately provided, and would further undermine the NHS principle of universal comprehensive care."

Respondent 2235, Female, 51, British, resident of Greater Huddersfield



Finance

There were a lot of questions around the national maternity review undermining NHS provision of care (private provision and personal care budgets). Respondents were particularly keen to understand how the Personal Care Budget Programme will impact access to care. There was also some concern about privatisation.

"I will not need maternity services myself but I still care about the future of these services and am fearful regarding the ways these may be financed"

Respondent 3357, Female, 67, British, resident of Calderdale

I don't agree with more maternity services being put in the community because there isn't the money for it. And I don't think it's right that Huddersfield mothers in labour with difficult pregnancies should be sent over to CRH. Proper services in each town is what is needed. This is all about saving money.

Respondent 4290, Male, 73, British, resident of Calderdale

Paediatric care – healthcare services for babies, children and young people

Section 2 Question 8a

What worries you/do you not like about our proposed change to paediatric services?

Respondents were asked what worried them about the proposed changes to paediatric services. The main concerns raised by respondents were the speed at which they would be seen and their ability to travel to receive the treatment. Again, respondents from Greater Huddersfield were far more likely to have concerns.

However, when considering quality of care and receiving the right treatment, the vast majority of respondents indicated that these were not concerns.

Section 2 Question 8a - What worries you/do you not like about our proposed change to paediatric services?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%



I will/my child will not receive the right care	1464	19.3	220	10.4	1201	22.9	43	18.2
I will/my child will not be seen by the right staff	1249	16.5	193	9.2	1016	19.4	40	16.9
I will/my child will not be seen and treated quickly	2415	31.9	359	17.0	1996	38.1	60	25.4
I will/my child will not receive the treatment I/they need	1404	18.5	186	8.8	1177	22.5	41	17.4
I will/my child will not be able to travel to get the care I/they need	2280	30.1	279	13.2	1948	37.2	53	22.5
None of these apply	3292	43.4	1463	69.4	1714	32.7	115	48.7
Other	1480	19.5	172	8.2	1255	24.0	53	22.5
Total number of respondents answering this question	7582		2109		5237		236	
N.B. This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.								

Section 2 Question 8b

What do you like about our proposed change to paediatric services?

Overall, a minority of respondents stated that they liked any one of the outcomes of the proposed changes to services.

Section 2 Question 8b – What do you like about our proposed change to paediatric services?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will/my child will receive the right care	1362	18.0	732	34.7	585	11.2	45	19.1
I will/my child will be seen by the right staff	1256	16.6	659	31.2	560	10.7	37	15.7
I will/my child will be seen and treated quickly	1034	13.6	620	29.4	374	7.1	40	16.9
I will/my child will receive the treatment I/they need	1163	15.3	648	30.7	480	9.2	35	14.8
I will/my child will be able to travel to get the care I/they need	898	11.8	558	26.5	315	6.0	25	10.6
None of these apply	4570	60.3	1076	51.0	3364	64.2	130	55.1
Other	1217	16.1	139	6.6	1032	19.7	46	19.5
Total number of respondents answering this question	7582		2109		5237		236	
N.B. This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.								

Section 2 Question 8c



Is there anything else that you would like to tell us? Is there anything we have missed?

A total of 2,704 provided further comments out of 7,582 survey respondents. Most comments were negative – negative/neutral (70.3%). However, the proportion of residents in Calderdale providing negative comments was smaller than for Greater Huddersfield (39.3% and 79.1% respectively).

Section 2 Question 8c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	1463	54.1	192	32.8	1233	60.2	38	53.5
Negative/neutral	437	16.2	38	6.5	388	18.9	11	15.5
Neutral	539	19.9	168	28.7	351	17.1	20	28.2
Positive	211	7.8	154	26.3	55	2.7	2	2.8
Positive/negative	30	1.1	12	2.1	18	0.9	0	0.0
Positive/negative/neutral	1	0.0	0	0.0	1	0.0	0	0.0
Positive/neutral	23	0.9	21	3.6	2	0.1	0	0.0
Total number of respondents answering this question	2704		585		2048		71	

Section 2 Question 8c

Is there anything else that you would like to tell us? Is there anything we have missed?

Out of a total of 7,582 respondents, 2,704 provided further comments. Most were negative or negative/neutral (70.3%). However, Greater Huddersfield respondents provided a far higher proportion of negative comments than Calderdale respondents (79.1% and 39.3% respectively).

Section 2 Question 8c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%



Negative	1463	54.1	192	32.8	1233	60.2	38	53.5
Negative/neutral	437	16.2	38	6.5	388	18.9	11	15.5
Neutral	539	19.9	168	28.7	351	17.1	20	28.2
Positive	211	7.8	154	26.3	55	2.7	2	2.8
Positive/negative	30	1.1	12	2.1	18	0.9	0	0.0
Positive/negative/neutral	1	0.0	0	0.0	1	0.0	0	0.0
Positive/neutral	23	0.9	21	3.6	2	0.1	0	0.0
Total number of respondents answering this question	2704		585		2048		71	

Section 2 Question 8c

Is there anything else that you would like to tell us? Is there anything we have missed?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below

When comparing Calderdale and Greater Huddersfield the main themes are broadly similar. However, a greater proportion of comments from Calderdale residents were made in support of the proposal, or considered not applicable.

Comments in support of the proposal included:

“A dedicated children's unit will provide a much better service and I welcome it.”
(Respondent 39, Female, 35, British, member of staff)

“This is an important development as urgent/emergency care services for children in our area are not adequate. At present many children are admitted from A&E as the unit is not staffed to look after unwell children.” (Respondent 3899, Male, 36, Irish, resident of Greater Huddersfield, member of staff)

Section 2 Question 8c – Is there anything else that you would like to tell us? Is there anything we have missed?						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%



1	Travel	28.1	Support for proposal	20.8	Travel	29.9
2	Operational	25.1	Travel	17.8	Operational	27.1
3	Access	10.1	Operational	11.5	Access	10.3
4	Implementation	7.3	Not applicable	9.9	Implementation	6.9
5	Staff	4.8	Access	9.4	Staff	5.0
<p>These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.</p>						

Travel

The two main themes raised under travel were travel times and travel access.

Once again respondents raised concern about the roads between Calderdale and Huddersfield and were particularly worried about the potential for more deaths because of this.

Responses focused on the effect of increased travel times on ambulances and friends and families visiting patients in hospital. Respondents talked about the costs associated with the increase of travel times and access, particularly in terms of public transport and car park charges. The travel was considered to be a contributor to the stress parents would feel whilst looking after a sick child.

“Increased travel time in certain medical emergencies are detrimental to the mortality rate of children as verified by a local Consultant. Parents and cares of vulnerable groups will have extra pressures thrust upon them with additional travel and expense - not something to be promoted particularly in areas of mental health.” (Respondent 1226, Male, age not specified, British, resident of Greater Huddersfield)

“How does your proposed model address the problems faced by the already overstretched and underfunded GP's and community services? Furthermore, there are recognised problems, with depending on NHS 111 to determine whether children should go to urgent or emergency care. Moreover how will the proposal address travel problems for Huddersfield's families with children, who would have to come to Halifax for emergency and inpatient paediatric care?” (Respondent 5925, gender not specified, 60, British, resident of Greater Huddersfield)

Operational

There were a number of operational concerns, primarily a lack of confidence in NHS111 and concerns with GP capacity.

Respondents were worried about the level of training and knowledge of NHS 111 staff, many claiming to have had negative experiences, with a lack of trust in the advice provided.



Respondents highlighted issues with GP capacity and their ability to handle increased responsibility and patient demand, alongside existing concerns with access to GPs and wider community services, as well as booking appointments.

"There is a lot said using the phrase "more services provided closer to home." Hmm, already GPs are overworked- you cannot get an appointment currently if you ring, for the same day! Already health centres are using nurses and unqualified or trainee staff for urgent appointments. Where is the extra staff and extra funding to come from if all cash goes into new buildings in a place we are to be DISCOURAGED from attending?"
(Respondent 63, Female, 51, British, resident of Greater Huddersfield)

"Increased travel times in certain medical emergencies are detrimental to the mortality rate of children. Children are known to deteriorate more quickly than adults and there will therefore be a higher risk factor for this group. You state that there would be community support for child and adolescent mental health services (CAMHS) but this service is in crisis with waiting times for appointments significantly higher than for other services. Parents and carers from vulnerable groups will have great difficulty with travel arrangements and cost to Calderdale hospital. Your document places a heavy reliance on NHS 111 yet the public do not have confidence in this service and are unlikely to use this for babies and children."
(Respondent 406, Female, 32, British, resident of Greater Huddersfield)

Access

The main points raised were about waiting times and access to staff or services. Respondents also discussed how children could deteriorate more quickly than adults so access to good care was considered essential.

"Increased travel times increase the already high risk for children in certain medical emergencies as children deteriorate more quickly than adults. You state there will be community support for CAMHS; there is already a 4 week wait for assessment and a 6 month wait for routine treatment for children and adolescents with mental health issues. This needs addressing before introducing community based support" (Respondent 7066, Female, 57, British, resident of Greater Huddersfield)

Implementation

Most respondents were concerned about the proposal and questioned its feasibility. Many disagreed with the proposal thought it would struggle to work.

"At present, some children wait too long in A+E before being seen - How will the changes speed up access for both Emergency and Urgent Care? Community Services for children are not robust enough now. There are insufficient healthcare visitors and too much documentation not really necessary which means delays." (Respondent 217, Female, 57, British, resident of Calderdale)

"Community services are underfunded and stretched. I fail to see how extra paediatric provision is possible. I have big concerns about how children will be directed into urgent and emergency care and by choice if on foot I feel parents will choose Halifax impacting on staff experience in huddersfield. Again general surgeons currently undertake paediatric surgery what will happen to surgeons will they be cross site and the child in huddersfield



*requiring emergency surgical assessment will they and the surgeon need swith sites ?”
(Respondent 4707, Female, 47, British, resident of Calderdale)*

Staff

Many responses discussed concerns with staffing, including patients receiving poor quality care from staff with limited skills and training, low confidence in some staff, the standard of English spoken by foreign staff, and whether staffing levels would be sufficient at the two new sites to meet future population needs.

“how many more stsff have we working at CRH now paed’s is on one site in comparison to the past? have we any unfilled posts? has the efficiency increased how many nurses per head of population are on shift at any time? how many SCBU transfers have been needed in the last 3years as there was no space at CRH?” (Respondent 49, gender not specified, age not specified, ethnicity not specified, resident of Greater Huddersfield)

Community services

Section 2 Question 9a

What worries you/do you not like about our proposed change to community services?

Between 20% and 33% of respondents indicated concerns with the proposal for community services. These figures were slightly higher for Greater Huddersfield respondents and slightly lower for Calderdale respondents.

Section 2 Question 9a – What worries you/do you not like about our proposed change to community services?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will not receive the right care	1943	25.6	412	19.5	1476	28.2	55	23.3
I will not be seen and treated quickly	2280	30.1	410	19.4	1810	34.6	60	25.4
I will not be able to travel to get the care I need	1558	20.5	317	15.0	1198	22.9	43	18.2
I will not be seen by the right staff	1940	25.6	467	22.1	1419	27.1	54	22.9
I will not receive the treatment I need	1796	23.7	374	17.7	1374	26.2	48	20.3
None of these apply	2902	38.3	1160	55.0	1638	31.3	104	44.1
Other	1638	21.6	213	10.1	1372	26.2	53	22.5
Total number of respondents answering this question	7582		2109		5237		236	



N.B. This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.

Section 2 Question 9b

What do you like about our proposed change to community services?

Broadly, between a 20% and 28.1% of total respondents liked aspects of the proposed changes to community services. In Calderdale the proportion of respondents who liked aspects of the proposed changes was much higher than Greater Huddersfield.

Section 2 Question 9b – What do you like about our proposed change to community services?								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
I will receive the right care	1832	24.2	921	43.7	867	16.6	44	18.6
I will be seen and treated quickly	2035	26.8	976	46.3	1005	19.2	54	22.9
I will be able to travel to get the care I need	2130	28.1	894	42.4	1188	22.7	48	20.3
I will be seen by the right staff	1643	21.7	839	39.8	762	14.6	42	17.8
I will receive the treatment I need	1742	23.0	849	40.3	843	16.1	50	21.2
None of these apply	3211	42.4	604	28.6	2496	47.7	111	47.0
Other	1240	16.4	150	7.1	1044	19.9	46	19.5
Total number of respondents answering this question	7582		2109		5237		236	
N.B. This is a multiple choice question. Percentages are given out of the total number of respondents who could have answered the question from each area.								

Section 2 Question 9c

Is there anything else that you would like to tell us? Is there anything we have missed?

A total of 3,136 provided further comments out of 7,582 survey respondents. Most comments were negative – negative/neutral (61.5%). However, the proportion of residents in Calderdale providing negative comments was smaller than for Greater Huddersfield (39.1% and 68.6% respectively).

Section 2 Question 9c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								



	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	1719	54.8	256	33.6	1401	61.3	62	70.5
Negative/Neutral	210	6.7	42	5.5	166	7.3	2	2.3
Neutral	710	22.6	244	32.1	450	19.7	16	18.2
Positive	307	9.8	145	19.1	159	7.0	3	3.4
Positive/Negative	109	3.5	36	4.7	70	3.1	3	3.4
Positive/Negative/Neutral	2	0.1		0.0	2	0.1	0	0.0
Positive/Neutral	79	2.5	38	5.0	39	1.7	2	2.3
Total number of respondents answering this question	3136		761		2287		88	

Section 2 Question 9c

Is there anything else that you would like to tell us? Is there anything we have missed?

Out of a total of 7,582 respondents, 3,136 provided further comments. Most were negative or negative/neutral (61.5%). Greater Huddersfield respondents provided a higher proportion of negative comments than Calderdale respondents (68.6% and 39.1% respectively).

Section 2 Question 9c – Is there anything else that you would like to tell us? Is there anything we have missed? – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	1719	54.8	256	33.6	1401	61.3	62	70.5
Negative/neutral	210	6.7	42	5.5	166	7.3	2	2.3
Neutral	710	22.6	244	32.1	450	19.7	16	18.2
Positive	307	9.8	145	19.1	159	7.0	3	3.4
Positive/negative	109	3.5	36	4.7	70	3.1	3	3.4
Positive/negative/neutral	2	0.1		0.0	2	0.1	0	0.0
Positive/neutral	79	2.5	38	5.0	39	1.7	2	2.3
Total number of respondents answering this question	3136		761		2287		88	



Section 2 Question 9c

Is there anything else that you would like to tell us? Is there anything we have missed?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments are broadly similar. The main difference is the relatively high proportion of comments from Calderdale residents which show support for the proposal

Section 2 Question 9c – Is there anything else that you would like to tell us? Is there anything we have missed?						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Access	16.4	Access	15.9	Access	16.5
2	Operational	14.1	Support for proposal	15.4	Operational	14.2
3	Staff	12.6	Operational	13.4	Staff	13.0
4	Implementation	11.8	Staff	11.0	Finance	12.6
5	Finance	11.4	Implementation	9.9	Implementation	12.1
These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.						

Access

The main points raised were around waiting times and access to care/services. Respondents were concerned that they would not receive the right care, including for long term conditions. Others mentioned travel times and distances dictating service choice, and capacity issues, particularly with GPs and community services.

There were also comments regarding the differences between health centres or proposed sites and their service offerings.

“There is no evidence that Care Closer to Home will provide the required standard of care. There is no reliable evidence it will reduce acute and emergency hospital admissions. There is already a shortage of GPs with vacancies unfilled and only 60% of GP trainee



places taken up. Despite incentives for GPs to target at risk patients to reduce unplanned admissions to hospital over several years now, this has failed to show a reduction in A&E attendances to date. Primary health care is underfunded and struggling. Moving hospital services into the community depends on social care funding for affected patients. The notion of co-dependency with other strategies such as CC2H is undermined by projected cuts to local GP surgeries. In addition to this, care in the community is rarely the cheaper option it is portrayed as because more nursing staff is needed because only one patient can be seen at a time, also there is no back up of senior doctors and nurses to give advice.”
(Respondent 7009, Female, 75, British, resident of Greater Huddersfield)

“Seems to be creating a very fragmented and confusing service. Worried that it will become more difficult to be sure you are getting the best care from the most appropriate provider.”
(Respondent 1557, Female, 42, British, resident of Calderdale, member of staff)

Operational

Respondents raised a number of operational concerns, primarily around GP capacity and their ability to handle increased responsibility and patient demand. They also highlighted existing issues to do with accessing GPs and booking appointments. Some respondents talked about a need for better service integration and the impact this would have on wider services.

“The service currently provided by Locala is poor with considerable variability in quality and access. The principle of more care delivered by GPs is laudable but the issue of shortages of GPs and Nurses seems to be missing from this element of the proposal.” (Respondent 2626, Female, no age specified, British, resident of Greater Huddersfield)

Staff

A number of responses discussed staffing levels and pressures. Respondents raised concerns about having the correct number of trained staff, particularly given recent cuts. Many doubted whether community services were able to implement the proposals and meet demand for nurses, carers, home visits etc.

“Social care is reliant upon Local authorities, these LA's are already under pressure and care to elderly and infirm is being cut accordingly. These changes cannot rely on these services to deliver care. It's bound to fail. as many services have been privatised only those who can afford will be able to pay. With cuts to GP's and proposed closures of surgeries there simply won't be the 'care' available. We cannot depend on an already underfunded system.”(Respondent 3173, Female, 53, British, member of an organisation)

Implementation

Most respondents were concerned about the proposal and questioned its feasibility. Many questioned the resources and staffing required and asked how staff would be recruited.



Many believed that 'care closer to home' and community services needed to be reviewed before proceeding with any changes.

"YOU WILL BE FAILING HUDDERSFIELD RESIDENTS. NOT GIVING THEM WHAT THEY REALLY NEED. EASY ACCESSABLE, QUALITY OF CARE!" (Respondent 2693, Female, 49, British, resident of Greater Huddersfield)

"If services in the hospitals are going to move into the community then these services need sorting first." (Respondent 1520, Male, 73, Pakistani, resident of Calderdale)

Finance

Many queried the funding for the proposal because community services have been cut over recent years. There were also suggestions that more funding was needed for GP surgeries and associated staff.

"Community care is already overstretched and there are staff shortages at all levels. we keep being promised increased GP services and it never happens. It can be weeks before you can get a GP appointment. How can you guarantee increased funding for this?" (Respondent 780, Female, 59, British, resident of Greater Huddersfield)

"Use current buildings to do this. Current community model is not fit for purpose – sort out this first and move some services to Community like physio and rehab; use Princess Royal site to save money instead of building more PFI." (Respondent 1737, Male, 41, British, resident of Greater Huddersfield)

Responses to Section 3: About all our proposed changes

Section 3 Question 10

Do you think you will be negatively affected by our proposed changes?

66.7% of respondents felt that they would be negatively affected by the proposed changes. However, there was a significant difference between the views of Calderdale and Greater Huddersfield residents. In Calderdale 32.5% of respondents thought they would be negatively affected. In Greater Huddersfield the figure was 80.9%.

Section 3 Question 10 – Do you think you will be negatively affected by our proposed changes								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	5055	66.7	686	32.5	4238	80.9	131	55.5
No	1407	18.6	983	46.6	362	6.9	62	26.3
I don't know	1077	14.2	429	20.3	609	11.6	39	16.5



Total number of respondents answering this question	7582		2109		5237		236	

Section 3 Question 10

If you answered yes to Q10 please tell us in more detail how you feel you will be negatively affected?

Out of a total of 7,582 respondents, 4,280 provided further comments. Most comments were negative or negative/neutral (61.5%). Greater Huddersfield respondents provided a higher proportion of negative comments than Calderdale respondents (93.7% and 82.8% respectively).

Section 3 Question 10 – If you answered yes to Q10 please tell us in more detail how you feel you will be negatively affected – classification of comments as negative or positive								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	3903	91.2	455	81.7	3360	92.9	88	83.8
Negative/neutral	36	0.8	6	1.1	30	0.8	0	0.0
Neutral	287	6.7	76	13.6	199	5.5	12	11.4
Positive	7	0.2	5	0.9	2	0.1	0	0.0
Positive/negative	43	1.0	14	2.5	24	0.7	5	4.8
Positive/neutral	4	0.1	1	0.2	3	0.1	0	0.0
Total number of respondents answering this question	4280		557		3618		105	

Section 3 Question 10

If you answered yes to Q10 please tell us in more detail how you feel you will be negatively affected?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments were broadly identical. The main difference is the focus on estates and buildings from Calderdale



residents.

Section 3 Question 10 – If you answered yes to Q10 please tell us in more detail how you feel you will be negatively affected						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Travel	33.7	Travel	32.1	Travel	34.1
2	Putting lives at risk	11.9	Implementation	13.0	Putting lives at risk	12.7
3	Implementation	10.8	Access	10.9	Implementation	10.4
4	Wider political and social concerns	8.1	Estates and buildings	7.2	Wider political and social concerns	8.4
5	Access	6.9	Putting lives at risk	5.8	Consultation process	6.5
These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.						

Travel

Respondents discussed the increased length of journeys to receive care, particularly emergency care, from CRH or another proposed site.

They expressed concern over how long it would take for Huddersfield residents to reach CRH in the case of an emergency and stated that travel times are an important factor in patient wellbeing and mortality rates. Respondents related travel times to putting lives at risk and their preference for services to remain as they are (especially A&E in Huddersfield).

They also felt ambulances, and visitors travelling to see patients in care, would face extra challenges as a result of the proposal, highlighting access to roads and networks, particularly the Elland Bypass, as a problem. Many said that they would incur extra costs through having to use public transport or taxis.

