



**WEST YORKSHIRE JOINT HEALTH SCRUTINY  
COMMITTEE  
(KIRKLEES and WAKEFIELD)**

**Response to the 'your hospitals, your say'  
consultation on proposals to develop specialist  
hospital services in mid Yorkshire.**

Overview and Scrutiny Office  
Rooms 47-49  
County Hall  
Wakefield  
WF1 2QW

Telephone: 01924 305957  
e.mail: [scrutinycontact@wakefield.gov.uk](mailto:scrutinycontact@wakefield.gov.uk)

Scrutiny and Governance  
First Floor  
Civic Centre 3  
Huddersfield  
HD1 2TG

Telephone: 01484 221908  
e.mail: [Scrutiny.Governance@Kirklees.gov.uk](mailto:Scrutiny.Governance@Kirklees.gov.uk)

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## Chair's Foreword

This report presents the findings of the Joint Health Scrutiny Committee for Kirklees Council and Wakefield Metropolitan District Council on the proposals to develop specialist hospital services in Mid Yorkshire as documented in the consultation document, 'Your Hospital, Your Say.'

The Joint Health Scrutiny Committee have undertaken a thorough, evidence based review of the key proposals, looking in-depth at both the clinical arguments for change and the potential impact on patients.

My thanks to the many individuals who have given valuable time and input in to the evidence gathering process. I would like to thank the Committee members: Councillor Betty Rhodes, Councillor Ann Raistrick, Councillor Paul Kane, Councillor June Drysdale, Councillor Derek Hardcastle, Councillor Ros Lund and Councillor Yvonne Crew.

Finally thank you to the scrutiny support team, Penny Bunker, Beth Hewitt and Andy Wood.

**Councillor Elizabeth Smaje**  
**Chair**  
**Kirklees and Wakefield Joint Health Scrutiny Committee**

## Terms of Reference and Working Arrangements

### **The role of Health Scrutiny and the responsibility of the Joint Health Scrutiny Committee:**

Following the introduction of local authority overview and scrutiny committees under the Local Government Act 2000, additional statutory powers in relation to health scrutiny were brought in by the Health and Social Care Act 2001. These were again strengthened by subsequent Regulations and Directions. The 2001 Act formally enabled authorities with responsibility for social services to review and scrutinise health service matters, and to make reports and recommendations to NHS bodies.

Under the legislation, health scrutiny committees have powers to summon officers of health trusts to committee meetings, to require information from NHS bodies on the planning and provision of health services, and must be consulted by health trusts about significant changes to service provision. It has been agreed that the proposals in the consultation 'Your Hospitals Your Say' were significant and are therefore subject to statutory consultation with Overview and Scrutiny.

Where proposals to change health services span more than one local authority area there is a requirement to establish a joint health scrutiny committee. In West Yorkshire, a protocol has been agreed between the five local authorities for establishing a joint scrutiny committee where proposed changes affect more than one local authority area.

The proposals in 'Your Hospital Your Say' impact on residents in Kirklees and Wakefield Councils and a Joint Committee of councillors from both local authorities was therefore established to respond to the proposals.

The Joint Health Committee has the following roles and functions in relation to the Mid Yorkshire Hospitals Trust service configuration consultation;

- To scrutinise the proposed service configuration and its effect on patients and the public.
- To require the Wakefield and Kirklees Partnership Board to provide information about proposed service configuration and where appropriate to require the attendance of representatives from relevant organisations to answer such questions as appear to it to be necessary.
- To prepare a report to the Wakefield and Kirklees Partnership Board and participating local authorities, setting out any comments and recommendations on the service configuration.

- To receive from Wakefield and Kirklees Partnership Board its formal response to this report and to determine whether any concerns expressed by the Committee have been addressed.
- To report to the Secretary of State in writing if it is not satisfied that consultation with the Joint Health Scrutiny Committee on the proposals, have been adequate in relation to the content or the time allowed.
- To report to the Secretary of State in writing if it considers that the proposals are not in the interests of health service users in west Yorkshire.

In considering the proposals the Joint Health Scrutiny Committee will have particular consideration to the following:

- That there will be equitable distribution and range of quality in service provision, including an appropriate balance between community based services and acute hospital provision.
- That there is adequate physical access to services (i.e. transport) together with other relevant social and economic consequences for service users and carers.
- Whether the proposals are affordable, sustainable and flexible enough to meet the changing needs of the population.
- That there is person centred planning and provision, including implication of the 'choice' agenda.