“Further to travel for services, have elderly parents and concerned visiting will be difficult especially with working full time, they will inevitably be in hospital at some point. The patient benefits from visits from family and friends and aids recovery. Could be looking at 2 buses each way and over an hours travel to crh and this possibly twice per day.” (Respondent 89, gender not specified, age not specified, British, resident of Greater Huddersfield)

“The transport link into Halifax is slow and dangerous, it is far easier in the other direction.



There are more alternative routes if there is a traffic problem. People who pay for their own transport will have a considerable increase in costs. Not all are able to use the hospital transport so have to rely on taxis.” (Respondent 2879, Male, 56, ethnicity not specified, resident of Greater Huddersfield)

Putting lives at risk

Respondents expressed concern that the proposal would increase mortality rates due to patients having to travel further for treatment. They stated that patients would be at great risk, even in ambulances. They also specify that the overall proposals overall would put lives at risk for the sake of saving money.

“It makes no sense to me to move A&E services for a population the size of Huddersfields to another town. Travelling times must go up. In rush hour the Elland by-pass is completely grid locked. I had to stop working in Halifax as a result. I believe people will die in ambulances as a direct result of this policy. Furthermore the numbers attending the one centre would be unmanageable resulting in further delays. I am also extremely concerned about separating routine care from emergency care. If a routine operation becomes an emergency at Huddersfield your plans seem to mean that emergency care will not be available on that site and an extremely sick patient will need to be transferred delaying lifesaving treatment. We need all these facilities available in both towns. It might make sense to split some routine specialisms between the two sites but not emergency care.” (Respondent 248, Female, 60, ethnicity not specified resident of Greater Huddersfield)

“My health and that of my family will be put at risk to attempt to address issues of poor financial management in Calderdale. In making this proposal the duty to provide adequate services is being breached” (Respondent 4115, Female, 58, Irish, resident of Greater Huddersfield)

Implementation

Most respondents were concerned about the proposal and questioned its feasibility. Many believed that there would be negative consequences, such as lower quality care, increased mortality rates, and increased waiting times.

“We need evidence-based, comprehensive, universal, equitable and value-for-money health care. These proposals offer none of these things and there’s no certainty they will deliver safe, high quality patient care – or safe, fair working conditions for staff.” (Respondent 1425, Female, 67, British, resident of Calderdale)

“Older people will have to travel for hours to receive treatment which will be stressful adding to their anxiety. Calderdale has its own existing problems which will only be added to.” (Respondent 7003, Male, 65, British, resident of Greater Huddersfield)

Wider political and social concerns

Respondents questioned if the proposed changes would meet the needs of the Huddersfield and Calderdale populations, especially in terms of community services and emergency care. These concerns were linked to staffing levels, site capacity (either HRI or CRH), car parking and bed capacity.



Many indicated that there is a growing population in both Calderdale and Huddersfield and the current proposal does not take this into account. Responses focused heavily on Huddersfield's demographic composition, including a diverse ethnic mix and large number of students.

"The plans will erode the values of health care being free at the point of access - evidence shows that plans like yours rely on injections of money from private companies and this means that profit comes before care." (Respondent 1318, Male, 41, British, resident of Greater Huddersfield)

"I believe but that Huddersfield is of sufficient size to merit it's own emergency and urgent care facilities. To have such facilities as far as Calderdale is a bit backward step in health services provision for what is a growing BBC town." (Respondent 558, Male, 38, ethnicity not specified, resident of Greater Huddersfield)

Access

The main points raised were around waiting times and access to care. Respondents discussed concern that they would not receive the right care, including for long term conditions, while others felt that travel times and capacity issues could dictate service choice.

"The travel times and further distances increase the risk for both me and my daughter. The waiting lists will increase leaving me in pain and discomfort for even longer whilst waiting for appointments and operations. Who will be paying for all these changes? The taxpayer.....therefore me and many others. The paediatric centre only being available in one hospital is ludicrous, this will 100percent increase the risk of childrens health. How are you going to police which place people go too?? As not all people will understand which department they need to go to? Heart troubles are common in my family so say I should have a heart attack I would be expected to cope until I got to Leeds?" (Respondent 1263, Female, 25, British, resident of Calderdale)

"It will be harder to access care needed, longer waiting times/travelling times. Getting to Halifax is much harder than getting to Huddersfield when you don't drive." (Respondent 5640, Female, 30, British, resident of Greater Huddersfield)

Section 3 Question 11

Please tell us if there is something that you think we could to do to improve travel, transport and parking?

Out of a total of 7,582 respondents, 5,076 provided further comments. Most were negative or negative/neutral (54.2%). However, Greater Huddersfield respondents provided a far higher proportion of negative comments than Calderdale respondents (62.6% and 32.1% respectively).

Section 3 Question 11 – Please tell us if there is something that you think we could to do to improve travel, transport and parking – classification of comments as negative or positive						



	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2454	48.3	369	27.1	2030	56.4	55	48.7
Negative/neutral	299	5.9	68	5.0	222	6.2	9	8.0
Neutral	2288	45.1	913	67.0	1326	36.8	49	43.4
Positive	10	0.2	6	0.4	4	0.1	0	0.0
Positive/negative	16	0.3	5	0.4	11	0.3	0	0.0
Positive/negative/neutral	1	0.0	1	0.1	0	0.0	0	0.0
Positive/neutral	8	0.2	1	0.1	7	0.2	0	0.0
Total number of respondents answering this question	5076		1363		3600		113	

Section 3 Question 11

Please tell us if there is something that you think we could do to improve travel, transport and parking?

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments are broadly similar. The main difference is the number of comments from Calderdale residents that were considered not applicable.

Section 3 Question 11 – Please tell us if there is something that you think we could do to improve travel, transport and parking – Top five themes emerging from responses						
Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Travel	61.5	Travel	73.6	Travel	57.0
2	Alternative suggestion	16.4	Alternative suggestion	17.8	Alternative suggestion	15.8
3	Estates and buildings	7.4	Operational	2.0	Estates and buildings	9.6
4	Implementation	6.1	Not applicable	1.8	Implementation	7.7
5	Operational	2.3	Implementation	1.6	Operational	2.4
These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each						



main theme have been added together. This total has a percentage of all comments is given in this table.

Travel

Respondents were concerned at the prospect of longer journeys to receive care, particularly during an emergency, from CRH or another proposed site. Many stated that travel times are an important factor in patient wellbeing and could put lives at risk.

Travel times were also a concern in terms of ambulances and visitors who would be travelling to see patients. Many said that they would have difficulty in accessing transport (public or private) in order to make longer journeys, especially from Huddersfield to Calderdale, and that they would incur extra costs. Inadequate parking was also mentioned as a problem.

“The parking facilities at Halifax are inadequate at present, so how it will cope with increased visitor/patient numbers, I dread to think. While a bus service is available from Huddersfield town centre, for patients living in out-lying areas, this leads to a long travel time, which for poorly and elderly patients, is unacceptable. For poorer patients, this could also prove expensive.” (Respondent 3542, Female, age not specified, British, resident of Greater Huddersfield)

“Multi-storey parking needs to go ahead as priority for parents + staff. Road improvements need addressing. Peak hour travelling from HD9 to CRH take 1 1/2 hours (a lot of days) and has got far worse in the past 2 years. Travel and parking is a major problem to the proposed changes on CRH site.” (Respondent 167, Female, 48, British, resident of Greater Huddersfield)

“There is only one way that travel to Calderdale could be improved and that is to have a dedicated traffic lane from Ainley Top all the way to the hospital to avoid delays and deaths whilst trying to negotiate the bottleneck. Parking facilities at Calderdale are dire, the only way to improve this is to have an extremely large multi storey car park to ensure that spaces are available and also to make the charges more reasonable for hospital visitors.” (Respondent 4447, Male, 69, British, resident of Greater Huddersfield)

“I don't drive, so rely on public transport, no direct rail link to Calderdale, I look forward to hearing how this will be looked into.” (Respondent 4343, Female, 47, British, resident of Greater Huddersfield)

Alternative suggestion

There were suggestions for modifying existing travel routes and transport systems, or developing new ones. Respondents described concerns with the Elland Bypass, due to traffic congestion, and car parking facilities.

Many felt that other options were needed help ensure adequate access to care, services and staff. Suggestions were made either as an alternative to the current proposals or an additional aspect for consideration. Some requested better free shuttle services between hospitals.



“A considerable widening all the way through the A629 and a different organisation of the 4 way junction to enable addition for public transport and emergency vehicles to access CRH.” (Respondent 266, Male, 68, British, resident of Greater Huddersfield)

“Travel can only be improved by either maintaining the current 2 sites (and developing both as required to bring them up to the required standard) or by providing a single unit in a central location. Parking needs to be easily available close by, but at cheap cost to the user to avoid extra strain on people either attending hospital or visiting family members in hospital. I do not think it is right to part fund hospitals from parking charges.” (Respondent 1791, Male, 39, British, resident of Greater Huddersfield)

“Parking within the Trust sites is expensive whether you visit as a visitor or member of staff. There is no allowance for if you are delayed getting back to your car for any reason. If you park anticipating you will be 2Hrs but are then 5 minutes later than this your fee is doubled. This seems a bit extreme. Maybe there should be smaller increases in payment to reflect smaller lengths of time spent parked.” (Respondent 3955, Female, 32, British, resident of Greater Huddersfield, member of staff)

“This is a whole system approach so improvements in ambulance conveyances is required too. I think more needs to be done to change behaviour so people use emergency services more appropriately. People don't understand the costs associated with unnecessary visits to EA.” (Respondent 3631, Female, 39, British, resident of Greater Huddersfield)

Estates and buildings

The travel issues surrounding the proposals resulted in many people arguing for services (including A&E, planned care, paediatrics) to remain as they are in terms of site location, service presence within a geographic area, or a combination of the two. Responses, both in statement and question form, implied that there should have been an alternative proposal. Many do not specifically state which services should remain, just that things should stay as they are.

“Keep emergencies at Huddersfield because of traffic congestion keep the emergency services at Huddersfield because of traffic congestion and Huddersfield having a much larger population. Supply more car parking. shuttle services from both hospitals.” (Respondent 4082, Female, 66, British, resident of Greater Huddersfield)

“Keep all services in Huddersfield. CRH is very difficult to get to and had dreadful on-site parking and no street parking at all.” (Respondent 3435, Male, age not specified, ethnicity not specified, resident of Greater Huddersfield)

“The entire consultation document operates on the assumption that people would want an A&E at Huddersfield OR Calderdale. This is clearly erroneous, the people of Calderdale want an A&E with in easy travelling distance and the people of Huddersfield want an A&E with in easy travelling distance. Without dedicated emergency lanes or roads in Huddersfield and Calderdale ambulance journeys will be too long and will cost lives.” (Respondent 3942, Male, 31, ethnicity not specified, resident of Greater Huddersfield)

Implementation



Most respondents were concerned about the proposal and questioned its feasibility. Many stated that they disagreed with the proposal, did not think it would work or would create further problems.

“We will have less choice for services and be forced to go to a different trust for care because HD8 will now be too far from acute care services provided by the trust for our town.” (Respondent 3291, Female, 34, ethnicity not specified, resident of Greater Huddersfield)

“The current road networks between Huddersfield and Calderdale is not adequate to enable residents of Huddersfield to obtain healthcare in a timely manner. In an emergency I would consider alternatives to Calderdale such as Sheffield or Barnsley, Tameside or Oldham.” (Respondent 3898, Male, 49, British, resident of Greater Huddersfield)

Operational

Respondents raised a range of operational issues. The main one concerned the availability, response time and staffing of ambulance services. Others linked response times with journey times and the distance that would need to be travelled between Calderdale and Huddersfield. There is concern that this would have a knock-on effect on patient safety and mortality rates, with fear that patients would die on the way to CRH.

“It's really important that adequate ambulance crews are made available if Huddersfield is to become the largest town in the UK with no A&E unit.” (Respondent 290, Male, 42, British, resident of Greater Huddersfield)

“More use of GP practices at evenings and weekends. Have minor surgeries in supermarkets and community centres.” (Respondent 5472, Female, 69, Indian, resident of Calderdale)

Section 3 Question 12

Overall after reading the document do you agree or disagree with our proposed changes

Section 3 Question 12 – Overall after reading the document do you agree or disagree with our proposed changes								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Agree	1414	18.6	996	47.2	361	6.9	57	24.2
Disagree	4882	64.4	598	28.4	4158	79.4	126	53.4
Neither agree nor disagree	1077	14.2	460	21.8	576	11.0	41	17.4
I don't understand your proposed changes	134	1.8	27	1.3	99	1.9	8	3.4
Total number of	7582		2109		5237		236	



respondents answering this question								
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Section 3 Question 12

Please tell us more about your response to Q12

When asked to outline why they agree or disagree with the proposed changes, 83.2% of responses from residents of Greater Huddersfield were negative compared to 42.8% from residents of Calderdale.

Section 3 Question 12 – Please tell us more about your response to Q12 – classification of comments as negative and positive towards proposals								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Negative	2852	73.1	333	40.8	2446	82.1	73	69.5
Negative/neutral	49	1.3	16	2.0	32	1.1	1	1.0
Neutral	463	11.9	172	21.1	276	9.3	15	14.3
Positive	270	6.9	177	21.7	84	2.8	9	8.6
Positive/negative	210	5.4	81	9.9	123	4.1	6	5.7
Positive/neutral	56	1.4	38	4.7	17	0.6	1	1.0
Total number of respondents answering this question	3900		817		2978		105	

Section 3 Question 12

Please tell us more about your response to Q12

Analysis of the open ended questions identified a range of responses, which were coded and themed. The five main themes for all respondents, respondents from Calderdale, and respondents from Greater Huddersfield, are outlined below.

When comparing Calderdale and Greater Huddersfield the comments were broadly similar. The main difference was greater support for the proposal from residents of Calderdale.

Section 3 Question 12 – Please tell us more about your response to Q12



Rank	Total	%	Residents of Calderdale	%	Residents of Greater Huddersfield	%
1	Implementation	19.8	Implementation	18.5	Implementation	20.0
2	Consultation process	14.7	Support for proposal	17.0	Consultation process	15.3
3	Travel	10.9	Travel	13.1	Estates and buildings	11.9
4	Estates and buildings	10.7	Consultation process	11.1	Finance	10.8
5	Finance	9.9	Finance =	6.2	Travel	10.3
			Estates and buildings =	6.2		
These percentages represent the total number of comments per main theme calculated as a percentage of all comments made by either the total, Calderdale or Greater Huddersfield respondents. Main themes are comprised of sub-themes. The totals for the sub-themes of each main theme have been added together. This total has a percentage of all comments is given in this table.						

Implementation

Most respondents questioned the feasibility of the proposal and how it would work in reality. Many stated that they disagreed with the proposal, did not think it would work or thought it would create further problems in relation to areas such as travel, capacity and staff.

“What will happen if these plans do not work? It will be too late to re-open Huddersfield hospital. We will then be left with no services & to travel miles to the nearest overfull hospital i.e. Barnsley. What plans are there to improve or expand Barnsley Hospital and Oldham Hospital to cope with their extra footfall!” (Respondent 267, Female, no age specified, British, resident of Greater Huddersfield)

“I completely reject this proposal, the hot site/cold site clinical model and all of the implicit suggestions therein.” (Respondents 868, Female, 36, British, resident of Greater Huddersfield)

“There is no guarantee that staffing levels will be improved by the changes, What happens if the community based services do not provide the necessary care and support?” (Respondent 1819, Female, 51, British, resident of Greater Huddersfield)

“I am not persuaded by the consultation document. I don't feel confident that what is proposed will provide the quality of care that is required at a cost that is affordable and sustainable.” (Respondent 3817, Male, 62, British, resident of Greater Huddersfield)

Consultation process

Responses related to how the consultation process had been managed, including how the proposals were formed, how organisations had been engaged with and the limited options



to review. Respondents criticised how the process had been managed and claimed that it hadn't been a true consultation.

Comments were also made about how the consultation was promoted, such as the time to complete the survey and publicity around the dates of public meetings. Respondents said that there needed to be greater consideration given to how people access information, as not everyone looks online or reads the newspaper.

Many were concerned with who was making the decisions and whether feedback collected during the consultation would make a difference

"You need to consider other alternatives by ensuring that all relevant medical staff and members of the public are involved in the process from the outset. Some suggestions within the document have merit (provision of services at local GPs to remove the burden on the hospitals). However, the key area of emergency care at only one Hospital is totally unacceptable. As a minimum, it is highly inconvenient to a large proportion of the local population. At worst it will result in loss of life or significant detriment to life simply to 'save money' as a result of a highly ill-thought out PFI dating back a number of years. Members of the public in Kirklees (nor Calderdale) should be having their long term health care provision unjustly impacted due to a poorly thought out PFI!!" (Respondent 4271, Male, 44, British, resident of Greater Huddersfield)

"You have made the decision already - this is a fact as you have proposed one 'Option' - my understanding of options is that there's an alternative, but not in this case. You have taken a completely under representational sample of opinions over a 3 year period from the residents of both Calderdale & Huddersfield & are using that to make a decision which puts peoples lives & health at risk. 4000 opinions from over 400,000 residents? Less than 1 percent is not good enough. You're playing with peoples lives & health & having a negative impact on the services available to the people of Huddersfield. Calderdale will be left with services which are completely swamped because of your poor judgment. If a new hospital is to be built at Acre Mills anyway, why not do that anyway & keep the A&E at HRI?" (Respondent 2707, Female, 41, British, resident of Greater Huddersfield)

"I completely reject the whole of the proposal as there was not a true earlier consultation 4,000 out of 452,000. You will not receive many of these surveys returned as many people from both Huddersfield and Calderdale believe that the deal has been done. I repeat again - where is the money coming from. I have no confidence that the practices proposed will be safe. Why hasn't the whole population of Kirklees been taken into account as many who don't live in Greater Huddersfield use the services at HRI" (Respondent 5797, Female, 73, British, resident of Greater Huddersfield)

Travel

The two main themes raised under travel were travel times and access.

It was felt that increased travel times and distances would cause a delay in receiving the necessary treatment or care, potentially leading to more deaths. Responses also considered the impact on ambulances, and friends and families visiting patients in hospital.

"We are unhappy with the proposed plans because of the following:- Travel time including



visiting from Shelley to CRH. An emergency would take too long, especially at rush hour. Parking at CRH is appalling, hospital is surrounded by permit holder only streets for quite a distance. We appreciate this contribution has to take place but we feel the decisions have already been made and it is cost savings before people.” (Respondent 211, Female, 61, British, residency not specified)

“My main concern is travel. We had a neighbour who could not be admitted to huddersfield on a 999 call and was sent to Sheffield, she died on the way this is a worry for the same reasons going to Halifax” (Respondent 1671, Female, 46, British, resident of Greater Huddersfield)

Estates and buildings

Responses conveyed a desire for services to remain as they are, with A&E in Huddersfield. Some did not specifically state which services they were referring to, but simply requested that things stay the same.

There was also concern around whether the proposal would meet the needs of the populations of Calderdale and Greater Huddersfield. Many felt that they should have been given other options to consider.

“It is wrong for the residents of Huddersfield, we have the right to have our own services. The location is wrong, travelling there is an absolute nightmare and the Police service themselves have acknowledges this fact. Why can you you not admit that this proposal is putting lives at risk.” (Respondent 1081, Female, 41, Pakistani, resident of Greater Huddersfield)

“You have not listened to anything that has been said at the consultations. We need HRI to remain unmolested. Not taking out a payday loan for a smaller, inferior cottage hospital. Huddersfield is a large town and 120 beds is hopelessly inadequate. The 400 beds we have at present is inadequate.” (Respondent 1516, Male, 60, British, resident of Greater Huddersfield)

“The proposed changes will put lives at risk as Calderdale can't cope at the moment and have recently been on black alert so they won't be able to cope with the added pressure of patients from Huddersfield so more lives will be lost.” (Respondent 2282, Female, 21, British, resident of Greater Huddersfield)

Finance

Finance was discussed at length by respondents. Two specific issues were mentioned – how the proposals would be funded and the impact of past decisions, specifically PFI, on the present finances of both Calderdale and Greater Huddersfield health economies.

Respondents stated that there has not been enough investment and more is needed to deliver in terms of services, staff, community, estates and refurbishments. There were also negative perceptions of the Calderdale PFI situation.

“It still feels like a cost cutting exercise & Huddersfield have drawn the short straw. More funds should be available. Less money should be spent on agency staff/employ permanent



staff longer fixed term contracts. Don't buy in private services & don't let greedy companies overcharge for drugs. Stop continually moving staff around between sites” (Respondent 2308, Female, 52, British, resident of Calderdale)

“Funding appears to to be the prime consideration. A new hospital, built under PFI contracts will only exacerbate the lack of funds. If "do nothing" is an option for the near future that maybe preferable.” (Respondent 7329, Male, 66, British, resident of Calderdale)

Equality Monitoring Form

EMF – Sex								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Male	2613	34.5	762	36.1	1794	34.3	57	24.2
Female	4076	53.8	1123	53.2	2840	54.2	113	47.9
Prefer not to say	359	4.7	63	3.0	269	5.1	27	11.4
No response given	534	7.0	161	7.6	334	6.4	39	16.5
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Age								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
0-20	407	5.4	55	2.6	334	6.4	18	7.6
21-30	513	6.8	160	7.6	333	6.4	20	8.5
31-40	851	11.2	305	14.5	516	9.9	30	12.7
41-50	1201	15.8	356	16.9	810	15.5	35	14.8
51-60	1249	16.5	399	18.9	814	15.5	36	15.3
61-70	1431	18.9	415	19.7	1004	19.2	12	5.1
71+	814	10.7	229	10.9	578	11.0	7	3.0
No age given	1116	14.7	190	9.0	848	16.2	78	33.1
Total number of respondents answering this question	7582		2109		5237		236	



N.B. The 10 year age cohorts are based on those used in the TalkBack survey. This is why the age cohorts do not follow recognised 10 year age cohorts (e.g. 20-29, 30-39 etc.). In making this small concession all age data is presented combined. Most respondents provided their actual age and so this has been reclassified according to the cohorts. Some respondents declined to provide their age stated they were in their '50s' or '50+' or 'over 21'; all of these variations have been classified as 'no age given'.

EMF – Religion								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Buddhism	39	0.5	15	0.7	22	0.4	2	0.8
Christianity	3174	41.9	676	32.1	2431	46.4	67	28.4
Hinduism	45	0.6	17	0.8	27	0.5	1	0.4
Islam	490	6.5	309	14.7	166	3.2	15	6.4
Judaism	10	0.1	2	0.1	7	0.1	1	0.4
No religion	1937	25.5	422	20.0	1457	27.8	58	24.6
Sikhism	52	0.7	11	0.5	40	0.8	1	0.4
Other (Please specify in the box below)	183	2.4	31	1.5	143	2.7	9	3.8
Prefer not to say	866	11.4	133	6.3	692	13.2	41	17.4
No response given	786	10.4	493	23.4	252	4.8	41	17.4
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Ethnicity								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
English, Welsh, Scottish, Northern Irish, British	5675	74.8	1513	71.7	4027	76.9	135	57.2
Any Asian background	593	7.8	343	16.3	234	4.5	16	6.8
Any Other White background	172	2.3	48	2.3	121	2.3	3	1.3
Mixed/Multiple ethnic background	126	1.7	28	1.3	86	1.6	12	5.1
Any Black/African/Caribbean background	99	1.3	7	0.3	89	1.7	3	1.3



Arab	7	0.1	3	0.1	4	0.1		0.0
No response given	843	11.1	152	7.2	631	12.0	60	25.4
Not determinable	67	0.9	15	0.7	45	0.9	7	3.0
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Disability								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	1051	13.9	403	19.1	626	12.0	22	9.3
No	5669	74.8	1557	73.8	3969	75.8	143	60.6
Prefer not to say	553	7.3	93	4.4	430	8.2	30	12.7
No response given	309	4.1	56	2.7	212	4.0	41	17.4
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Carer								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	1141	15.0	320	15.2	794	15.2	27	11.4
No	5546	73.1	1671	79.2	3741	71.4	134	56.8
Prefer not to say	519	6.8	66	3.1	418	8.0	35	14.8
No response given	376	5.0	52	2.5	284	5.4	40	16.9
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Pregnant							
	Total respondents		Resident of Calderdale		Resident of Greater		Other



					Huddersfield			
	No.	%	No.	%	No.	%	No.	%
Yes	91	1.2	25	1.2	62	1.2	4	1.7
No	6615	87.2	1950	92.5	4500	85.9	165	69.9
Prefer not to say	436	5.8	62	2.9	345	6.6	29	12.3
No response given	440	5.8	72	3.4	330	6.3	38	16.1
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Given birth in previous 6 months								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	91	1.2	28	1.3	58	1.1	5	2.1
No	6568	86.6	1933	91.7	4473	85.4	162	68.6
Prefer not to say	449	5.9	64	3.0	359	6.9	26	11.0
No response given	474	6.3	84	4.0	347	6.6	43	18.2
		0.0		0.0		0.0		0.0
Total number of respondents answering this question	7582		2109		5237		236	

EMF – Sexual orientation								
	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Bisexual (both sexes)	124	1.6	26	1.2	95	1.8	3	1.3
Gay (same sex)	80	1.1	16	0.8	53	1.0	11	4.7
Heterosexual/straight (opposite sex)	5220	68.8	1319	62.5	3776	72.1	125	53.0
Lesbian (same sex)	54	0.7	26	1.2	24	0.5	4	1.7
Other	151	2.0	18	0.9	128	2.4	5	2.1
Prefer not to say	1541	20.3	649	30.8	841	16.1	51	21.6
No response given	412	5.4	55	2.6	320	6.1	37	15.7
Total number of respondents answering	7582		2109		5237		236	



this question

EMF - Transgender

	Total respondents		Resident of Calderdale		Resident of Greater Huddersfield		Other	
	No.	%	No.	%	No.	%	No.	%
Yes	31	0.4	6	0.3	21	0.4	4	1.7
No	6251	82.4	1879	89.1	4217	80.5	155	65.7
Prefer not to say	776	10.2	147	7.0	589	11.2	40	16.9
No response given	524	6.9	77	3.7	410	7.8	37	15.7
								0.0
Total number of respondents answering this question	7582		2109		5237		236	



Annex 1

About the response themes

When the responses were coded a series of themes were identified. They reflect the different views and opinions raised by the public in their responses to the consultation survey. At the end of the coding stage the themes were reviewed and some were rationalised. A total of 68 themes remained and these have been called sub-themes. These were then grouped under 18 main themes, as shown in the table below.

Main theme	Sub theme	Responses
Access	Importance of access to care/services	<ol style="list-style-type: none">1. Responses relate to the importance of the public's access to care or treatment2. Responses refer to receiving the right treatment for conditions (including long term conditions) from the right staff3. Responses state the importance of receiving care within the right time and place4. Responses refer to the importance of receiving care closer to home and how travel can dictate service choice. This was also seen as a potential reason behind A&E attendances5. Responses mention that there are difficulties with capacity, particularly with GPs, community services and making appointments with services.
Access	Using technology to overcome physical distance	<ol style="list-style-type: none">1. Responses relate to the use of technology to improve access to care and staff. Technology included video links and equipment that could be available on ambulances to improve communication2. Responses suggest that there needs to be better use of technology as a part of the proposals.



Access	Waiting times	<ol style="list-style-type: none"> 1. Responses relate to the increase in waiting times or waiting lists (for appointments or operations) that patients experience if the proposals take effect 2. Respondents express concern about the length of time that they will have to wait before receiving treatment 3. Responses are often interlinked with access to care, increased demand on services, meeting increasing population needs and staff shortages. These were often highlighted as reasons for increased waiting times 4. Responses show dissatisfaction with current waiting times and targets for these not being met 5. Waiting times for appointments (particularly with GPs) were also seen as a concern and a contributor to A&E attendances/ambulance call-outs.
Alternative suggestion	Alternative suggestion – expansion of other existing sites	<ol style="list-style-type: none"> 1. Responses relate to utilising or developing existing hospital sites/available buildings or resources (including HRI) 2. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 3. Responses suggest this in the form of a question or as a clear statement 4. There was a common belief that HRI had the capacity and facilities (parking) to be utilised more effectively and retain services.
Alternative suggestion	Alternative suggestion – one site	<ol style="list-style-type: none"> 1. Responses relate to consolidating services, in particular emergency care, on to one site. 2. Responses suggest a specific site for services to be hosted on or simply suggest that they should be centralised onto one site 3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 4. Responses suggest this in the form of a question or as a clear statement 5. A common response was for a new hospital site to be created at Ainley Top or somewhere between both areas



		<p>6. Responses state that if emergency care needed to be on one site, it should be Huddersfield</p> <p>7. The option for one site was often triggered by the concern with increased travel times/distance as well access to transport/routes and parking.</p>
Alternative suggestion	Alternative suggestion – other	<p>1. Responses relate to a range of suggestions for consideration that are not linked to travel, expansion of existing sites, incorporating services onto one site, splitting services completely</p> <p>2. Responses could relate to making a modification to sites (including parking – particularly at Calderdale where there was a strong level of dissatisfaction with the present situation due to costs and capacity), service delivery, staffing or a suggestion for a new proposal</p> <p>3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration.</p>
Alternative suggestion	Alternative suggestion – separate back to two trusts	<p>1. Responses suggest separating Calderdale and Huddersfield Foundation Trust into two separate trusts (one per area)</p> <p>2. Respondents state that this should be done in order to avoid the effects of the implementation of the proposal, for financial reasons and to effectively meet local care needs</p> <p>3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration</p> <p>4. Responses suggest this in the form of a question or as a clear statement</p>
Alternative suggestion	Alternative suggestion – split of services – EC and UC separate	<p>1. Responses relate to completely separating urgent and emergency care between two different sites</p> <p>2. Respondents propose that either emergency or urgent care could be hosted individually at CRH, HRI or another site</p> <p>3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration</p> <p>4. Responses suggest this in the form of a</p>



		question or as a clear statement.
Alternative suggestion	Alternative suggestion – travel	<ol style="list-style-type: none"> 1. Responses make suggestions for modifying, improving or developing new travel routes, transport systems or facilities 2. Respondents express concern with existing routes (such as the Elland Bypass due to traffic/congestion) and car parking situations, and suggest alternatives 3. Respondents propose that this should be done in order to ease implementation and ensure adequate access to care, services and staff 4. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 5. Responses suggest this in the form of a question or as a clear statement 6. Responses comment on the need for improved free shuttle services between hospitals 7. Some alternative suggestions aim to reduce the costs associated with travelling.
Communication and education	Communication and education	<ol style="list-style-type: none"> 1. Responses relate to the need for a public communication initiative or education on available services or systems 2. Respondents state or demonstrate the need for better understanding or signposting on available services in order to benefit patient care and access 3. Responses show how lack of knowledge can lead to poor decision-making and inappropriate service choice (for example, choosing to visit A&E over another service that is more appropriate for an ailment). It was also highlighted that due to this lack of understanding, if the proposal were to be implemented then patients could end up making an incorrect choice about which hospital to attend for urgent/emergency care 4. Respondents highlight the need for better communication with the local population on service choice or misconceptions.



Communication and education	Not enough information on proposals	<ol style="list-style-type: none"> 1. Responses indicate that there was limited information given on the proposals 2. Responses are triggered due to the lack of information within the proposal document and consultation communications or because respondents themselves have not picked up on information within the proposal documentation 3. Respondents ask a question on how a proposal would affect the population (including a specific demographic) or service delivery (including location, access) 4. Respondents request further information on the proposal or indicate that they feel that the proposals were lacking detail (including analysis or evidence) 5. Respondents state that the lack of information means that they cannot have an informed view or decision on what has been proposed.
Consultation process	Concern with documents or wording	<ol style="list-style-type: none"> 1. Responses relate to concerns with the proposal documents, the survey, or questions that are being asked. This was seen as a reason why people couldn't provide an informed view or clear response to the question 2. Respondents criticise the above in terms of wording (including use of medical jargon), layout, structure or clarity 3. Respondents show confusion about specifics or key messages of the proposal or what has been asked 4. Responses highlight that there was sometimes a struggle with accessing the documents or survey.
Consultation process	Concern with how decisions were made	<ol style="list-style-type: none"> 1. Responses relate to concern with how the decision to create the proposal was made or how the proposal was formed 2. Respondents query the motives behind the decision to reconfigure services, with many making reference to decisions being made based on finance and cost savings, as opposed to care delivery or saving lives. PFI is also seen a reason for undertaking the reconfiguration 3. Responses question the accuracy and availability of evidence used to formulate the proposal, including detail on finances and numbers relating to bed use 4. Responses express concern that the



		consequence of what is considered to be poor decision making is that lives would be lost.
Consultation process	Consultation – general public and others	<p>1. Comments and criticism of the how the general public and other organisations (including health and wellbeing boards, schools, colleges and mosques) have been involved, informed or considered during the consultation</p> <p>2. Responses refer to public meetings or other tactics used during the consultation and how the above groups could provide feedback on the proposal</p> <p>3. Responses state that the above groups should have been involved in the consultation process more and earlier (at the stage the proposal was formed)</p> <p>4. Responses suggest that there should have been wider involvement with such groups</p> <p>5. Responses express concern or state that the views of the above groups must be listened to before a decision is made</p> <p>6. Responses also refer to the process of how the questionnaires were distributed, as some were received with only a short time left for completion.</p>
Consultation process	Consultation – on one option	<p>1. Responses relate to the concern that a consultation has been done on one option or that there is not an alternative to provide feedback on (a plan B)</p> <p>2. Respondents are dissatisfied with this element of the consultation process</p> <p>3. Respondents emphasise that this affects their ability to have an informed view on the proposal</p> <p>4. Respondents state that an alternative is needed in order for this to be an official consultation.</p>
Consultation process	Consultation – process	<p>1. Responses relate to how the consultation process has been managed. This includes how the proposals were formed, how organisations have been engaged with and the stages of the consultation</p> <p>2. Respondents criticise, or express dissatisfaction with, how the process has been managed and claim that this hasn't been a true consultation</p> <p>3. Respondents refer to communication and engagement with wider parties, including the</p>



		<p>general public, NHS staff and other organisations</p> <p>4. Comments relate to the communication around the consultation – such as the time to complete the survey and the publicity around the dates of public meetings. Respondents say that there needed to be greater consideration around access to information, as not everyone looks online or reads the newspaper</p> <p>5. Respondents state that there is concern about who is making decisions and whether feedback collected during the consultation will make a difference.</p>
Consultation process	Consultation – with NHS staff	<p>1. Responses relate to comments or criticism of the lack of involvement with NHS staff during the consultation and whilst developing the proposal</p> <p>2. Responses refer to the views and opinions of this group being an essential part of the decision-making process due to their experience with patients and knowledge of the current challenges faced</p> <p>3. Staff stated that they would have preferred to be involved more heavily in the process and the development of the options because of their understanding.</p>
Consultation process	Consultation – with other trusts	<p>1. Responses relate to consulting with other NHS trusts (inside and outside of Yorkshire) to understand their current models</p> <p>2. Responses suggest that other trusts should be consulted with as a part of the process</p> <p>3. Respondents view this as an opportunity to gain understanding to strengthen decision-making and explore other regions' successes</p> <p>4. Responses state that other nearby trusts should be consulted with due to the impacts, in terms of demand on services and choice, that the implementation of the proposal would have (such as on Barnsley).</p>



Estates and buildings	Building refurbishments	<p>1. Responses relate to completed refurbishments or the opportunity to refurbish sites (particularly HRI)</p> <p>2. Responses state building refurbishments should take place as part of an alternative suggestion and imply it should be part of upgrading hospitals to be able to provide services (in particular emergency care)</p> <p>3. Respondents make comments on previous refurbishments that have taken place and how this should be considered before services are reconfigured</p> <p>4. Responses question why money was invested into HRI when it appears that the number of services there would be reduced</p> <p>5. Responses highlight that there is little scope for expanding or developing the CRH site, whereas there is opportunity at HRI.</p>
Estates and buildings	Proposal for services to remain	<p>1. Responses convey the need for services (including A&E, planned care, paediatrics) to remain as they are</p> <p>2. Responses convey the desire for services to continue in operation in terms of site location, service presence within a geographic area or a combination of both</p> <p>3. Responses particularly state that A&E/emergency care needs to remain at HRI/Huddersfield</p> <p>4. Responses are given in the form of a statement or question, often implying that this should have been an alternative proposal</p> <p>5. Responses do not specifically state which services should remain, but simply request for things to remain as they are</p> <p>6. This response is common for all questions</p> <p>7. This is often interlinked with travel issues for patients and visitors (particularly distance) and there were some comments about the service being better at HRI.</p>
Estates and buildings	Proposed site capacity – beds	<p>1. Responses relate to the concern over capacity, demand and beds at CRH or HRI/Acre Mills</p> <p>2. Responses question or express concern about the number of beds being enough to meet current/future population needs of both Calderdale and Huddersfield</p>



		<p>3. Responses express concern about how the decision was made on the number of beds that will be available</p> <p>4. Responses query the number of beds available for planned care operations and generally across both hospital sites</p> <p>5. Responses note a decrease in the total number of beds available.</p>
Estates and buildings	Proposed site capacity – meeting demand	<p>1. Responses relate to concerns over having sufficient capacity to meet the current/future needs of both Huddersfield and Calderdale residents</p> <p>2. Respondents raise concerns around CRH's capacity in staff, parking and physical space to meet the needs of patients and visitors</p> <p>3. Concerns often interlink with longer waiting times, staffing, quality of care and delayed access to care/treatment</p> <p>4. Responses refer to bed availability.</p>
External	Concerns with privatising the NHS	<p>1. Responses relate to concerns with the NHS moving towards privatisation</p> <p>2. Responses relate to concerns about more services being privately provided, which would go against NHS practices and principles</p> <p>3. Responses state that this was a motive behind decision making associated with the proposal</p> <p>4. Responses express concern that the NHS would eventually be privately funded in the future</p> <p>5. Responses express concern that privatisation has taken priority over the wellbeing and care of patients/community.</p>
External	Impact on community	<p>1. Responses state that the proposals will have a negative impact on the communities within Huddersfield and Calderdale</p> <p>2. Responses state that if the proposal goes ahead, community divisions and dissatisfaction would occur.</p>



External	Meeting with population needs	<p>1. Responses relate to how the proposal and changes would meet the needs (including care needs) of the Huddersfield and Calderdale populations</p> <p>2. Responses relate to current and future population needs in all areas of the proposal, especially community services and emergency care. Concerns with meeting these needs relate to meeting demand, staffing levels, site capacity (either HRI or CRH), car parking and bed capacity</p> <p>3. Responses indicate that there is a growing population in both Calderdale and Huddersfield and the current proposal does not take this into account. This will ultimately affect wellbeing and care</p> <p>4. Responses heavily focus on Huddersfield's demographic composition, including a diverse ethnic mix and a large number of students.</p>
Finance	Funding – concerns	<p>1. Responses express concern about funding for the proposal and impacts of financial decision making</p> <p>2. Responses express concern that sufficient funding has been secured to deliver what has been proposed</p> <p>3. Responses state that there needs to be extra funding and feasibility of funding in order to deliver in terms of services, staff, community, estates and refurbishments</p> <p>4. Responses query the source of funding for the proposal</p> <p>5. Responses criticise the financial situation and state that it alleviates the PFI debt of Calderdale, with many feeling it heavily affects Huddersfield.</p>
Finance	Personal Care Budgets	<p>1. Responses relate to the Personal Care Budget programme and how this will impact access to care</p> <p>2. Responses link with concerns about privatisation.</p>
Finance	PFI	<p>1. Comments convey negative perceptions and concerns around the Calderdale PFI situation</p> <p>2. Responses express concern that there was a decision made to fund the PFI in order to improve Calderdale's financial situation</p> <p>3. Responses comment on the effect that this has had on the financial situation of Huddersfield</p>



		and suggest there should be a separation between the two trusts in order to protect financial security/health services for Huddersfield.
Implementation	Confidence in UCC	<p>1. Responses express concern or query the nature and workings of an urgent care centre</p> <p>2. Comments relate to access in terms of travel, confidence in staff (as there were comments about staff skill sets of those who are working there) and the level of care that patients will receive</p> <p>3. Responses express concern about what would happen if a patient were to arrive at an urgent care centre and then require emergency treatment (which interlinks with themes on patient education).</p>
Implementation	Delivery times	<p>1. Responses query when the proposal would take effect and question the schedule of delivery</p> <p>2. Responses interlink with comments that the proposal documents lacked this information</p>
Implementation	Feasibility of proposal	<p>1. Responses relate to how the proposal could work in reality. Respondents highlight challenges and concerns that the proposal may face</p> <p>2. Respondents state that they disagree with the proposal or that they believe that it generally will not work</p> <p>3. Responses question the resources and staffing for the proposal and how it would work or impact on services</p> <p>4. Responses state possible consequences as a result of the proposal being implemented, such as increased mortality rates, increased waiting times, and demand on services or staff leaving</p> <p>5. Responses query whether the proposal's aspirations will be achieved. For example will the proposal ensure that the standard of care will improve if waiting times have increased</p>
Implementation	Implementation of proposal – trial	<p>1. Responses query whether the proposal would be trialled before being fully implemented or suggest that this should be done</p> <p>2. Respondents suggest that the proposal should have a trial run in order to ensure success</p> <p>3. Respondents query whether the proposal has already been trialled.</p>



Implementation	Role of WIC	<p>1. Responses raise concerns regarding access to walk-in centres and confidence in them</p> <p>2. Respondents are unsure of the role of walk-in centres, their availability (opening hours) and staffing, which indicates low confidence</p> <p>3. Respondents suggest that there could be better use of walk-in centres to ensure patients receive the care they need. Those that show confidence in the centres see them as an opportunity to alleviate pressure on other services.</p>
Implementation	Set up community services first	<p>1. Responses relate to the need for community services to be prepared to manage demand and patients before the proposal takes effect</p> <p>2. Comments express concern that services are not able to meet patient demands at the moment and are not accessible, so would need reviewing as they will be vital</p> <p>3. Responses state that staffing levels are an important part of ensuring that community services are ready to meet population needs following the changes, particularly to A&E services.</p>
Irrelevant	Irrelevant	<p>1. Responses fail to provide a clear or valid response to the survey (for example N/A or unsure)</p> <p>2. Responses state that the element of the proposal is not relevant to them (this was a common response with maternity services).</p>
Management concerns	Management – concerns	<p>1. Responses express concern about the management of CHFT and the effect that this has had on the decision-making process</p> <p>2. Responses criticise the approach that has been used to develop the proposals and manage the consultation.</p>
Operational	Ambulances – concerns	<p>1. Responses express concern about availability, response times and staffing of ambulance services</p> <p>2. Responses comment on current concerns with the ambulance services, specifically regarding response time targets and also current demands on the service from the public</p> <p>3. Comments link response times with journey times and the distance that would need to be travelled (between Calderdale and Huddersfield).</p>