### **Membership of the Committee**

The membership of the Joint Health Scrutiny Committee is:

Cllr Elizabeth Smaje (Chair)	Kirklees Council
Cllr Yvonne Crewe	Wakefield Metropolitan District Council
Cllr June Drysdale	Wakefield Metropolitan District Council
Cllr Derek Hardcastle	Kirklees Council
Cllr Paul Kane	Kirklees Council
Cllr Ros Lund	Wakefield Metropolitan District Council
Cllr Ann Raistrick	Kirklees Council
Cllr Betty Rhodes	Wakefield Metropolitan District Council

### **Committee activity**

The Joint Health Scrutiny Committee held three informal meetings and several formal meetings in public between May and October 2009, to receive information and evidence from a wide range of individuals and organisations:

DATE	COMMITTEE ACTIVITY
11/05/09	The Committee received a presentation on the proposals for change for configuration for acute hospital services for the population served by the Mid Yorkshire Hospital NHS Trust.
06/07/09	The Committee considered the consultation process, the transport review and findings of the National Clinical Assessment Team and Gateway findings.
11/09/09	<p>The Committee considered the proposals for:</p> <ul style="list-style-type: none"> <li>• Neonatal intensive and high dependency care</li> <li>• Inpatient Surgery for children</li> <li>• Inpatient surgery for urology and lower gastrointestinal cancers.</li> </ul> <p>The Committee also considered community based services, received an update on the progress of the consultation and viewed a presentation on the consultation proposals as presented to the at public consultation events.</p>
14/09/09	The Committee discussed the proposals with members of the Kirklees and Wakefield Local Involvement Network (LINKs) and Link support officers.
29/09/09	The Committee discussed the Transport implications of the proposals and received evidence from; West Yorkshire Ambulance Service, METRO and Transport Consultants from Steer Davies Gleave.
06/10/09	<p>The Committee considered the proposals for Inpatient orthopaedic trauma surgery</p> <p>The Committee also discussed the proposals with the Strategic Health Authority. (SHA)</p>
23/10/09	The Committee met to formulate their findings, recommendations and conclusions.
28/10/09	The Committee met to agree the final report

The work of the Committee was supported by an officer team from Kirklees Council and Wakefield Metropolitan District Council – Penny Bunker (Scrutiny and Governance Manager, Kirklees Council), Beth Hewitt (Scrutiny Officer, Kirklees Council and Andy Wood (Overview and Scrutiny Officer, Wakefield MDC).

The Committee is grateful to the wide range of individuals and organisations who were invited to attend the public meetings of the Committee and to provide evidence including:

<b>ORGANISATION</b>	<b>INDIVIDUALS</b>
NHS Kirklees	Mike Potts - Chief Executive Dr David Anderson - PEC Chair,
NHS Wakefield District	Alan Wittrick -Chief Executive Ann Ballarini - Director of Strategy and Commissioning Gill Brown – Project Manager Eleanor Nossiter - Head of Communications, Danny Anderson - Communications Advisor Dr Phil Earnshaw - Clinical Management Committee Chair
Mid Yorkshire Hospitals Trust	Julia Squires - Chief Executive, Mid Yorkshire Hospitals NHS Trust Michele Ezro - Associate Director of Strategy and Business Development Karen Stone - Consultant Paediatrician (Head of Children's Services) Simon Harrison - Consultant Urologist Susan Wood - Directorate Matron, Children's Services Professor Tim Hendra - Medical Director Mr Bernd Ketzer - Consultant Orthopaedic Trauma
Local Involvement Network	Julian Grove-Howarth - Advocacy Coordinator (Kirklees LINK) Kathryn Phelan - Community Engagement Worker (Kirklees LINK) David Thompson - Link Member (Kirklees Link) Dr Narendra Mathur - Link Member ( Wakefield LINK)
Metro	Erica Ward - Community Liaison & Access Co-ordinator Mark Beswick - Area Co-ordinator for Kirklees and Wakefield.
Steer Davis Gleave	Graham Reed - Transport Consultant Helen Bonner - Transport Consultant
Strategic Health Authority	Ros Roughton - Director of Strategy and System Reform
Yorkshire Ambulance Service	Martyn Pritchard -Chief Executive, Sarah Fatchett - Director of Operations



## Background to the Trust (Strategic Context)

The Mid Yorkshire Hospitals NHS Trust was formed in April 2002 when the former Pinderfields and Pontefract Hospitals Trust and Dewsbury Health Care Trust merged together.