		<p>There is concern that this would have a knock-on effect on patient safety and mortality rates. There is major concern around patients dying on the way to CRH</p> <p>4. Responses state services are currently understaffed and unable to meet needs</p> <p>5. Respondents lack confidence in the ambulance services meeting demand due to the challenges already being faced and believe demand on them would increase if the proposals were to come into effect. A common reason behind this was because the public would be unsure where to visit (urgent care centre or emergency care). Therefore there would be a reliance on ambulance services to make the decision on what care was needed</p> <p>6. Respondents question whether enough ambulances would be available because of increased demand.</p>
Operational	Concerns with GP capacity	<p>1. Responses relate to concerns with capacity of GPs to handle increased responsibilities and patient demands as a result of the proposal</p> <p>2. Responses relate to difficulties in accessing care from a GP due to difficulties in securing appointments and limited availability (appointments and opening times). Waiting times are perceived to be high</p> <p>3. Comments relate to the funding of GP surgeries and how this would have a knock-on effect for service delivery</p> <p>4. Respondents describe GPs as understaffed (linked to waiting times for appointment and access to GPs).</p>
Operational	Lack of service integration	<p>1. Responses relate to the lack of integration and co-ordination with community services</p> <p>2. Responses relate to the need for improved communication and stronger links between the existing community services in order to benefit patient care. Particular references made to communication with GPs and the need for improvement in this area</p> <p>3. Responses are interlinked with concerns around the availability of wider services.</p>



Operational	NHS 111 – concerns	<p>1. Responses relate to concerns with NHS 111 service delivery, which would ultimately affect service choice, access to services and the quality of care received</p> <p>2. Responses express concern around the level of training and knowledge of NHS 111 staff, which has reduced the level of confidence in those who are seeking care. Experiences with staff made the public feel that advice given was 'overly scripted'</p> <p>3. Respondents recall negative experiences or comments that they had heard about the service and the signposting to other services, which contributed to limited confidence in the advice provided</p> <p>4. Responses demonstrate reluctance in accessing advice from NHS 111 because of this lack of trust and there is a belief that this could lead to patient conditions becoming worse.</p>
Operational	Service reduction	<p>1. Comments relate to the reduction in the number of services available for the public</p> <p>2. Responses interlink with concerns about privatisation and the proposal being a move towards fewer services</p> <p>3. Responses include suggestions to close birthing centres</p> <p>4. Respondents believe there has been a reduction in service provision in their area over recent years.</p>
Operational	Effects on urgent/emergency care impacts	<p>1. Respondents express concern regarding what could occur if emergency or urgent care was needed on a site where the facilities or staff were not present</p> <p>2. Responses focus on the possibility of planned operations going wrong at Acre Mills and patients needing emergency or urgent care. Queries were made about what would be available on site to deal with this and also transport to CRH if needed</p> <p>3. Responses specify that there could be a need for intensive care following an operation.</p>
Operational	Wider services – availability	<p>1. Responses relate to the availability of wider services, in particular GP services</p> <p>2. Respondents question where services such as mental health would be placed in order to understand how they can access or receive care</p>



		<p>3. Respondents are concerned about the feasibility of what would be on offer and how the service offerings differ between sites (medical centres)</p> <p>4. Responses raise concerns about opening times of sites such as GP surgeries and walk-in centres.</p>
Operational	Wider services – impact	<p>1. Responses raise concern about the negative impact the proposal would have on wider services (including community services, wider services in other areas of Yorkshire)</p> <p>2. Responses outline impacts on capacity of community services, which is interlinked with concerns with GP capacity as well as the ability to be seen by community services</p> <p>3. Respondents query whether services could manage the impact, demand on services and staff.</p>
Operational	Wider services – more support	<p>1. Responses state there should be more support services for mothers after birth i.e. breastfeeding support, community support</p> <p>2. Responses emphasise the importance of receiving support from wider services and are in the form of the alternative suggestions and other statements.</p>
Patient experience	Appointment – cancellations	<p>1. Responses state that appointment cancellations could pose an issue for patients and delay planned operations</p> <p>2. Responses mention that cancellations could be a result of lack of beds, limited staff and the need to accommodate other patients</p> <p>3. Respondents feel that cancellations would have a knock-on effect on treatment and have limited confidence in the systems following cancellations (for example, rebooking).</p>
Patient experience	Barnsley and other A&E	<p>1. Responses express concern over the impact on A&E in other areas or refer to previous closures</p> <p>2. Responses indicate that there is likely to be an increase in demand on A&E services in areas such as Barnsley and wider Yorkshire</p> <p>3. Respondents state that other neighbouring A&E departments would be quicker for them to access, and closer for them to travel to, meaning that care and treatment could be received more</p>



		promptly 4. Responses query whether other trusts had been informed of the proposal due to expected impacts.
Patient experience	Effects on patient recovery	1. Responses express concern that the proposal would have a negative effect on those who are ill or receiving treatment 2. Responses are interlinked with the importance of access to care/services, as the proposal is seen as creating distance (waiting times and physical distance) between accessing treatments 3. Responses are interlinked with families having to travel further to visit relatives (which would also incur extra cost) which means that patients would be left feeling isolated, consequently affecting recovery 4. The above point was sometimes raised in particular regard to the elderly.
Patient experience	Inadequate care	1. Responses express concern that the proposal would result in a lower standard of care for patients 2. Responses link this to access to trained staff who can provide the care and treatment required, with staff already being stretched, which is seen as having an impact on the level of care provided 3. Respondents express concern that increased demand on services would mean that staff and the sites would not be able to meet care needs. This was also linked to waiting times 4. Responses state that the proposal undermines the principles and practices of NHS care.
Patient experience	Lack of improvement	1. Responses relate to the perception that maternity services have previously undergone changes, yet limited improvement has been experienced from a patient perspective 2. Responses state a desire to see improvement in services in order to meet care needs.
Patient experience	Midwife relationship	1. Responses express the importance of a midwife relationship throughout pregnancy 2. Responses convey concern around the number and turnover of midwives and how that affects the patient experience



		3. Responses express concern about inadequate care.
Putting lives at risk	Putting lives at risk	<p>1. Responses express concern that the proposal will affect mortality rates</p> <p>2. Concerns are linked to the impact of increased travel times and distance to receive treatment, in particular emergency treatment</p> <p>3. Respondents emphasise that due to the greater distance that Huddersfield residents would have to travel, there would be greater risk of patients dying before receiving treatment</p> <p>4. Respondents state that patients would be at great risk, even in ambulances</p> <p>5. Responses specify that the overall proposals put lives at risk for the sake of saving money</p> <p>6. Responses express concern that if a planned operation was being undertaken and emergency treatment wasn't accessible, this could have severe consequences</p> <p>7. Respondents express concern about being unable to see trained staff and also about staff being under extreme pressure. They deem this a possible cause for mortality.</p>
Service location	Birth options	<p>1. Responses express concern that the choice of where expectant mothers can give birth has been limited due to previous changes with maternity care and emergency care being located at one site</p> <p>2. Responses relate to choice around birthing methods and location. Comments state that children should be born in the town that they are to be raised in.</p>
Service location	Empire building	<p>1. Responses relate to the concern that paediatric staff have motives that are money driven and aspire to establish a strong presence and team.</p> <p>2. Responses criticise these perceived motives.</p>



Service location	Paediatric care in Huddersfield	<p>1. Responses express a desire for paediatric care to remain in Huddersfield</p> <p>2. Responses relate to the need to access emergency paediatric care in Huddersfield as opposed to travelling to Calderdale for treatment</p> <p>3. Responses emphasise how children are more likely to deteriorate, therefore travel times play an important role in accessing care and treatment.</p>
Staff	Access to staff	<p>1. Responses express concern about patients receiving poor quality care from staff who have limited skills and training</p> <p>2. Responses state that confidence is low in staff, for example, with NHS 111. Consequently, this could also affect service choice</p> <p>3. Responses are interlinked with staff levels and having a correct number of well-trained staff available at proposed sites, particularly those at emergency care centres</p> <p>4. Some responses mention experience of poor treatment from staff</p> <p>5. Comments relate to standard of English language and country of origin of staff (staff from countries outside of the UK)</p> <p>6. Responses express concern about waiting times affecting access to staff and this being a barrier to receiving the right care and treatment.</p>
Staff	Staff – levels	<p>1. Responses query whether staffing levels at all proposed sites (CRH, Acre Mills) are sufficient to meet demand from growing populations</p> <p>2. Respondents see lack of funding as a reason for limited number of staff and request more funding to secure qualified staff and ensure high levels of care are provided</p> <p>3. Respondents consider that a low number of staff contributes to longer waiting times and affects access to receiving care.</p>
Staff	Staff – pressures	<p>1. Responses relate staff pressures to working conditions at existing sites. This was seen as having an effect on staff morale and productivity</p> <p>2. Respondents describe GPs in particular as being overworked and consider this to have a negative effect on the level of care provided to patients</p> <p>3. Respondents express concern that staff being under pressure to meet targets and demands contributes to inadequate care and errors in</p>



		service delivery.
Support	Support for proposal	<p>1. Responses express praise, confidence in the proposal or agreement with it</p> <p>2. Positive comments could be part of an overall response that shared feedback or criticism on what has been proposed</p> <p>3. Comments refer to the proposals being well thought through or a belief that they will improve patient care or enhance service delivery. Responses include support for the idea of having all services/expertise on one specialist site.</p>
Travel	Shuttle services	<p>1. Responses suggest improvements to existing shuttle services in terms of routes or the buses themselves to improve access to sites and ultimately care, particularly between Huddersfield and Calderdale</p> <p>2. Responses suggest a new route or increase in the number of shuttle buses available in order to improve access to sites and ultimately care, particularly between Huddersfield and Calderdale.</p>
Travel	Travel – access	<p>1. Responses state that the population would face difficulty in accessing transport (public or private) in order to make longer journeys to receive care, in particular from Huddersfield to Calderdale. This is a common response throughout all questions.</p> <p>2. Responses express concern about location and ease of access to public transport for the local population, including the elderly.</p> <p>3. Responses highlight access to roads and networks, particularly the Elland Bypass, as a problem when travelling</p> <p>4. Responses link with those about travel times/distance</p> <p>5. Responses express concern about access to transport for visitors who would be worried about visiting family or friends who could be based at either site</p> <p>6. Responses link with those about the cost of</p>



		public transport and taxis, with many explaining that having to use either would incur extra personal costs.
Travel	Travel – car parking at Calderdale	<ol style="list-style-type: none"> 1. Responses express concern about the possibility of having to use the car parking facilities at CRH 2. Responses express concern about the current car parking capacity (limited space) and parking conditions 3. Respondents share feedback and experiences linked with limited access to car parking which has deterred them from using the site again 4. Respondents state that improvements to the car park are needed in order to cater for the increased number of visitors and patients. Options for the development of a multi-storey car park have also been discussed 5. Responses express concern about the struggle that visitors and carers have when attending appointments or collecting patients in care 6. Responses interlink with those about the costs of car parking.
Travel	Travel – car parking at other sites	<ol style="list-style-type: none"> 1. Responses express concern with the car parking available at other sites, such as HRI, and other more community focused sites (including GP surgeries) 2. Concerns relate to the number of spaces available for parking and sites struggling to meet demand 3. Responses interlink with those about the costs of car parking.
Travel	Travel – costs	<ol style="list-style-type: none"> 1. Responses relate to the costs associated with travel on public transport (including taxis) in order to make appointments, receive care or visit family or friends 2. Responses relate to the costs associated with parking on hospital sites or other estates 3. Respondents express concern about extra costs, with some mentioning how low-income



		families will struggle to afford them.
Travel	Travel – evidence	<ol style="list-style-type: none"> 1. Responses criticise the accuracy and reliability of travel evidence and analysis that was used within the consultation document 2. Respondents state that journey times provided within the document (by ambulance and private transport) are inaccurate. Journeys between Huddersfield and Calderdale are considered to take longer than the analysis indicated 3. Respondents request a more 'honest' analysis 4. Responses interlink with those about there not being enough information on proposals and concerns with how decisions are made.
Travel	Travel – times	<ol style="list-style-type: none"> 1. Responses state that the proposal would greatly affect the length of journeys the public take to receive care, particularly emergency care 2. Comments relate to either the length of time taken to reach CRH or another proposed site, or relate to the distance to travel 3. Respondents express concern over how long it would take for Huddersfield residents to reach CRH in the case of an emergency and state that travel times are an important factor in patient wellbeing and mortality rates 4. Respondents state that people could die while travelling to CRH because of the length of time taken to reach the emergency centre 5. Responses link travel times with putting lives at risk and also with a proposal for services to remain as they are (especially A&E in Huddersfield) 6. Respondents link travel times with access and express concern for visitors who would be travelling to see patients 7. Respondents express concern over the extra ambulance travel time and response times 8. Responses state that traffic congestion would have an effect on the length of journeys.
Travel	Travel – visitors	<ol style="list-style-type: none"> 1. Responses express concern for visitors travelling to see patients in care and the challenges they would face as a result of the proposal 2. Respondents state that if a family member is in hospital for a length of time, the cost of travelling to visit them (in parking, fuel or public transport) would be much higher if they were



		visiting sites outside of their usual area 3. Respondents state that travel and access to allow visits is important because they play a vital part in the recovery process 4. Responses relating to visitor journeys link with those referring to travel times and access.
See previous	See previous	1. Responses state that previous answers to the survey questions should be referred to 2. Respondents feel as though questions were repeated and therefore requested that previous answers be reviewed.

Classifying open responses

Open responses were classified as negative, neutral or positive.

Negative responses

These responses will have stated disagreement with the proposal, suggested alternatives to the proposal, or raised another issue from a negative stance. Examples of responses classified as negative are listed below.

- “You have made no provision in these proposals in case an emergency situation arises during Planned Care. There's no ICU.”
- “You are making cutbacks yet propose to build a new hospital which costs a lot of money”
- “Improvement to transport. Journey difficult from Halifax to Huddersfield hospital by public transport. More direct buses from Halifax Town Centre. Elderly relatives and friends find the journey difficult”
- “Would be worried that there would be long waiting lists”
- “The whole proposal is a farce. Hope none of the CCG need urgent care. Think of Huddersfield residents.”

Neutral responses

These responses have generally raised questions or made statements that are not critical or supportive of the proposals:

- “Need good care at the hospital.”
- “How about improving/extending services at what we already have?”
- “Every pregnancy deserves the best and prompt attention.”
- “Make sure there is free transport”

Positive comments

These responses supported the proposal, or made supportive or complimentary statements



about any aspect of the consultation and engagement:

- “May be seen sooner in an efficient, purpose built building”
- “Sounds good.”
- “It is good that a new hospital is to be built. HRI is a very tired building, hopefully it should help to improve staff morale and in doing so help to improve care.”
- “When the procedure is planned, patients will be able to make arrangements to get there and back and receive the treatment they deserve.”

Some responses were classified as a mix of negative, positive and neutral (e.g. positive/neutral). These responses had comments which fitted more than one classification. The volume of responses and depth of responses meant that one classification would not do justice to the response and a more nuanced approach was needed.

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Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 1 September 2016

Title of report: Healthwatch Kirklees Consultation Findings report and Key themes from Committee's own review of the proposals.

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	Not Applicable
Date signed off by Director & name Is it signed off by the Director of Resources? Is it signed off by the Acting Assistant Director - Legal & Governance?	No – The report has been produced to provide the context to the Committee discussions on the Healthwatch Consultation Findings report & the discussion on the key themes from its own review.
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to support the discussions on the Healthwatch Kirklees Consultation Findings report and the key themes that have emerged from the Committee review of the proposals.

2. Key Points

- 2.1 Due to the significant potential impact of the proposals Healthwatch Kirklees invested resource to gather the opinions of local people and to reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees JHSC.

- 2.2 A report produced by Healthwatch Kirklees is attached and representatives from Healthwatch will be in attendance to present the key messages that have emerged from its own survey and discussions with the public.
- 2.3 During the Committee's review of the proposals it received a number of submissions from the public and other key stakeholders which included input from members of the public at two Committee drop-in sessions.
- 2.4 Attached to this report is a high level summary of the key themes and issues that reflect the messages and information that have emerged from the submissions and the comments and views expressed at the drop-in sessions.
- 3. Implications for the Council**
None at this time.
- 4. Consultees and their opinions**
Not applicable
- 5. Next steps**
That the Committee take account of the information presented and consider the next steps it wishes to take.
- 6. Officer recommendations and reasons**
That the Committee consider the information provided and determine if any further information or action is required.
- 7. Cabinet portfolio holder recommendation**
Not applicable
- 8. Contact officer and relevant papers**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
- 9. Assistant Director responsible**
Julie Muscroft Assistant Director: Legal, Governance & Monitoring

What people think about the proposed changes to hospital and community services in Calderdale and Greater Huddersfield



August 2016

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Executive Summary

Between March and June 2016, NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups held a public consultation delivered by the Right Care, Right Time, Right Place Programme team. This consultation regarded proposed changes to local hospital and community health services in Calderdale and Greater Huddersfield.

Healthwatch Kirklees' role throughout the formal consultation process was:

- To listen to what people are saying.
- To provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- To reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- To remain completely independent of the process.

Due to significant potential impact of these proposals on the delivery of health services in these districts, Healthwatch Kirklees invested resource to gather the opinions of local people. This process was carried out through the use of social media and by Healthwatch staff visiting locations across Kirklees and Calderdale, obtaining over 800 responses as a result of hundreds of conversations with people in both areas.

The core issues raised by people when we talked to them are;

- Concerns around greater travelling distances for patients.
- The increased length of time before receiving appropriate treatment.
- Difficulties surrounding road and public transport infrastructures
- The cost of travel.
- Increased waiting times and a reduction in the availability of beds.

Introduction

From 15 March to 21 June 2016, NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) consulted people about some far-reaching proposed changes to hospital services and further proposed changes to community health services.¹

After considering a range of options, the formal consultation presented a model of care outlined below

- Emergency and acute care - to develop a single Emergency Centre at Calderdale Royal Hospital which would treat patients with very serious and life threatening illnesses.
- Urgent Care - to develop an Urgent Care Centre at both Huddersfield Royal Infirmary and Calderdale Royal Hospital. These centres would be open 24/7 and would treat people who are able to take themselves to hospital for something which requires urgent attention but is not life threatening.
- Maternity - the current arrangements for consultant-led care at Calderdale Royal Hospital and midwife-led care at both hospitals would continue. It is proposed that more care for women during their pregnancy and after the birth of their baby would be provided in the community.
- Paediatrics - developing a Paediatric Emergency Centre at Calderdale Royal Hospital, which would bring together all the medical and surgical services for children.
- Planned care - developing a new hospital for planned care on the Acre Mills site with 10 operating theatres and 120 beds.
- Community health services - the Care Closer to Home programme is already being developed in both Greater Huddersfield and Calderdale. This will continue and it is proposed that even more services will be provided in the community, which were previously provided in hospitals.

No alternatives to this model of care were offered in the consultation documents; the CCG's say this is because their assessment showed that other options would be much more expensive and would be unlikely to attract the funding needed to develop both hospital sites. Doing nothing would not achieve the improvements in quality and safety needed. The CCGs believe that the proposed changes would result in the greatest overall benefits for people living across Calderdale and Greater Huddersfield.

¹ <https://www.rightcaretimeplace.co.uk/>

Right Care, Right Time, Right Place website, 2016

The formal consultation process ran from 15 March to 21 June 2016 (with an extension until 24 June for online surveys.)

It became clear, even before the launch of the consultation that local people felt very strongly about the proposed changes. Healthwatch Trustees agreed to invest resources to better understand what people were concerned about.

What the Healthwatch Trustee Board said about Healthwatch Kirklees' role

The Trustee Board was very clear regarding Healthwatch Kirklees' role throughout the formal consultation process. This was;

- To listen to what people are saying.
- To provide good quality, impartial information to people about the proposed changes and explain how people could have their say.
- To reflect the views of the general public back to the CCG's and to the Calderdale and Kirklees Joint Health Scrutiny Committee.
- To remain completely independent of the process.

What Healthwatch Kirklees did during the formal consultation process

After carefully reviewing the CCGs' consultation documents and survey, Healthwatch Kirklees made the decision to create its own simplified survey, which asked the public if they were aware of the proposed changes, how they had found out about the proposals and whether they felt they understood them. Then people were asked to answer two simple questions:

1. How would the proposed changes affect you and your family?
2. Tell us any other thoughts you have about the proposed changes.

Healthwatch wanted to give the public the opportunity to tell their story and to explain the impact the changes might have on their lives. Initial testing of the CCG's survey showed that people found it long and detailed, which might be off-putting for some individuals. In addition, people felt that the survey's structure directed them too much. The survey created by Healthwatch was an attempt to simplify the way in which the public could have their say.

Healthwatch planned an outreach programme during the same time the formal consultation process was taking place. Most of the sessions attempted to reach out to people who may not be willing or able to attend a public

meeting or complete a written survey, meaning they may have otherwise missed out on the opportunity to have their say on the proposed changes.

Outreach sessions took place in the following places:

- New North Road Baptist Church (lunch club for older people)
- Aspire Group, Birkby (discussion group)
- 611 Centre (for asylum seekers and refugees)
- Polish Elderly Group (lunch club for older people)
- Mirfield over 50's (discussion group with guest speakers)
- Crossland Moor Community Centre (lunch club for older people)
- Pakistani Association (support for Pakistani Community in Huddersfield)
- Paddock Community Trust Carers Group (support group for carers)
- Shabang (parent support group for children with Down's syndrome)
- Huddersfield Mission (advice and support for people in need) - four sessions
- Basement Recovery Project (support for people with drug and alcohol problems)
- Clare Hill Hostel (for single people who are at risk of sleeping rough)
- Netherton Tenants and Residents Association
- Newsome Tenants and Residents Association
- Huddersfield Royal Infirmary entrance - ten sessions
- Calderdale Royal Hospital entrance - three sessions

During the outreach sessions, Healthwatch staff and volunteers referred people to the CCGs' consultation documents so that they had the facts about what was being proposed. People were also shown how they could complete the CCGs' survey, so that they had the option of completing this in addition to or instead of the Healthwatch survey.

Healthwatch ran a social media campaign to increase awareness of the consultation and to generate responses to the survey. The campaign was organic initially but then targeted individuals from whom survey responses were low, such as 18 to 30 year olds and males living in the Calderdale area.

Over 800 survey responses were received in total, from both outreach sessions and via social media.

In addition to the survey and outreach programme, Healthwatch have:

- Read, analysed and themed comments from the 'Let's Save Huddersfield A&E' Facebook campaign group. From this, questions were presented to the CCGs and their responses were shared via Healthwatch social media and directly with the campaign group.

- Met with representatives from the CCGs and Calderdale and Huddersfield NHS Foundation Trust on 9 June 2016 to discuss the proposed changes, to highlight emerging themes from Healthwatch' engagement and to ask questions which were unanswered at that stage in the process.
- Presented key issues and themes from Healthwatch' engagement to representatives from the Calderdale and Kirklees Joint Health Scrutiny Committee at regular intervals throughout the consultation period.

What people told us

We asked simple open questions in all of the places we went to. We wanted to give people the chance to reflect how the changes might impact on them and their family.

The answers below reflect what people told us.

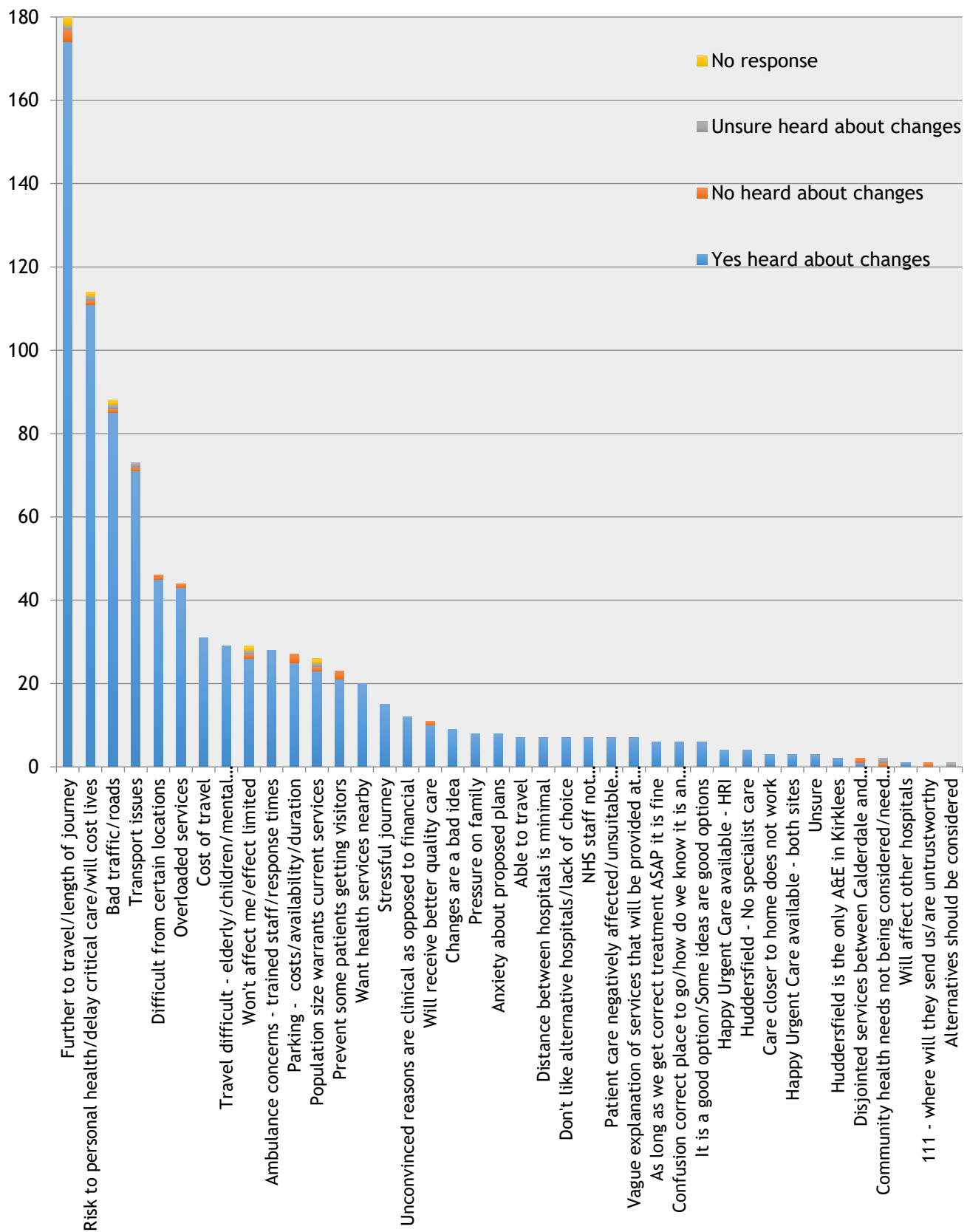
Q1 How will the proposed changes affect you and your family?

Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
Further to travel/length of journey	174	3	1	2
Risk to personal health/delay critical care/will cost lives	111	1	1	1
Bad traffic/roads	85	1	1	1
Transport issues	71	1	1	0
Difficult from certain locations	45	1	0	0
Overloaded services	43	1	0	0
Cost of travel	31	0	0	0
Travel difficult - elderly/children/mental health/disabilities/vulnerable	29	0	0	0
Won't affect me/effect limited	26	1	1	1
Ambulance concerns - trained staff/response times	28	0	0	0
Parking - costs/availability/duration	25	2	0	0
Population size warrants current services	23	1	1	1
Prevent some patients getting visitors	21	2	0	0
Want health services nearby	20	0	0	0
Stressful journey	15	0	0	0
Unconvinced reasons are clinical as opposed to financial	12	0	0	0
Will receive better quality care	10	1	0	0
Changes are a bad idea	9	0	0	0
Pressure on family	8	0	0	0
Anxiety about proposed plans	8	0	0	0
Able to travel	7	0	0	0
Distance between hospitals is minimal	7	0	0	0
Don't like alternative hospitals/lack of choice	7	0	0	0
NHS staff not consulted/undermined/undervalued/hard to retain	7	0	0	0
Patient care negatively affected/unsuitable staff/quality of care	7	0	0	0
Vague explanation of services that will be provided at hospitals	7	0	0	0

Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
As long as we get correct treatment ASAP it is fine	6	0	0	0
Confusion correct place to go/how do we know it is an emergency	6	0	0	0
It is a good option/Some ideas are good options	6	0	0	0
Happy Urgent Care available - HRI	4	0	0	0
Huddersfield - No specialist care	4	0	0	0
Care closer to home does not work	3	0	0	0
Happy Urgent Care available - both sites	3	0	0	0
Unsure	3	0	0	0
Huddersfield is the only A&E in Kirklees	2	0	0	0
Disjointed services between Calderdale and Huddersfield	1	1	0	0
Community health needs not being considered/need investment	0	1	1	0
Will affect other hospitals	1	0	0	0
111 - where will they send us/are untrustworthy	0	1	0	0
Alternatives should be considered	0	0	1	0



How would the proposed changes affect you and your family?



Comments relating to the most popular themes

- A total of 180 people felt that the proposed changes would lead to further and/or longer travelling times, at times being deemed too far and/or dangerous:

"It would be really hard for all of us...traffic is a major concern. The distance is long. Really difficult for people who don't have cars and have to use public transportation"

"The journey to HRI takes 20-25 minutes on average. It would take an hour to get to Calderdale. Also we can catch a bus from a stop five minutes away from us to HRI, every 10 minutes. To get to Calderdale we have to catch two buses and have been told takes about two hours to get there (with the traffic, which is shocking), so a round trip of four hours!..."

"...we would have to travel further, and this could prove fatal..."

"Too far to be taken in an emergency from remoter parts of Huddersfield, could result in an unnecessary fatality."

"... The move of A&E and other services to Calderdale will increase their (parents) travelling time from 30 minutes to over an hour on some occasions..."

"...It is older and people with families where travel times will have an impact on their care."

- A theme linked to travelling times was the risk to personal health, delayed critical care or the potential cost of lives - a total of 114 people voiced their concerns:

"I have diabetes and if I'm in Huddersfield and anything happens to me I would want to be taken to the nearest hospital. Time would be very important. Ambulance staff can only do so much. Would an urgent care centre be able to deal with me if I was going into a coma or would they have to get me to Halifax? It's too far and I might not make it."

"Living in Meltham we are approximately five miles away from HRI. My husband has suffered two cardiac events and a suspected third, which 'thankfully' was an infection. The emergency ambulance was called only on one occasion at 6am and it took approximately 25 minutes to arrive...we went to HRI. Should we had had to travel to Halifax the journey would have obviously taken much longer and it was approaching rush hour..."

"As a non-driver with COPD, it is unlikely I would survive a wait for an ambulance and the journey to Calderdale...my children are very concerned."

"We live in Huddersfield, neither of us drive or have a car and we have a 5-year-old daughter. We are therefore extremely concerned that, in the event of a life-threatening emergency, we would not be able to get medical attention for our child in time."

"...I'm concerned about elderly people and children dying on the way to Calderdale."

- 88 people in total voiced concerns regarding bad traffic and road infrastructure:

“We (including my 71 year old father and 69 year old mother) live in Huddersfield. It will be considerably further and more time consuming to travel to Accident & Emergency facilities. Elland Bypass is notorious for causing delays at most times of day, cannot be easily avoided and there is no time-saving alternative route. In an emergency time is of the essence and it is staggering to comprehend how it can be justified that a town the size of Huddersfield plus its outlying areas is going to be without such provision. Since maternity facilities moved to Calderdale, there have been several reported occasions of babies of mothers from Huddersfield being delivered en route to hospital between Lindley and Halifax.”

“The proposal for the main emergency care to be in Calderdale surely doesn't take into consideration or care about the traffic getting to there from Huddersfield. This would be a worrying time if there was an emergency as it can take lengthy amounts of time and I've seen plenty of ambulances stuck already...”

“... when it is bad weather up here, traffic is really bad, gets very bad snow...”

“... The journey to Halifax means going through Huddersfield and down the notorious Elland Bypass. The traffic is usually not flowing at all and it would be life threatening for us...”

- A total of 73 people mentioned issues surrounding transport:

“If we were sent to either Halifax or Oldham A&E I would 1) not be able to have visitors as my family don't drive and would take too long on public transport, 2) when discharged, no one would be able to collect me and as I disabled, cannot use public transport and can't afford taxi so don't know how I would get home.”

“We would have EXTREME difficulty in accessing any healthcare at CRH in Calderdale. The wear and tear upon us caused by such travelling (by bus) would have a highly significant deleterious effect on our health. My husband has to be closely monitored and assessed for HBP and also has bladder problems. Both these conditions would be exacerbated by lengthy travelling. I did a trial bus run from Fartown to CRH. I had to take TWO buses, and the entire one-way journey took me 95 minutes. I tried with a car-owning friend...”

“... how would I get to Calderdale in an emergency, this is not care nearer home it is further away. If I got there in an ambulance how would I get home when discharged, wait around all day for patient transport, I think not, cannot afford taxis on a pension...”

- 46 people stated how the proposed changes to services would be difficult to access from certain locations:

“We live in Holmfirth we will be a long way from life saving A&E services in Halifax, it doesn't matter how good they are if you're dead on arrival.”

“...It is a long way from Denby Dale to Halifax, or from Todmorden to Huddersfield. This could prevent some patients getting visitors. I and most other people want our health services to be near, and convenient, in our own town not a distance away...”

- A total of 44 people felt that services/already overstretched services would be overloaded:

“...My child has also required emergency care, at our local hospital of Calderdale A and E. An increase in the number of patients would make already busy waiting rooms hard to manage with ill children, and would impact waiting times. Considering that parking is charged for, increasing waiting times would increase costs associated with trips to the emergency department, also reducing the available resources such as food/drink available in vending machines in the waiting room.”

“...A&E is getting busier - last time we came there were people queuing. I think they're running the hospital down so that it will fail. They must be spending a fortune at HRI on glossy pictures in the corridor - are these really necessary? We don't need these frills, we need a fully functioning hospital. There's a shortage of frontline staff. I've seen high-ranking staff having to help patients to the toilet because there's not enough healthcare assistants to do this. It must be very stressful for staff...”

- 29 people in total felt that the changes would not affect them or that the effect would be limited:

“At present not a great deal. I live in Huddersfield but am 53 and have only ever been to A&E once, and that was for an injury that would be treated at the urgent care centre. If I need tests or surgery, they would be available at Huddersfield, or I am able to travel to Calderdale (which I did a few years ago for a consultant appointment as it was quicker than HRI). However I am fit, healthy and mobile. I may feel differently if I was older, didn't have a car, or lived in rural Kirklees...”

“No different from now. Already have divided care between hospitals - Calderdale residents travelling to Huddersfield for operations and vice versa. A/E would be on one site but both sites would have Urgent care centres which would remove the rubbish that goes to A/E at moment.”

- 29 people were concerned about travel difficulties for the elderly, those with children, or people who had mental health issues, disabilities or were vulnerable:

“...We have no transportation to get to hospital so rely on public transport. God forbid anything would happen to any of us as it would takes a long time

to get to Halifax hospital. My youngest son is very accident-prone and being a single parent, the distance to the nearest hospital would cost a fortune..."

"... I personally have travelled to Leeds and Halifax to visit my husband and it takes longer to get to Halifax on the bus than to get to Leeds by train. What will happen to elderly, families etc. visiting an elderly spouse or child, it would be expensive, tiring, and hard work."

- A total of 28 people were worried about issues surrounding ambulance services:

"...We live in Holmbridge. Journey time to CRH is over an hour or more at busy times. I have arthritis and find walking difficult. If I had an emergency that wasn't severe enough for an ambulance what could I do? I wouldn't be able to go. Last time I called an ambulance in an emergency I waited over an hour for it to arrive. It would be as though we just didn't have an A&E because it would simply be inaccessible."

"...I worry in an emergency how long ambulances will take to get to us. Figures estimate 10,000 extra ambulance hours - will ambulances increased enough? I worry that scheme depends on more GPs and care in the community. This is an area struggling, how can these people bring in changes based on it?"

- 27 people were concerned about parking at Calderdale Royal Hospital:

"...We were in three traffic jams (11am) and when we arrived at Calderdale Hospital there was nowhere to park either in the small car park, or in the surrounding streets, so we had to return to Fartown without actually reaching the hospital door. This journey took us one hour one-way, as we spent a lot of time touring the area looking in vain for car parking."

"...Also parking is poor and it will be worse if the capacity is doubled."

- 26 people in total felt that the population size of Huddersfield, Kirklees and/or Calderdale warranted that services remain as they are:

"...A town as large as Huddersfield should have a good hospital with a fully functioning A + E department..."

"... we need care A and E care and also in patient care in Huddersfield, it is a huge town with outlying areas , the new hospital 120 beds with 10 operating theatres sounds very like a day hospital only !! Just not good enough..."

- 23 people felt that the proposed changes would mean that some patients would not see any of their loved ones/receive visitors:

"It is affecting my family now - my 85 year old parents cannot visit each other if either is in hospital; have to rely on family members with a lot of time to spare..."

“...It is also difficulty for often also elderly family to visit which is very isolating and if the person has dementia, this in turn leads to poor outcomes or the possibility of care being actually harmful.”

- 20 people felt that it was important for current services to remain nearby:

“I live close to Huddersfield HRI and have received excellent service from them when I or my children have been ill. Huddersfield needs an emergency facility and I cannot accept that not having one is better clinically. My parents are becoming older and they have a right to expect their local hospital to be able to cater for their needs.”

“...I want emergency and acute care nearer not further away from my home. This is not place right time for the people of Huddersfield. I want acute and emergency care available for me and my community in Huddersfield!!...”

The overarching theme from the most popular responses is accessibility. People are concerned that their experiences of the following issues are not being addressed or dealt with prior to the proposed changes, which they feel could negatively impact the health of either themselves or their loved ones:

- traffic-related problems delaying access to appropriate care and potentially risking lives
- hazardous weather- geographic- or traffic-related driving conditions, delaying (or potentially denying) access to care and endangering lives
- the challenges of public transport and its associated costs, i.e. time consumption or financial implications, especially for more vulnerable individuals
- Calderdale hospital’s capacity to deal with an increased number of patients and visitors - there are concerns regarding long waiting times, overstretched hospital services and lack of parking spaces
- Concerns regarding Huddersfield hospital’s reduction in bed numbers and the reliability on Care Closer to Home

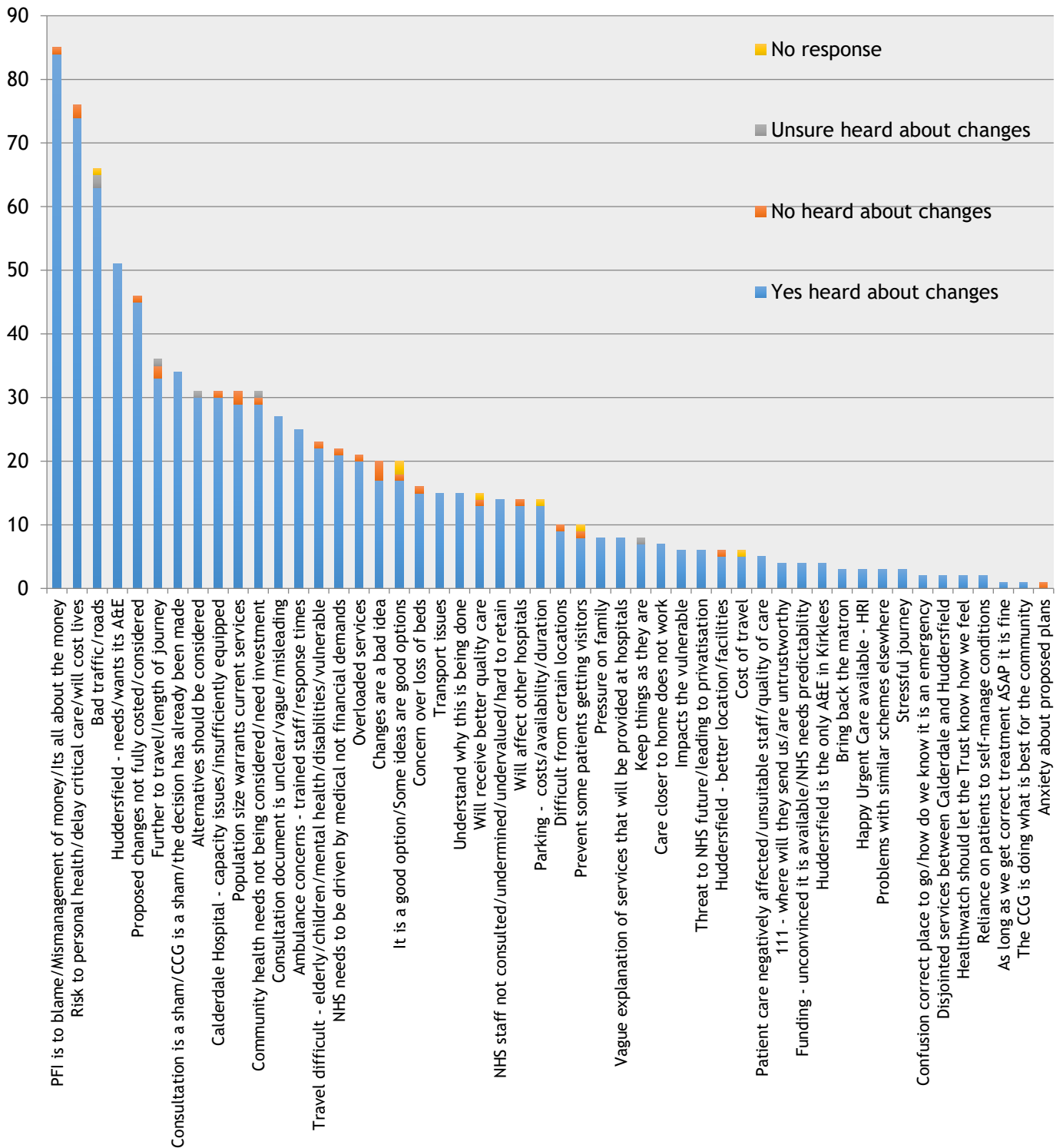


Q2. Please tell us any other thoughts you have about these proposed changes

Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
PFI is to blame/Mismanagement of money/Its all about the money	84	1	0	0
Risk to personal health/delay critical care/will cost lives	74	2	0	0
Bad traffic/roads	63	0	2	1
Huddersfield - needs/wants its A&E	51	0	0	0
Proposed changes not fully costed/considered	45	1	0	0
Further to travel/length of journey	33	2	1	0
Consultation is a sham/CCG is a sham/the decision has already been made	34	0	0	0
Alternatives should be considered	30	0	1	0
Calderdale Hospital - capacity issues/insufficiently equipped	30	1	0	0
Population size warrants current services	29	2	0	0
Community health needs not being considered/need investment	29	1	1	0
Consultation document is unclear/vague/misleading	27	0	0	0
Ambulance concerns - trained staff/response times	25	0	0	0
Travel difficult - elderly/children/mental health/disabilities/vulnerable	22	1	0	0
NHS needs to be driven by medical not financial demands	21	1	0	0
Overloaded services	20	1	0	0
Changes are a bad idea	17	3	0	0
It is a good option/Some ideas are good options	17	1	0	2
Concern over loss of beds	15	1	0	0
Transport issues	15	0	0	0
Understand why this is being done	15	0	0	0
Will receive better quality care	13	1	0	1
NHS staff not consulted/undermined/undervalued/hard to retain	14	0	0	0
Will affect other hospitals	13	1	0	0
Parking - costs/availability/duration	13	0	0	1
Difficult from certain locations	9	1	0	0
Prevent some patients getting visitors	8	1	0	1

Themes	Have you heard about the proposed changes?			
	Yes	No	Unsure	No response
Pressure on family	8	0	0	0
Vague explanation of services that will be provided at hospitals	8	0	0	0
Keep things as they are	7	0	1	0
Care closer to home does not work	7	0	0	0
Impacts the vulnerable	6	0	0	0
Threat to NHS future/leading to privatisation	6	0	0	0
Huddersfield - better location/facilities	5	1	0	0
Cost of travel	5	0	0	1
Patient care negatively affected/unsuitable staff/quality of care	5	0	0	0
111 - where will they send us/are untrustworthy	4	0	0	0
Funding - unconvinced it is available/NHS needs predictability	4	0	0	0
Huddersfield is the only A&E in Kirklees	4	0	0	0
Bring back the matron	3	0	0	0
Happy Urgent Care available - HRI	3	0	0	0
Problems with similar schemes elsewhere	3	0	0	0
Stressful journey	3	0	0	0
Confusion correct place to go/how do we know it is an emergency	2	0	0	0
Disjointed services between Calderdale and Huddersfield	2	0	0	0
Healthwatch should let the Trust know how we feel	2	0	0	0
Reliance on patients to self-manage conditions	2	0	0	0
As long as we get correct treatment ASAP it is fine	1	0	0	0
The CCG is doing what is best for the community	1	0	0	0
Anxiety about proposed plans	0	1	0	0

Please tell us any other thoughts about the proposed changes



Comments relating to the most popular themes

- 85 people in total felt that the proposed changes are due to PFI (Private Finance Initiative), the mismanagement of money and/or that solely money as opposed to health was the main consideration behind the proposed changes:

"The whole fiasco is down to a shortfall of funding brought about by Calderdale borrowing at a very disadvantageous rate and Kirklees are being expected to pick up the tab and lose out into the bargain."