The Organisation is a large acute hospital Trust, serving the communities of Wakefield District and North Kirklees. The Trust also treat patients from surrounding areas, including South Leeds, North Yorkshire, Barnsley and Doncaster.

Most of the Trust's services are provided from their three main hospital sites – Pinderfields General Hospital, Dewsbury and District Hospital and Pontefract General Infirmary. In addition, day case and outpatient services are provided from Clayton Hospital in Wakefield with some services provided at other facilities and clinics across the district.

### **Key facts and figures about the Trust:**

- The Trust employs over 7,000 staff
- It has an annual budget of over £330 million

### **Each day in the Trust's hospitals:**

- Around 18 deliveries take place in the maternity units
- Over 500 people attend the emergency departments
- Over 190 patients are admitted as an emergency
- There are over 235 planned procedures such as operations
- Around 1,850 people are seen in outpatients
- They carry out more than 1,000 radiology investigations including x-rays, CT, ultrasound and MRI scans
- 2,700 meals are served to patients each day
- On average 2,184 medicines, drugs and other items are dispensed from the Trust's pharmacy
- Around 4,000 patient samples (such as blood tests, swabs, biopsies) are carried out.

### **The national context**

The proposals set out in 'your hospitals, your say' have to be set in context, against a backdrop of national priorities and developments:

- The NHS Plan – the overall blueprint for modernising health services
- National Service Frameworks (NSFs) – the general frameworks on how services are to be provided which gives targets for performance

- Payment by Results – provides a transparent, rules-based system for paying trusts, designed to reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions.
- Our health, our care, our say – changes the way services are provided in communities, provide a more personal service that is tailored to the specific health or social care needs of individuals, gives patients more control over the treatment they receive, to get the most appropriate treatment or care, at the right time in the right setting.
- Patient choice – patient choice aims to provide patients with more choice about when, where and how their healthcare needs are met.
- Choose and Book – allows people to choose their hospital or clinic and to book an appointment with a specialist.
- High Quality Care for All - the final report of the NHS Next Stage Review – defines quality of care as clinically effective, personal and safe. This means protecting patient safety by eradicating healthcare acquired infections and avoidable accidents. It is about effectiveness of care, from the clinical procedure the patient receives to their quality of life after treatment. It is also about the patient's entire experience of the NHS and ensuring they are treated with compassion, dignity and respect in a clean, safe and well-managed environment.

### **NHS Yorkshire and the Humber (Strategic Health Authority)**

Created by the government in 2002 to manage the local NHS on behalf of the Secretary of State, there were originally 28 strategic health authorities (SHAs). On 1 July 2006, this number was reduced to 10. It was envisaged that fewer, more strategic organisations would deliver stronger commissioning functions, leading to improved services for patients and better value for money for the taxpayer.

Strategic health authorities are responsible for:

- Developing plans for improving health services in their local area,
- Making sure local health services are of high quality and performing well,
- Increasing the capacity of local health services – so that they can provide more services, and
- Making sure national priorities – for example, programmes for improving cancer services – are integrated into local health service plans.

Strategic health authorities manage the NHS locally and are a key link between the Department of Health and the NHS.

Since 2007 NHS Yorkshire and the Humber has had a duty to oversee all major service change in the region, ensuring the process adheres to

best practice. The Service Change Assurance Process aims to minimise the risks for NHS organisations in developing, consulting and implementing major service change.

The Mid Yorkshire Hospitals NHS Trust proposals are to develop specialist centres for the following services:

- Neonatal intensive and high dependency care (*in Wakefield*)
- Inpatient surgery for children (*in Wakefield*)
- Inpatient orthopaedic trauma surgery (*in Wakefield*)
- Inpatient surgery for urology and lower gastro-intestinal cancer (*In Dewsbury*)

The Trust has successfully passed through the Service Change Assurance Process and public consultation began on 3 August 2009 and will run until 30 October 2009.

## Evidence and Findings

### The Consultation and Engagement Process

#### Engaging patients and the public

One of the responsibilities of the joint health scrutiny committee was to reach a view on whether the consultation process undertaken by the NHS trusts was developed and undertaken in accordance with the legal duty on the NHS to involve and consult patients and the public. The National Health Service Act 2006 consolidated much of the current legislation concerning the health service. Section 11 of the Health and Social Care Act 2001, the duty to involve and consult, became section 242 of the NHS Act 2006. Section 242 was amended by the Local Government and Public Involvement in Health Act 2007. The duty to involve and consult means that NHS Trusts should discuss with patients and the public their ideas, plans for changes and reasons for these changes.