"...Huddersfield is bigger than Halifax so why should that close? Also just because the Trust overspent on their loan with the development of the Halifax hospital, why should Huddersfield suffer? What about those people who live further out of Huddersfield (Holmfirth, Shelley) who don't drive - it's hard enough getting to Huddersfield Royal Infirmary let alone trying to get to Calderdale. Being tied in with the Trust is the worst thing that could of happened. Both Huddersfield & Halifax NEED an A & E."

"...I regret that a PFI contract was taken out by the previous government without proper consultation with voters...Money can be saved elsewhere. Poor administration, overspending on consumables, private products and drugs and utilities can be addressed..."

"...How many people is this cost saving exercise worth? One or two children? An adult? If those lives are just figures then they mean nothing to people making decisions. Perhaps if it was their mother? Or son? Would their lives be worth the saving?"

"... It feels as if the people of Huddersfield are being made to pay for the costly PFI debts in Calderdale, and in consequence arbitrarily deprived of an adequate health service..."

"...Our community is not benefitting from this transaction. It feels like theft..."

- A total of 76 people felt that the proposed changes would risk health, delay critical care or potentially cost lives:

"Death rates will increase due to lack of beds, increased travel time, overworked and tired staff and not having equipment on site. ICUs for planned surgery removed, again increasing risk if complications occur as transfer to emergency site will be needed..."

"How many people will have to die to prove to you this was a disastrous decision if the plans go ahead? Ambulances stuck in traffic and ambulances waiting for hours at A & E before they can go back to get someone else - there aren't enough ambulances now, let alone if it happens..."

"...Journey distance has been shown to affect mortality rates, as has closure of A & E..."

“...I do not believe that these proposed changes will bring about a better level of patient care than what exists currently. I do believe that lives will be lost through the further distance to reach A&E...”

- 66 people felt that bad traffic, roads and/or road infrastructure was a serious issue that had not been considered:

“...I am concerned that the proposal has few hard facts. Travel times quoted are average and include times for local people and therefore hide the times taken from far side of Huddersfield to Calderdale. I have heard a well respected Paediatrician say that the added travel time could particularly mean life threatening situation to a badly bleeding child. The CCG admit they have no data on ambulance journeys and times to A and E. When problems occur on the M62 the whole Ainley Top area becomes gridlocked. Currently patients from M62 accidents are taken to Huddersfield which has easy access...”

“Huddersfield is one of the largest towns with a large student population, right next to one of the busiest and most accident prone motorways. Having a hospital A&E that is not served by good road links with multiple routes in case of blockages is a ludicrous situation.”

“...At peak travel times, even an ambulance would struggle to make the journey in under 30 minutes (from Huddersfield town centre), which could mean the difference between life and death...”

“...the road from Huddersfield to Halifax is a very busy road - traffic cannot get through quickly ambulances have a massive problem getting through and if you had an emergency in your car you would have no chance of getting there on time...”

- 51 people felt that Huddersfield needs and wants its Accident and Emergency department:

“1. Huddersfield are has greater population so emergency cover should be at Huddersfield. 2. Expanding university numbers. 3. HRI situated close to M62 so ideal position for RTA's. 4. Road to Halifax often very congested and ambulances would take longer to get patients to emergency care. And although doctor cover might be better - it could be late for many. 5. Calderdale only chosen because of cost of closing it due to the way it was funded to be built. 6. HRI is an excellent hospital and should not be downgraded. 7. What's the cost of new HRI?”

“I cannot understand why Huddersfield should lose its emergency and acute care facilities, as Huddersfield has the larger population. Also, it is a university town and the university is growing in size. Also, point 2, why should Huddersfield citizens have to help pay back the loans Halifax Council took out to build their Calderdale hospital?? My opinion in that this is a retrograde step for Huddersfield.”

“It is disgraceful that a populated town with a good university ranking can not supply basic health care...”

“Huddersfield and areas adjacent have a considerable population - to have such a large number of people moved further away from A&E facilities cannot be considered as a process...”

- A total of 46 people stated that they did not feel the proposed changes have been fully costed or considered:

“1. Extra ambulances will be needed, plus back-up staff such as drivers, paramedics, mechanics etc. 2. The time it takes to get from the outer districts of Huddersfield to Halifax, especially at peak times. 3. The cost of enlarging Halifax to cope with thousands of extra patients. 4. The cost of creating a much larger car park. 5. The cost of building a new small hospital in Huddersfield, as against keeping the old hospital, which is still having refurbishment! 6. It has been reported that the Department of Health wants to close all 'smaller' hospital A & Es and concentrate patients in large towns and cities like Bradford, Leeds etc. - apparently Huddersfield [6th largest town in Yorkshire] is not big enough for an A&E - is this so?”

“The changes are poorly devised and lack detail. Adequate research and data collection have not been done. Transport information on journey time to Calderdale are fanciful, and not based on fact. Average times are used with no reference to longer journey times. In a major accident, e.g. -M62 crash or Syngenta, HRI is accessible, CRI much less so. In a motorway closure the whole Ainley top area is at a standstill. Road changes to Calderdale can't remove the bottleneck. If HRI has no A & E, emergencies occurring during routine operations will have no experts on site to intervene. Currently there are too few beds to cope - this scheme reduces them. Far greater numbers of critical patients have a HD postcode so this is where A&E needs to be. The information ignores student numbers in Huddersfield and the proposed building of thousands of houses.”

“They are ill-conceived, would be unsustainable and not fit for purpose...”

- 36 people were concerned about the further distance required to travel, and/or the length of the journey:

“... I would like to see a much clearer articulation of the solutions to deal with increased travel time and the lack of parking facilities at the Calderdale site. Perhaps some of the £31m proposed savings could be invested in improving the road infrastructure to allow swifter ambulance access. Policies and approaches to support patients and carers who don't have access to a car would also be beneficial. For instance, were I not able to drive, to travel to CRH would require 20 minutes of walking and two 30 minute buses in each direction. This will not be unusual for people living in the rural areas of the locality.”

“What happens if the weather is bad and snowing or flooding again and access to Calderdale is not possible? Parking at Calderdale is not ample for all of these extra people. Roads and the Elland bypass has a bottle neck at the bottom, people will die in ambulances waiting to get through there. If I have broken my arm how will I get to Calderdale? The distance is too far for family and friends to visit in Calderdale, how will people who are vulnerable or aging be able to pay for this? It will cost million to sort of

the roads in Calderdale why can't this be spent on a new Huddersfield Hospital? Patient care comes first before road improvements."

"It takes a long time to travel relatively short distances in the South Pennines due to the unique terrain of the area, all the main road and traffic are pushed into the valleys. I am not sure these challenges have been taken seriously by commissioners."

- 34 people mistrust the consultation process and/or the CCG:

"(1) How the hell can a town the size of Huddersfield, with a burgeoning university and student body, be left without an A&E?? (2) This consultation is widely thought to be a box-ticking sham. Consultation and CCG are a sham/The decision has already been made."

"...I strongly believe this is all down to money, (PFI) and Huddersfield is now the scapegoat. We deserve better than this. The CCG are extremely arrogant and patronising. I went to the drop in consultation at Shelley, and felt that the only reason they were doing it was because they had to, by law. Angry does not cover how I, and every one I know feels about these proposals. Two towns, two hospitals, two A & Es."

"... I think the CCG will introduce these changes regardless of the wider public opinion."

- A total of 31 people felt that community health needs are not being considered and/or need investment:

"I believe that this cost saving exercise is not justified, nor in the best interests of the community, despite the lengths that have been reached to gain supposed case studies and clinical support - far more clinicians are against this move..."

"I want not only a fully equipped and staffed A & E department. In the nearest town, but the full range of services we currently have at H.R.I. With reduced bed capacity, I feel the standard of care (especially out of hours) will be potentially dangerous. Having worked in the operating theatres at Halifax, I do not believe they have the capacity to cope with the increase in volume of surgery that these proposals will incur. Huddersfield already have 6 theatres in the main suite (dealing with complex surgery) plus 3 day surgery theatres in a separate unit (unlike Halifax where all surgery done in main 7 theatres) plus a special procedures unit, which performs surgery under local anaesthetic. It is a ridiculous situation to demolish this building and then build a smaller unit 'over the road, which is possibly going to be funded in a similar way to Halifax. With the increase in Huddersfield's population through the house building programmes and the university, we need a fully functional general hospital to remain in Huddersfield."

"They are not adequate to provide the necessary care required by the local, and surrounding population. There should be other options..."

- 31 people feel that Calderdale Royal Hospital has capacity issues or is insufficiently equipped for the proposed changes:

“Still don't understand how Calderdale is going to cope...I've been to both A & Es with my children and have waited at least four hours at Calderdale and three hours at HRI. To me, losing an A & E in these circumstances does not make sense...”

“I feel they are wrong and being a previous NHS employee, I don't think the CCG are being entirely honest. Calderdale is not equipped to cope with current emergency services. It doesn't have a fully functioning pathology unit like it has at Huddersfield; to fit new analyses will cost millions. Also Calderdale is only partly a new building the rest of it is old and requires up-keeping, which is part of the argument for Huddersfield...”

“The proposed changes are damaging to the community and to Halifax hospital as well, as it will struggle to deal with the demand brought about by the closing of HRI A&E. Already, stretched staff cannot deal with such volumes of people in the A&E department. Longer waiting times, under par care etc.”

- 31 people feel that the population size in the area warrants current services:

“Calderdale and Greater Huddersfield is such a vast and heavily populated area that, to me, having one A+E unit serve the entirety of that area makes as much sense as having zero A+E units. Ideally we should be looking at three or four A+E units to serve the area and the population. Two A+E units should be the absolute minimum conceivable.”

“Both Huddersfield and Halifax need an A&E and a hospital it's been proved by the amount of times they have both had to close their doors because they had no room for more patients...”

“Both Kirklees and Calderdale are large areas spreads over big distances. In my opinion both areas warrant their own A&E departments.”

- 31 people feel that alternative options/ideas should be considered instead of the proposed planned changes:

“They are not adequate to provide the necessary care required by the local, and surrounding population. There should be other options, especially considering the large amount of unsecured funds required. For example, if £470m could be secured, why build an exemplary teaching hospital akin to Liverpool, which costs far less to build. This would also help to help with staff retention.”

“...Instead of building a new hospital with urgent care, can't they spend less money on doing the existing HRI. Let Calderdale keep their A&E and Huddersfield keep theirs. Two TOWNS, two A&E'S!!!”

“...I am furious about the arrogant attitude of the CCG. They have one plan and have admitted publically that they have no alternative. Surely a consultation should consult on alternatives...”

- 27 people felt that the consultation document was vague, unclear or misleading:

“In the information, which the CCG have produced regarding the proposed changes, it says they have been collecting information regarding the views of the public together with consultants, clinicians GPs and other medical staff and this information has helped inform their decision to move emergency services to Calderdale and make the many changes described in their information. I have been to some of the consultation meetings and at these meetings it was clear that many clinicians, consultants, GPs and members of the public hadn't been consulted within the last two years. So where have they got their information from?”

“The documents and events have not provided answers to questions. Senior clinicians have not been consulted and have spoken out...Funding is not yet in place and no guarantee that it will be. Areas where reconfiguration has taken place still have problems recruiting staff so the argument that these changes will solve staffing problems is unproven...”

- A total of 25 people were concerned about the ambulance service:

“... I do have concerns with regards the initial care provided by paramedics. If the Emergency Care is centred in just one place, is there a need for more ambulances? I don't know how the ambulance service is structured, but if there are say eight ambulances that serve the Huddersfield area, if these ambulances are now having to travel further to take people to the Emergency Care Centre, they are spending more time 'on the road' taking people for treatment at the Emergency Care Centre. Is there a danger that ambulances won't be available within the Huddersfield area as much of the time as they are now? What consideration has been given to this? And what re-assurance can be given?”

“...Also what considerations have been given to the increases in the budget paid to the ambulance service, due to increased staffing and travel times required to transport patients to Halifax, and also increases in budget to other trusts A&E units. Will these increases not make the reconfiguration less cost effective?...”

- 23 people were concerned about the difficulties the elderly, those with children, the disabled and vulnerable would experience with regards to travel:

“...The elderly living in places like Holmfirth and Denby Dale are likely to be effected most by increased difficulty in travelling to CRI...”

“It would be a struggle and ridiculous for elderly people have to travel for. Especially pensioners. People with small children will also struggle. I had an 8am appointment at HRI, I had to use a taxi which cost me over £20 each way.”

- 22 people felt that decisions should be made on medical needs as opposed to financial demands:

“Why can't we have A & E in both towns? It shouldn't be about money it should be about patient care.”

“I cannot believe that these proposals are being suggested with patient care at the forefront. It is obvious that they are being cobbled together

with financial considerations as a priority. There needs to be a complete overhaul of these proposals where patient care is the top priority.”

- 21 people were concerned about services being overloaded/strained:

“The hospitals that are expected to take patients in Barnsley, Oldham and Wakefield are already finding it difficult to cope with patient numbers and cannot take the additional numbers that will result from any proposed change. Ambulances won't be able to cope and no evidence of how the extra hours needed will be paid for or where staff will come from...”

“The reconfiguration plan appears to be over optimistic with no real evidence to support its claims to provide a good service...Journey distance has been shown to affect mortality rates, as has closure of A & E. Rates at BOTH towns are affected by the latter because of increased numbers of patients, which puts stress on both patients and staff...”

- 20 people felt that the changes were, quite simply, a bad idea:

“Ill conceived. Reliant on funding that isn't yet allocated. Reliant on better community based services at a time when there is a shortage of GPs, vacancies that can't be filled, District Nurses on their knees and Locals with a notice to improve. Plans to enter into further PPP that will put more public money into the hands of private companies. No evidence that the plan will result in the outcomes that are being suggested. A possibility that NHS sustainability and transformation plans for West Yorkshire could supersede these planned changes. The most vulnerable will be the hardest hit so further inequality will be seen. I could go on. A complete disaster.”

“It's really unthinkable that this would go ahead! It's crazy it was even proposed!”

- 20 people felt that the proposed changes, or aspects of the proposed changes are a good idea:

“I think they make sense as it is not possible to have the expertise needed at two sites in such close proximity.”

“We would have no problem travelling to either hospital for planned operations or outpatient treatment - it is only the proposed change to emergency care that worries us.”

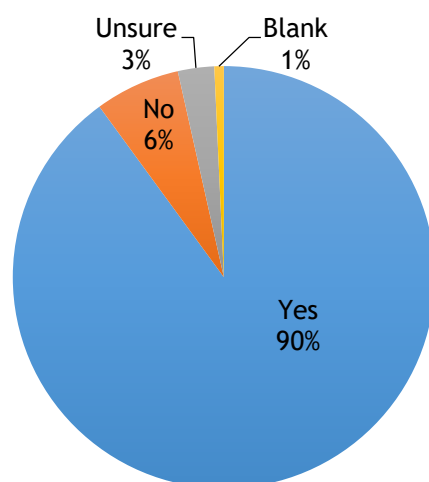
In summary, the most popular responses concern the following aspects:

1. Accessibility, as highlighted in the previous section of this document
2. The proposed changes are based on misjudged decisions (previous and current) and have not taken into consideration the health requirements of the community and associated costs
3. Respondents do not trust the consultation process and question the motives of the CCG

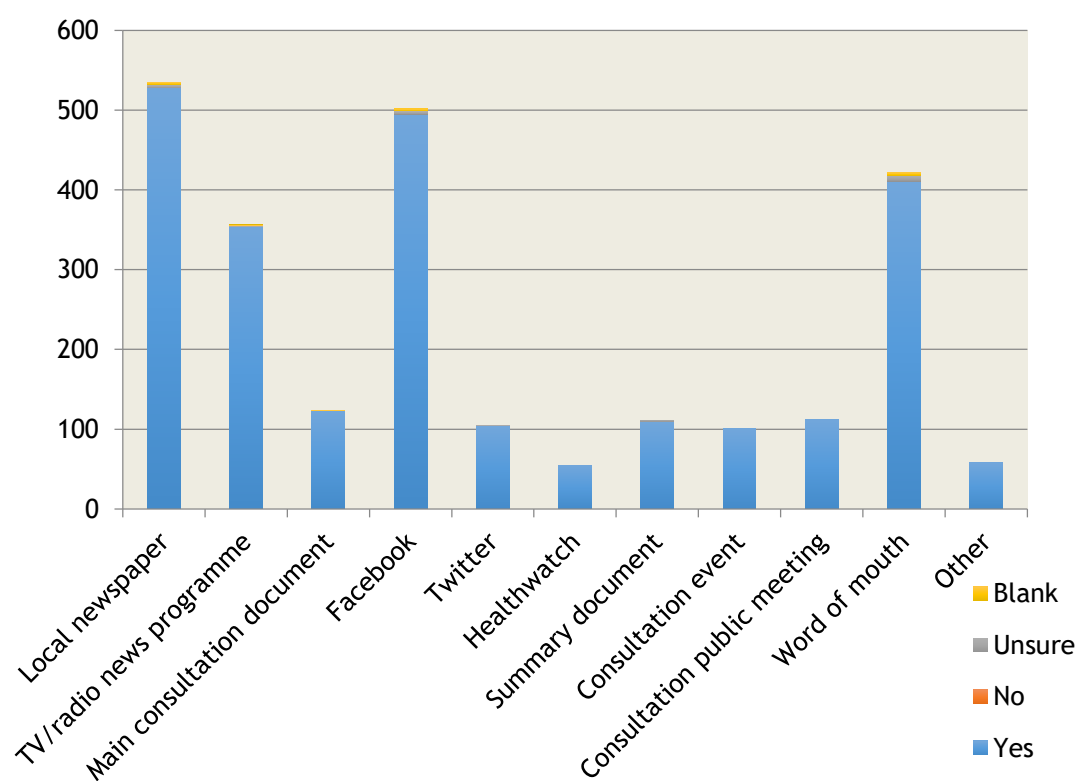
Appendix: Demographic and background information

In addition to the 2 open questions, we asked some other simple questions to ensure that we were reaching as wide a sample of people as we could.

Have you heard about the proposed changes to Huddersfield Royal Infirmary and Calderdale Royal Hospital?

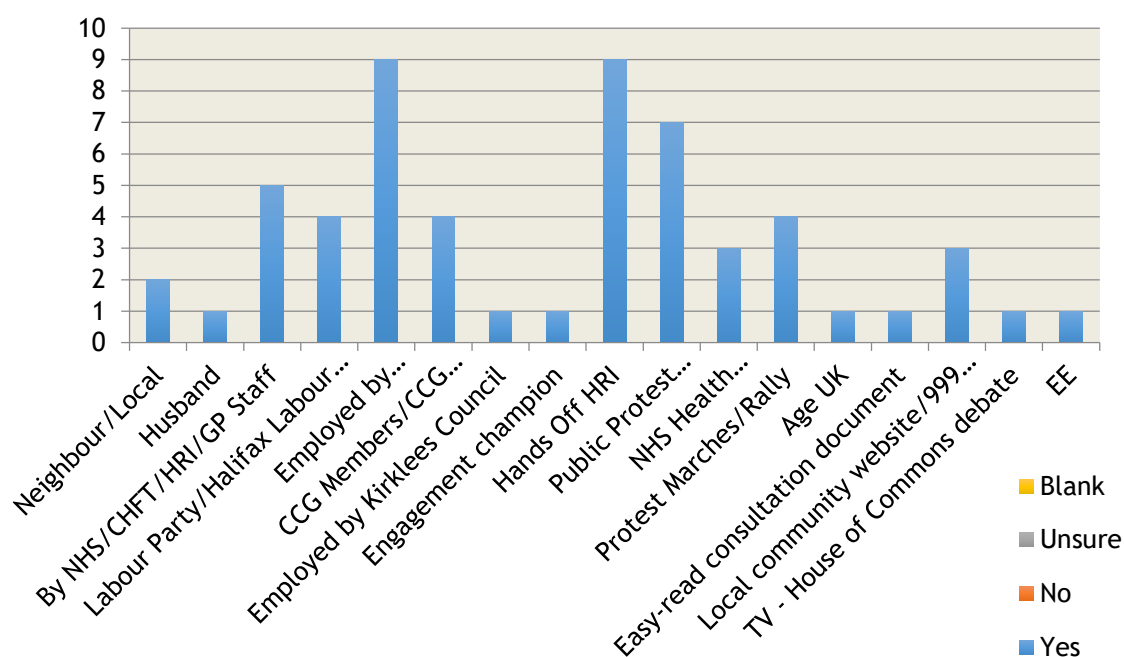


Where have you heard about the proposed changes? (Please select all that apply).

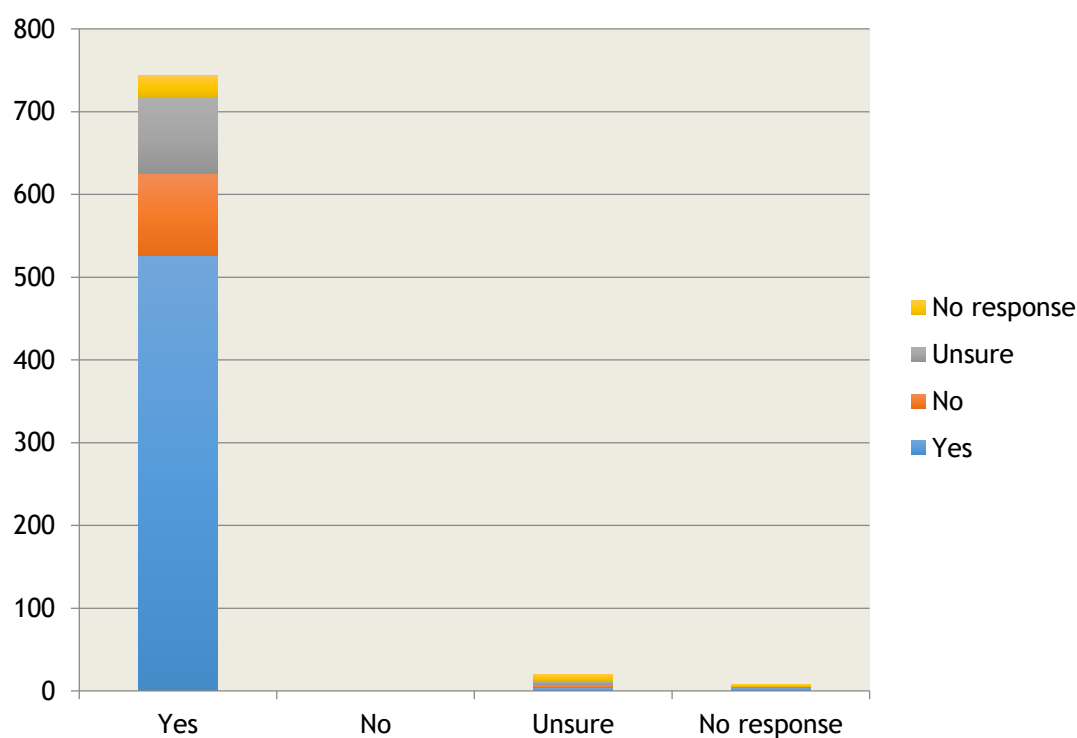




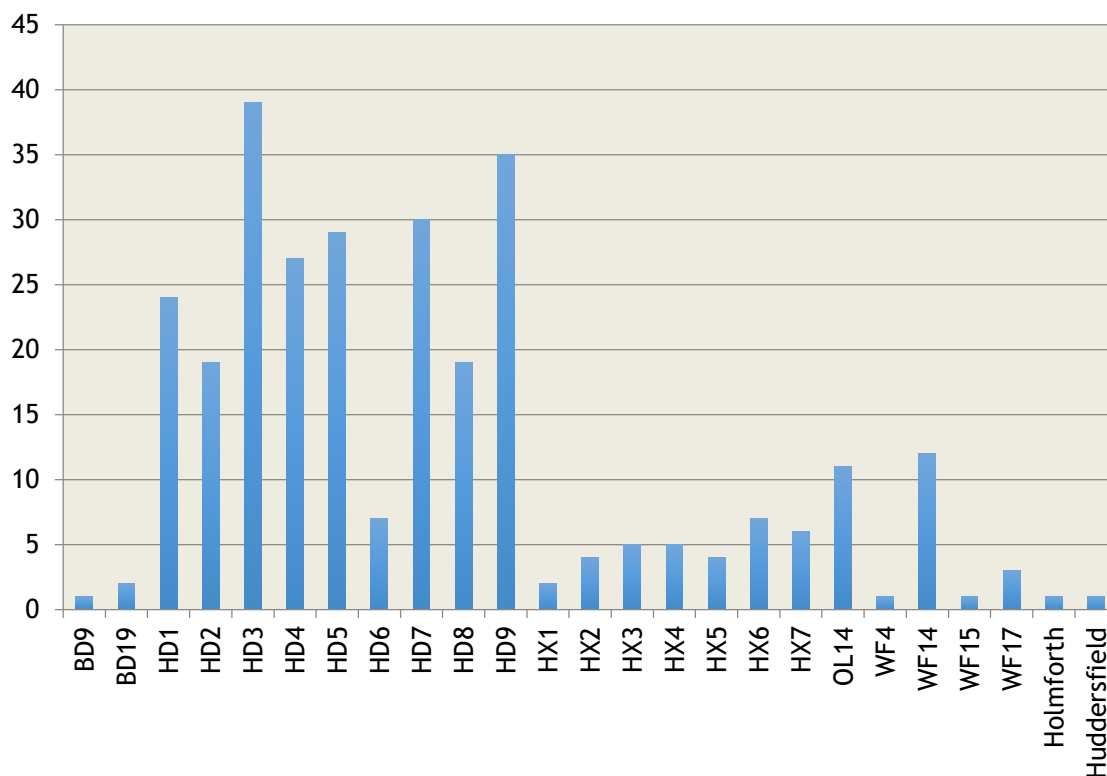
Where have you heard about the proposed changes (other)?



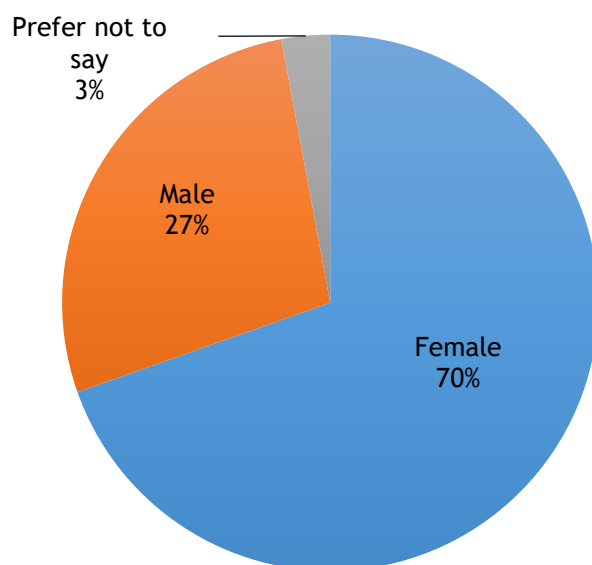
Do you feel like you understand the changes that have been proposed?



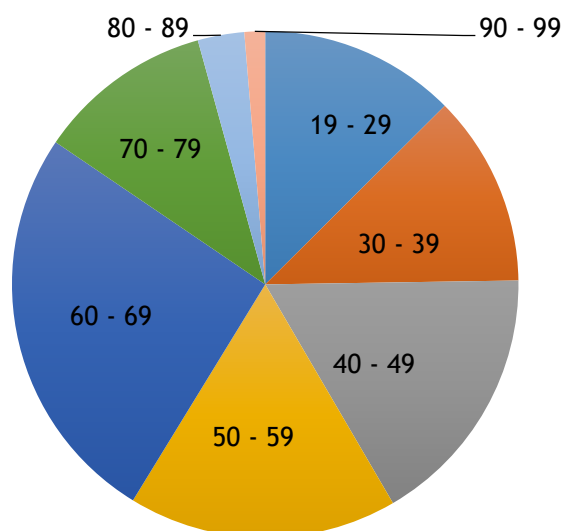
What is the first part of your postcode? e.g. HD1, WF12 If you would prefer not to say, please leave the box blank. (531 did not respond to this question)



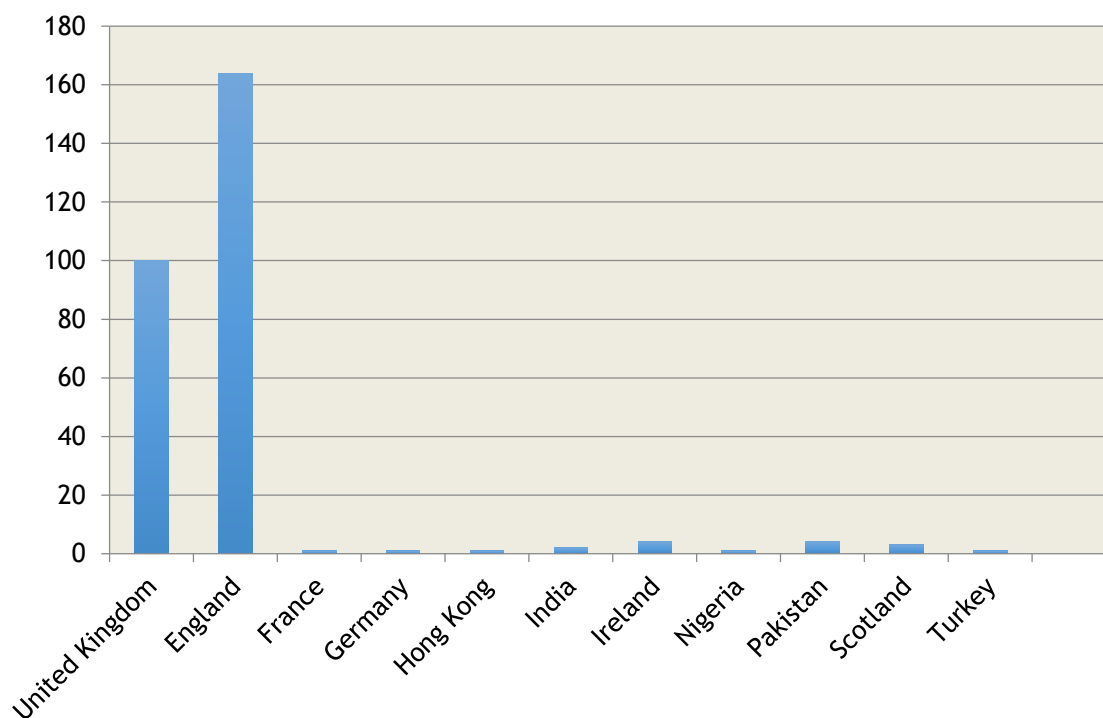
What sex are you? (494 did not respond to this question)



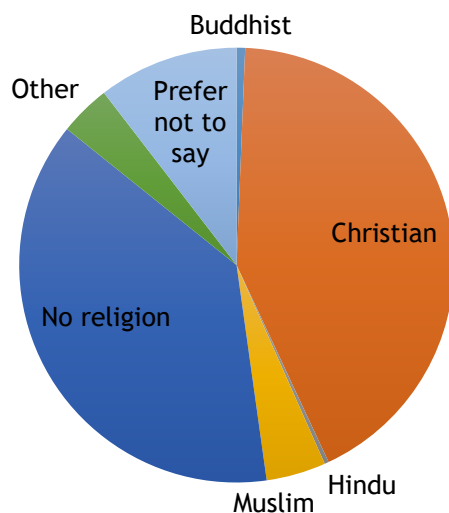
How old are you? e.g. 42 If you would prefer not to say, please leave the box blank. (523 did not respond to this question)



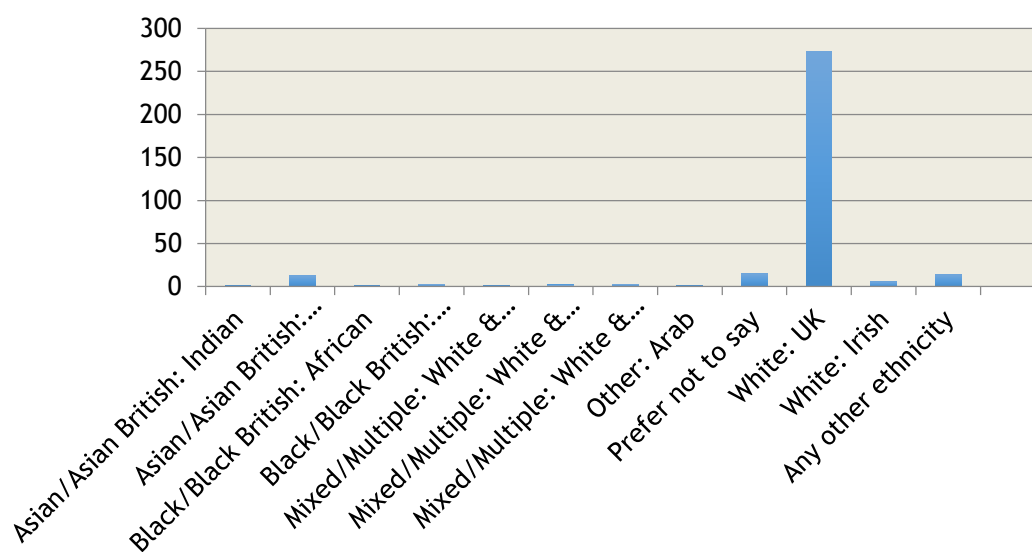
Which country were you born in? If you would prefer not to say, please leave the box blank. (544 did not respond to this question)



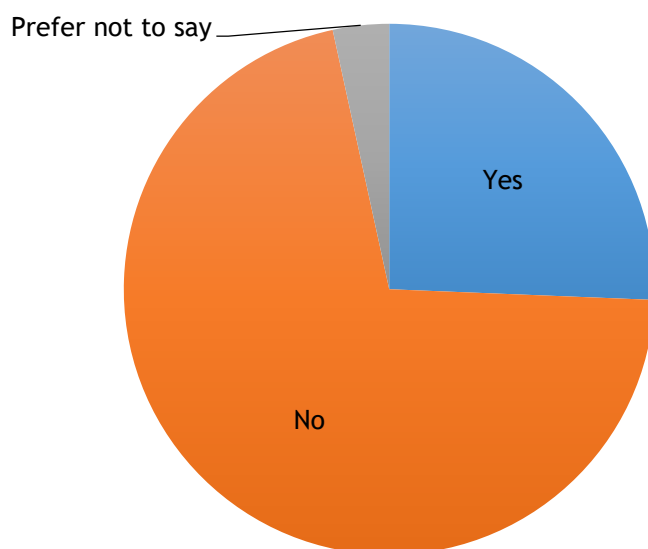
Do you belong to any religion? (510 did not respond to this question)



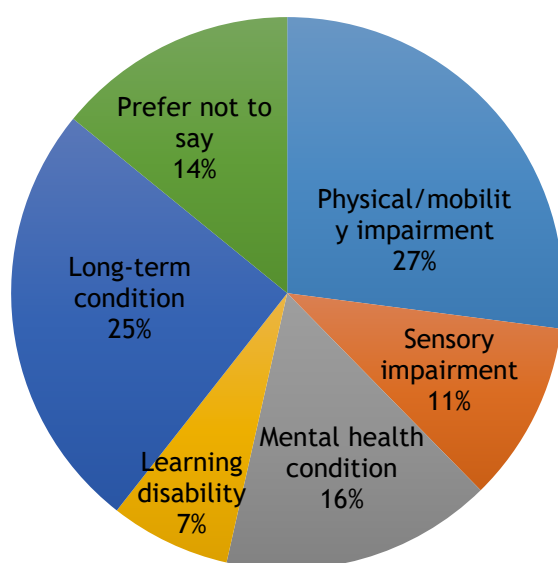
What is your ethnic group? (493 did not respond to this question)



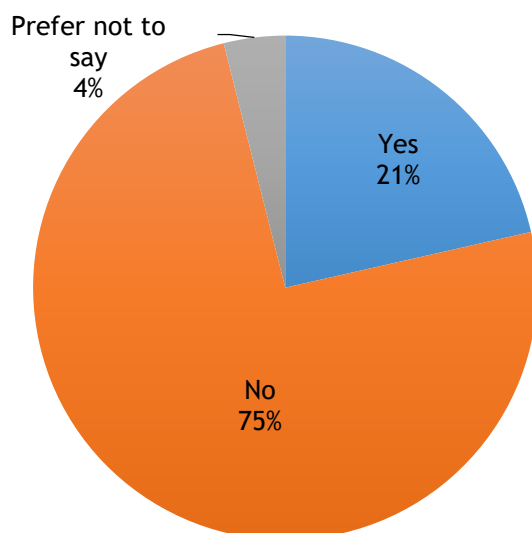
Do you consider yourself to be disabled? (709 did not respond to this question)



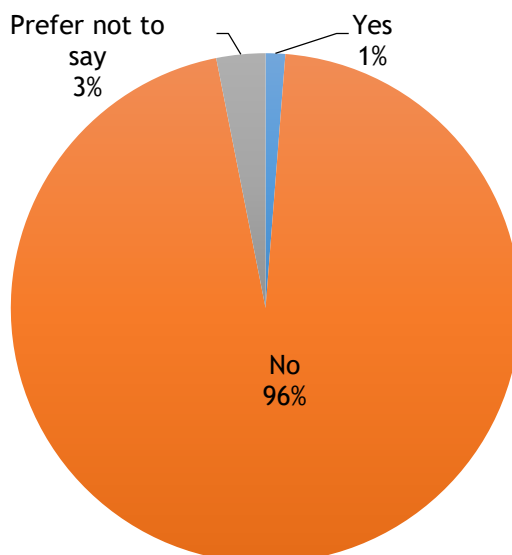
Types of impairment: If you selected yes to the question above, please tick all that apply.



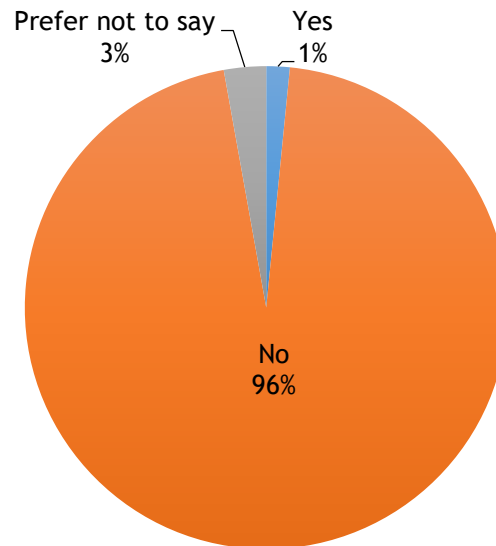
Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age? (495 did not respond to this question)



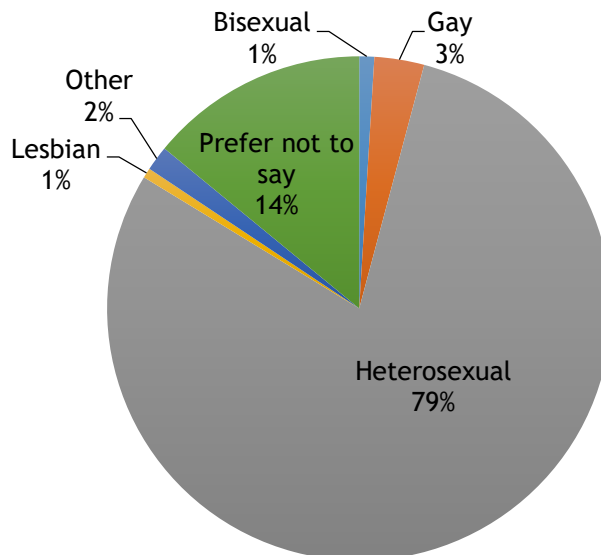
Are you pregnant? (504 did not respond to this question)



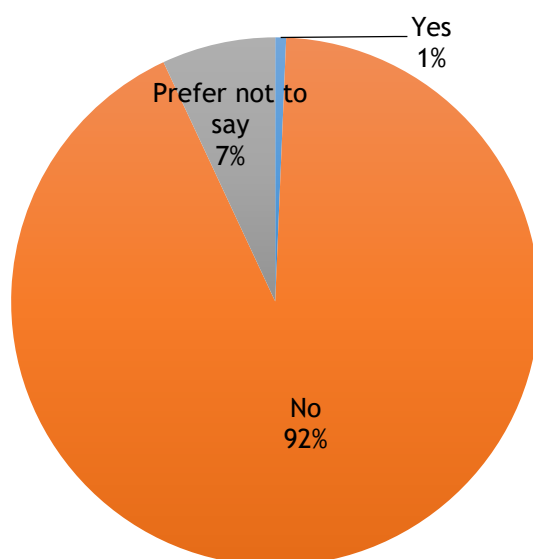
Have you given birth in the last 6 months? (507 did not respond to this question)



What is your sexual orientation? (513 did not respond to this question)



Are you transgender? Is your gender identity different to the sex you were assumed at birth? (524 did not respond to this question)



KEY THEMES FROM SUBMISSIONS TO THE CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE

The Committee was keen to ensure that local people and other key stakeholders had an opportunity to inform the work of the Committee and were grateful to everyone who took time to submit their views including the written and verbal presentations received at the formal meetings and the input from members of public who attended the Committee's drop in sessions.