*Leading Local Change*, part of the Next Stage Review, includes five pledges that PCTs are expected to have regard to. Pledge 4 is 'You will be involved'.

Within this context patients and the public are central as partners within the NHS supported by principles that focus on:

- Designing services *with* local populations, not *for* them
- Solutions developed for *health communities*, rather than individual hospitals or organisations
- Using service improvement techniques including changing working patterns and redesigning services.

Members received information from the Trust that the proposals for change were developed through the following process:

#### **2000 Grasping the Nettle public consultation**

Agreed new hospitals for Pontefract and Wakefield.

Specialist services to be based at Pinderfields Hospitals including:

- Complex major surgery
- Complex births and care for babies who are at risk
- Children's inpatient services

#### **2001 Dewsbury and District Hospital joins the Trust**

Incorporated into future plans for hospital services

### **2005 Darzi Review and Pontefract Engagement**

Responded by developing additional services at Pontefract Hospital

### **2006 Engagement with Wakefield District and North Kirklees residents**

Key priorities indentified from this:

- Provide services as locally as possible
- Value of specialist centres agreed but only where can provide improved quality of care for patients
- Travel is a major issue for patients

### **2007 Engagement with doctors and health professionals**

Professionals across Mid Yorkshire worked to develop hospital strategy

### **2008 Kirklees and Wakefield Partnership Board**

Recommends service change proposals go to public consultation.

### **2009 Transport review concluded**

To identify possible problems faced by patients and families and potential methods to improve this.

## **Details of consultation activity**

Members were informed that the Trust has distributed over 10,000 full and summary consultation documents. The intention was to promote the proposed changes as widely as possible and offer a range of both formal and informal opportunities including:

- Contacting groups and organisations across the north Kirklees and Wakefield districts to provide information on the proposal for them to share with their networks and offering to meet with them to discuss the changes in more detail;
- Promoting the consultation and public meetings at GP and dental surgeries , pharmacies, and dentists, and community venues, such as libraries and community centres;
- Meeting more informally with special interest and patients groups to discuss the proposed changes and their views on these services;
- Handing out information at local markets and town centres and using this as an opportunity to discuss the proposed changes with local people;
- Producing tailored events and information for specific groups e.g. staff, non-English speakers;
- Information sent to key stakeholders including children's centres, Local Area Committees, Tenants and Residents Associations and voluntary sector organisations;

- Media exposure in local newspapers – both paid advertising and editorial copy.

### **Interim Report**

The Joint Committee was concerned however, at the low turnout at public meetings and somewhat unusually agreed to issue an interim report and recommendations:

“The Kirklees Council and Wakefield Council Joint Health Scrutiny Panel is part way through a review of the proposals regarding the future configuration of services provided by Mid Yorkshire Hospitals Trust. The Panel is taking the unusual step of issuing interim recommendations because it feels that a key concern has emerged that should not wait until the final findings scrutiny report is available.

The panel is concerned about the low turnout at the majority of the formal consultation events. Where low attendance may indicate that people have no specific concerns about the proposals, the panel considers that is an unwise assumption to make. The panel acknowledges that there has been some local media cover of the proposals. However feedback from local councillors indicates that local people are largely unaware of the proposals. The panel is concerned that based on current response levels the consultation could be seen as unrepresentative and therefore not valid.

The panel recognises that a decision was taken not to circulate the large consultation document or the consultation summary to all households. Both documents run to several pages and are unlikely to be considered in any detail by the majority of people. However the panel believes that further effort is needed to target more simplified information at residents. This could include targeting information through schools and colleges.

At its meeting in July, the Joint Health Scrutiny Panel suggested existing forums where consultation could take place, these included Children’s Centres and Area Committees. These suggestions were reiterated at the meeting on the 11 September 2009.

The panel notes that the consultation to date appears to be limited to formal events. The panel believes that a more informal approach should also be put in place in an attempt to publicise the proposals. Informal consultation opportunities should be created at places routinely visited by local people, i.e. doctors surgeries, supermarkets etc. The panel recognises that this may lead to a small extension of the consultation period.

## **RECOMMENDATIONS:**

(1) That urgent consideration is given to the public information and promotion of the service reconfiguration proposals. The panel recommends the development of a brief summary of the proposals in accessible language that is widely circulated. The brochure would give an opportunity to people to email or phone through comments rather than attend a formal consultation event or complete a form.