The Committee would wish to emphasise that seeking public comment was only intended to gauge the public's opinion on the proposals, highlight key issues and areas of concern and should not be considered as a public consultation exercise.

Detailed below is a high level summary of the key themes that have emerged from the Committee's own review of the proposals.

FINANCE

- Question mark over the likelihood of the required funds being made available to implement the proposals.
- Key driver for change is predominately based on the financial position of the Trust.
- Concern on the financial implications of extending PFI borrowing to fund capital build at Calderdale Royal Hospital

CAPACITY

- Insufficient bed capacity to meet the needs of the local populations
- The ability of General Practice and other primary care services to handle the extra demand.
- Lack of detail on how the Care Closer to Home Programmes will meet the extra demand.
- Concern on how Yorkshire Ambulance Service will manage the extra hours in journey times as a result of the reconfiguration.
- Impact on social care

TRAVEL AND JOURNEY TIMES

- Disproportionate impact on vulnerable groups
- Times taken to travel by public transport and impact on people reliant on public transport
- Increase in travel time
- No consideration given to absolute travel times
- Road congestion
- Increase in Ambulance Journey times
- Impact on people living in outlying rural areas who will have extra distances to travel and increased ambulance response times

CONSULTATION

- Inadequate promotion of public drop-in-sessions
- Low attendance at public sessions
- Concerns that leaflets to promote awareness of the proposals and encourage feedback weren't distributed until the latter stages of the consultation period.
- Lack of consultation with GP's and other key stakeholders.

LOCATION

- Suitability of Calderdale Royal Hospital (CRH) for location of emergency centre
- Constraints in space to expand CRH to cope with future increases in demand.
- Inadequate parking facilities at CRH
- Poor road infrastructure surrounding CRH
- Concern that a large population residing in Kirklees could end up without a fully functioning emergency department located in its district.



Name of meeting: Calderdale and Kirklees Joint Health Scrutiny Committee

Date: 1 September 2016

Title of report: Additional Information Received by the Committee

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Is it in the Council's Forward Plan ?	No
Is it eligible for "call in" by Scrutiny ?	Not Applicable
<p>Date signed off by Director & name</p> <p>Is it signed off by the Director of Resources?</p> <p>Is it signed off by the Acting Assistant Director - Legal & Governance?</p>	No – The report has been produced to provide the context to the Committee discussions on the additional information received by the Committee
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral [wards](#) affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Purpose of report

- 1.1 To provide members of the Calderdale and Kirklees Joint Health Scrutiny Committee (JHSC) with the context to support the discussions on the additional information received by the Committee.

2. Key Points

- 2.1 Following the last formal meeting of the Committee members identified a number of areas that they felt required further information or clarification.
- 2.2 Attached to this report is the additional information and responses to the additional questions from the Committee that have been submitted by Calderdale and Greater Huddersfield CCG's, Yorkshire Ambulance Service and Calderdale and Huddersfield NHS Foundation Trust.

- 3. Implications for the Council**
None at this time.
- 4. Consultees and their opinions**
Not applicable
- 5. Next steps**
That the Committee take account of the information presented and consider the next steps it wishes to take.
- 6. Officer recommendations and reasons**
That the Committee consider the information provided and determine if any further information or action is required.
- 7. Cabinet portfolio holder recommendation**
Not applicable
- 8. Contact officer and relevant papers**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
- 9. Assistant Director responsible**
Julie Muscroft Assistant Director: Legal, Governance & Monitoring

Right Care, Right Time, Right Place Programme
Response to post consultation questions

1.0 BACKGROUND

In January 2016, the Governing Bodies of Calderdale CCG and Greater Huddersfield CCG decided that they were ready to proceed to public consultation and anticipated that, pending the successful completion of the Pre-consultation Business Case (PCBC), the Consultation Plan and Consultation Document, they could be ready to commence consultation in early February, 2016.

The CCGs completed the PCBC in January, 2016. The Consultation Plan was presented to the Calderdale and Greater Huddersfield Joint Health Scrutiny Committee (JHOSC) at their meeting in January 2016 and updated to reflect feedback from the Committee. In particular, the CCGs: changed the timing of the public meetings so that they were delivered in the evening; changed the timing of the information sessions so that they ran into the evening and at weekends; and extended the proposed consultation period to 14 weeks.

The Consultation Document and Consultation Survey were presented to JHOSC at their meeting in February, 2016 and their feedback incorporated. The Consultation Document, Survey and other consultation materials were completed in March 2016. The CCGs commenced public consultation on 15th March, 2016. Public consultation finished on 21st June, 2016.

2.0 INTRODUCTION

During the period of consultation, the JHOSC conducted their own scrutiny process. As part of their process, five separate meetings were held in public, each looking at different elements of the CCGs' proposals. The CCGs and CHFT were represented at all these meetings to present evidence and answer JHOSC's questions. In addition representatives from other organisations were present when the element of the proposal under consideration required separate input.

Subsequent to these meetings, JHOSC have requested information in relation to two separate areas:

- a. Clarification on the future planned use of the Todmorden Health Centre and Holme Valley Memorial Hospital
- b. The impact of the proposals on the absolute travel times for people. Absolute travel times was defined as the length of time it took for an ambulance to respond to a call-out, stabilise the patient, arrive at the hospital and hand-over the patient. For public accessing hospital services (outpatients/planned surgery) via public transport it was the total journey time including any walking time (without a 45 minute cut off for increase in journey time).

This report provides the CCGs' response to those questions.

3.0 POST CONSULTATION QUESTIONS

3.1 Todmorden Health Centre and Holme Valley Memorial Hospital

The future planned use of Todmorden Health Centre and Holme Valley memorial hospital are not part of this consultation. The future use of Todmorden Health Centre is being taken forward as part of the Vanguard proposals related to Care Closer to Home. There are no current proposals in relation to the future use of Holme Valley Memorial Hospital.

However, we have stated in the consultation document (page 36) that 'our proposed changes would deliver more care closer to where people live, in GP Surgeries and health centres and this would include some services that have previously been provided in hospital, including routine outpatient appointments and diagnostic tests (such as x-rays and blood tests).

The services we are looking at are set out below

Calderdale

- **Children and young people** – more paediatric clinics in community settings.
- **Frail older people** – Expanding a scheme called Quest for Quality in Care Homes (see page 37) to the remaining 14 care homes in Calderdale.
- **Long term conditions** – Respiratory – services for children with asthma and adults with chronic chest problems. Heart disease – services for people with heart failure, angina and atrial fibrillation. Diabetes – services for when people with diabetes become unwell.
- **Musculoskeletal** – planned orthopaedic care, rheumatology, physiotherapy and hospital based pain management.
- **Ophthalmology** – vision screening, community based optometry, cataract assessment and follow-up, ocular hypertension (OHT) follow-up.
- **Dermatology** – provision of specialist/acute services.
- **Diagnostics** – radiology and pathology.
- **Other services** - End of life care, more services for frail older people, children with complex needs and people with long term conditions and delivery of rehabilitation beds in a community rather than acute hospital setting.

Kirklees

- **Therapies**
Speech and language therapy, occupational therapy and physiotherapy – delivery of outpatient therapy in a community based setting.
- **Children's services** - Community nursing services for children, community paediatric services and specialist nurses – delivery of community children's services as a primary/community based service rather than an acute-led service.
Speech and language therapy, occupational therapy and physiotherapy – delivery of outpatient therapy in a community based setting.
- **Other services** - Rehabilitation beds – delivery of rehabilitation beds in a community rather than acute setting.
- **Diagnostics** – radiology and pathology

We have not determined any preferred individual locations for these services and would not be able to do so until the results of the consultation are known and the CCGs have an understanding of the impact on our proposals.

3.2 Impact on absolute travel times

We do not know absolute travel times for people accessing care in an ambulance or for people accessing planned care via public transport.

The majority of people would still attend the hospital site that they currently attend. The majority of those who need Emergency or Acute care would be transported to the most appropriate hospital (which may not be CRH or their nearest hospital) by the ambulance service.

3.2.1 Ambulance travel times.

The analysis done prior to consultation in relation to ambulance travel was done to establish two things

1. If there was a material differential impact on the Yorkshire Ambulance Service should the Emergency Centre be located at Huddersfield or Halifax.
2. The total impact on the Ambulance service to account for the increased journey time.

The analysis concluded that there was no material differential impact and that the absolute impact would be in the order of 10,000 hours. The 10,000 hours does not take into account a potential reduction in inter facility transfers and a potential increase in community services which would provide pathways for ambulance clinicians to refer into and avoid unnecessary conveyance to an emergency department.

The analysis also provides average journey times and the average increase in journey times for patients conveyed by ambulance. However, it is not possible to tell people what their actual journey time would be. The ambulance takes the most direct route to the most appropriate place depending on the care needed and the state of the roads at the time the journey is made.

The most important time is the time taken for the ambulance to reach the patient. The ambulance staff will then spend time stabilising the patient and then taking them to the place where the required specialism is in place to provide the required care. This may not be their nearest hospital.

Therefore although the journey may be longer, all of the specialist services needed would be available at the Emergency centre at CRH, which would give patients a better chance of a good recovery. Travelling to the Emergency Centre is the same as current arrangements for people with serious multiple injuries, heart attacks or burns who would go to a specialist emergency centre, such as Leeds or Wakefield.

Additionally, the evaluation of risk related to the increase in average ambulance journey time is part of the Quality Impact Assessment (Appendix D of the Pre-Consultation Business Case). Both the Prior risk level and the new risk level should the proposed changes go ahead have been assessed as Low.

The Ambulance Travel Analysis report and the Pre-Consultation Business Case have been published in full.

3.2.2 Travel for Planned Care

The analysis done prior to consultation in relation to patient travel was done to establish two things:

1. If there was a material differential impact should the Emergency Centre be located at Huddersfield or Halifax.
2. The estimated change in car and public transport journey times of travelling to CRH instead of HRI and vice versa.

The report does not identify a material differential impact should the Emergency Centre be located at Huddersfield or Halifax.

The report identifies that the likely increase in journey time is between 15 and 20 minutes, but that the impact on journey times for public transport users is likely to be more significant than that for car users. The report states "Several areas including the south of Huddersfield, the south of Halifax, the Queensbury / Ovenden area, Stainland, Hebden Bridge and Todmorden are likely to incur a significant increase in journey time in excess of 45 minutes.

"Journey time changes for public transport differ greatly depending on the time of day, and whether it is a weekday or the weekend. As expected, the changes in public transport journey times are at their lowest when public transport provision is at its greatest (i.e. weekday and weekend daytimes). In the weekday early mornings and late evenings, the increases in public transport journey times are higher."

The potential impact of the proposed changes on different population demographics is set out in the Equality Impact Assessment (Appendix E of the Pre-Consultation Business Case).

The Equality Analysis sets out:

- A review of clinical research and data to determine protected groups likely to be impacted on by changes to hospital services
- An analysis of service usage data and comparison with local demographics to identify over / under usage of services by protected characteristic groups
- A consideration of geography and deprivation as an indicator of health inequalities to determine people who are most likely to be impacted and where there is a lack or gaps in service usage data
- A review of engagement activity to date and findings, identifying gaps in data

REPORT TO THE JOINT CALDERDALE AND KIRKLEES HEALTH OVERVIEW AND SCRUTINY PANEL
AUGUST 2016

- Consideration of potential impacts on protected groups and other disadvantaged groups including travel and transport
- Analysis of data to identify impacts (negative and positive) on protected groups and recommendations for mitigating actions from this analysis.

The CCGs recognise that travel and transport is a serious consideration. In recognition of the findings of the Travel Analysis and the Equality Analysis, the CCGs have agreed to establish a Travel Group.

As well as members of the public, we would be inviting representatives from organisations with responsibility for travel in the area (such as: Calderdale Council (Transportation), Kirklees Council (Transportation), West Yorkshire Combined Authority, Yorkshire Ambulance Service, Upper Calder Valley Sustainable Transport ; transport Providers in Calderdale and Greater Huddersfield (Arriva, First Bus, Northern Rail, Yorkshire Tiger, Metro) to form the Travel group

In addition we would take account of:

- the feedback from the Consultation – Question 11 of the survey – specifically asks about Travel, transport and parking
- feedback from the Joint Health Scrutiny Committee which met on 19th April to consider the impact of the proposals on transport for patients and their visitors to and from hospital by ambulance, private transport and public transport and what steps may be taken to address any issues that may arise, and also received a deputation from Upper Calder Valley Sustainable Transport group at their meeting on 14th June.

Proposals for how support could be provided to mitigate any potential negative impacts will be collected through the responses to the Consultation Process and considered together with other information developed by the Travel and Transport Group so that, should the proposals go forward they can be considered as part of the Full Business Case.

The Patient Travel Analysis report and the Pre-Consultation Business Case have been published in full.

Jen Mulcahy, Programme Manager,
NHS Calderdale CCG and NHS Greater Huddersfield CCG
12th August, 2015

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Calderdale and Kirklees Joint Health Scrutiny Committee

**Additional Information supplied by Andy Simpson (Head of Emergency Operations)
Yorkshire Ambulance Service, in response to a Committee question on absolute travel times.**

Absolute travel time is influenced by lots of external variables – any figure would be subjective and dependant on the below factors, many of which we do not record. I have liaised with the program board and they have formally replied to your request but here is the detail if required.

Response time

Dependant on:

- Category of call (red, amber)
- Type of incident (incidents such as RTC, cardiac arrests and trauma incidents need multiple resources)
- Type of resource sent (Ambulance, Rapid response vehicle, Community first responder, HART, YAA, fire service first response etc.
- Which resource arrives first (only an ambulance counts as a response in a stroke patient even though an RRV may be on scene)
- Where the resource was sent from
- Were resources available when the call came in (we stack calls based on clinical priority)
- Peaks in demand
- Road conditions due to time of day, seasons, weather conditions

On scene time

Dependant on:

- Clinical need
- Patients we treat and then do not convey
- Complex patients – (Social and mental health patient problems tend to be protracted incidents)

Conveyance to hospital

Dependant on:

- Time of day
- Whether the patient was conveyed under normal road conditions or blue lights (we do not record this data)
- Hospital site being conveyed to (patient choice, specialist site)

Handover at Emergency Department (ED)

- Patients condition may require a pre alert for immediate assessment on arrival
- Low priority patients may have to queue to handover to allow for higher priority patients
- Multiple arrivals in ED by YAS
- Clinical staff availability to handover.
- Capacity within ED

Calderdale and Kirklees Joint Health Scrutiny Committee

Additional Information supplied by Calderdale and Huddersfield NHS Foundation Trust in response to a Committee question on outpatients system and arrangements for families visiting young children in hospital.

1. Information on the numbers of day case surgery operations /procedures currently carried out at each hospital site and how this activity will change under the proposed changes to hospital services.

Response

Attached document provides the data for day case activity under the current model and the forecast under the new model.

2. Information on how the current system for outpatients operate to include: choice; how does/will this differ from current arrangements; impact of reconfiguration (e.g. location of consultants) implications for patients such as travel.

Response

Changes to choice of provider location will be minimal. Depending on service configuration, some services may be available on one specific site, this will be indicated on the e-referral choice menu. Patients will continue to be able to choose the provider and location (CRH, HRI, Todmorden etc.) they wish to visit to receive treatment. And as now, will be able to choose between sites whilst on the outpatient pathway, depending on patient choice and appointment availability.

The Trust shuttle service will continue to run between the main hospital sites.

3. Under the proposed changes what arrangements will be in place to accommodate families visiting young children in hospital - how does/will this differ from current arrangements e.g. crèche facilities, sleeping accommodation; how will the new arrangement help to enhance the child's and family experience; what measures will be put in place to mitigate the additional travelling times for Kirklees families.

Response

Kirklees Families currently travel to Calderdale for all acute paediatric and planned surgical services. The new model will not result in changes to this.

The shuttle bus is available to transport parents from Huddersfield Royal Infirmary to Calderdale Royal Hospital. On both hospital sites we currently provide 'put up ' beds at the

side of the child's for/ bed to ensure parents can be with their children at all times during their stay in hospital. We have open visiting arrangements for all parents. Complementary drink and breakfast facilities are provided in a parents quiet area and the catering service offer a "bring me food" service at other times of the day.

Although we don't have a crèche or have any plans to develop a crèche we do have a team of play and family support assistants who support children in hospital and their siblings when required. We are currently undertaking a piece of work with both teenagers and parents to understand their requirement whilst staying in hospital.

Day Case Activity

15/16 forecast outturn

POD Description	Daycase			
Sum of Activity Year15/16	Column Labels			Actual Figures
	Calderdale	Huddersfield		
Row Labels	Royal Hospital	Royal Infirmary	Grand Total	
GENERAL SURGERY	4352	5378	9730	10,270
OPHTHALMOLOGY	6176	2130	8306	7,868
MEDICAL ONCOLOGY	2736	3648	6384	6,543
HAEMATOLOGY	1727	1806	3533	3,491
ORTHOPAEDIC SURGERY	2286	948	3234	2,788
GASTROENTEROLOGY	1233	1925	3158	3,875
PAIN MANAGEMENT	2162		2162	2,205
UROLOGY	1318	762	2080	2,176
GENERAL MEDICINE	1513	222	1735	1,471
GYNAECOLOGY	1098	635	1732	1,696
EAR NOSE AND THROAT	541	1185	1726	1,594
MAXILLO FACIAL SURGERY	36	1677	1713	1,971
RHEUMATOLOGY	1426		1426	954
PLASTIC SURGERY	8	1227	1235	1,273
CARDIOLOGY	984		984	860
PAEDIATRICS	280	53	333	371
INTERVENTIONAL RADIOLOGY	64	242	305	297
ELDERLY	198		198	154
NEUROLOGY	90		90	88
RENAL MEDICINE	74		74	
ANAESTHETICS	48		48	
OBSTETRICS	7		7	
DERMATOLOGY	7		7	
VASCULAR SURGERY	2	4	6	
PALLIATIVE MEDICINE	5		5	
RESPIRATORY MEDICINE	4		4	
GENITO-URINARY MEDICINE	2		2	
ENDOCRINOLOGY	2		2	
ACCIDENT & EMERGENCY		2	2	
Grand Total	28381	21842	50223	

Day Case Activity

15/16 forecast outturn but put against sites as per model

POD Description	Daycase		
Sum of Activity Year15/16 Row Labels	Column Labels		Grand Total
	Calderdale Royal Hospital	Huddersfield Royal Infirmary	
GENERAL SURGERY	232	9498	9730
OPHTHALMOLOGY	96	8210	8306
MEDICAL ONCOLOGY	6384		6384
HAEMATOLOGY	3533		3533
ORTHOPAEDIC SURGERY	137	3097	3234
GASTROENTEROLOGY	3158		3158
PAIN MANAGEMENT	27	2135	2162
UROLOGY	132	1948	2080
GENERAL MEDICINE	1735		1735
GYNAECOLOGY	1732		1732
EAR NOSE AND THROAT	1726		1726
MAXILLO FACIAL SURGERY	952	761	1713
RHEUMATOLOGY	6	1420	1426
PLASTIC SURGERY	99	1135	1235
CARDIOLOGY	984		984
PAEDIATRICS	333		333
INTERVENTIONAL RADIOLOGY	2	303	305
ELDERLY	198		198
NEUROLOGY	90		90
RENAL MEDICINE	74		74
ANAESTHETICS		48	48
OBSTETRICS	7		7
DERMATOLOGY		7	7
VASCULAR SURGERY		6	6
PALLIATIVE MEDICINE	5		5
RESPIRATORY MEDICINE	4		4
GENITO-URINARY MEDICINE	2		2
ENDOCRINOLOGY	2		2
ACCIDENT & EMERGENCY	2		2
Grand Total	21654	28569	50223

Day Case Activity

20/21 forecast outturn but put against sites as per model

POD Description	Daycase		
Sum of Activity Year5 Row Labels	Column Labels		Grand Total
	Calderdale Royal Hospital	Huddersfield Royal Infirmary	
GENERAL SURGERY	253	10183	10437
MEDICAL ONCOLOGY	5876		5876
HAEMATOLOGY	5563		5563
OPHTHALMOLOGY	98	3897	3994
GASTROENTEROLOGY	3352		3352
ORTHOPAEDIC SURGERY	140	3172	3312
UROLOGY	167	2366	2534
PAIN MANAGEMENT	30	2283	2313
MAXILLO FACIAL SURGERY	1114	890	2005
GENERAL MEDICINE	1873		1873
GYNAECOLOGY	1780		1780
EAR NOSE AND THROAT	1758		1758
PLASTIC SURGERY	104	1167	1271
RHEUMATOLOGY	4	1023	1027
CARDIOLOGY	958		958
PAEDIATRICS	443		443
INTERVENTIONAL RADIOLOGY	2	299	301
ELDERLY	134		134
RENAL MEDICINE	108		108
NEUROLOGY	85		85
ANAESTHETICS		53	53
OBSTETRICS	7		7
VASCULAR SURGERY		6	6
DERMATOLOGY		6	6
RESPIRATORY MEDICINE	4		4
ACCIDENT & EMERGENCY	2		2
GENITO-URINARY MEDICINE	2		2
PALLIATIVE MEDICINE	2		2
ENDOCRINOLOGY	2		2
Grand Total	23863	25346	49209

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