(2) That urgent consideration be given to diversifying the approach to consultation. The panel recommends that more informal approaches should also be used to gather people's views. These would include handing out information in public places leading to informal discussions; attending Area Committees and visiting Children's Centres to talk to young mums"

The Trust responded on the 22 September 2009. The Trust shared the Panels concerns about the disappointing attendance at the public meetings to date and have considered how they might be able to encourage more people to attend. The Trust wanted to reassure the Panel that they had implemented a wide range of methods to promote these meetings and the consultation itself, in addition to working with the local media. The Trust provided the Panel with a summary document outlining the consultation activity to date (Appendix 1)

In response to the Joint Committee's recommendations the Trust hoped the summary document of consultation activity would placate any concerns members may have. It was indicated that all consultation materials had promoted a variety of ways that people could feed back their views, including emailing, calling to ask questions about the changes and to give comments etc.

Given the complexity of the proposals, the Trust did not feel the summary document could be condensed much further without losing much of the context and other key information. However, the Trust has been considering what else could be done to increase awareness of the proposed changes and encourage people to have their say, and plan to produce a simple flyer to promote the consultation and the meetings, which will be widely distributed across the area.

In addition, the Trust indicated that they were using both formal and informal approaches to gather public views, including handing out information at local markets and supermarkets, and acting on the Panel's suggestions to contact Local Area Committees and local Children's Centres.

The Trust had identified a number of additional actions that it is hoped would raise awareness and participation further, including:

- Arranged two additional meetings toward the end of the consultation period at Dewsbury and Pontefract town halls;

- Placing additional adverts in the local press to publicise the remaining meetings;
- Sending information to sports and leisure centres;
- Using community health staff to distribute information about the consultation;
- Ensuring posters advertising the meetings are displayed in advance at all meeting venues; and
- Arranging for posters and flyers to be displayed in post offices and corner shops.

Members of the public have also been advised that they could share their views with the Joint Health Scrutiny Committee. However the Committee has only received one response from the public.

A number of elected councillors on the panel attended public meetings organised the Trust in an observer capacity and reported their observations back to the committee.

Members have also maintained close links with the Local Involvement Networks (LINKs) throughout the consultation period and provided formal and informal opportunities for the LINKs to contribute to the scrutiny process.

### **Committee Conclusion**

**Members of the joint committee were satisfied that the consultation process carried out by the Trust was adequate with regard to both Section 242(1B) and Section 244 of the NHS Act 2006 (Section 244 being the legal duty on the NHS to consult Overview and Scrutiny).**



## Neonatal intensive and high dependency care

### Case for Change:

It is recommended that neonatal intensive care is centralised as a single unit, adjacent to the obstetric unit with planned high risk deliveries, rather than the two in existing plans. It is suggested that there is good clinical evidence for this, it is in line with national policy and it is suggested that it will ensure that this specialist service remains within the Trust.

The evidence to underpin the recommendation to centralise neonatal care is:

- The Yorkshire Neonatal Network, responsible for implementing the Department of Health's policies on Neonatal Care require a single unit within Mid Yorkshire Trust
- A single unit will better use the scarce skills of Paediatricians and Anaesthetists with an interest in Neonates, and specialist trained neonatal nurses
- A unit of eight cots, rather than the existing two units of three, will provide more flexible capacity and access and reduce the number of babies transferred out of the area and ensuring families under pressure can stay in local services wherever clinically indicated.

Neonatal Care includes four published categories of care, which may be summarised as:

- **Intensive care (IC)**, this is care provided for babies who require constant supervision and monitoring, and usually mechanical ventilation. Extremely immature infants require intensive care and monitoring over the first weeks but the continuum of intensive care work extends throughout the whole gestation range.
- **High dependency care (HDC)**, this is for babies who weigh less than 1,000g (2lbs, 3 oz), are receiving help with their breathing via continuous positive airway pressure (CPAP) or intravenous feeding but who do not fulfil any of the requirements of intensive care
- **Special care (SC) within a neonatal unit**, babies receiving special care may need to have their breathing rate and heart rate monitored, to be fed through a tube, be supplied with extra oxygen or treated for jaundice. Special Care also includes babies who are convalescing from more specialist treatment before they are able to be discharged whilst feeding in particular is established.

- **Special care which occurs alongside the mother** (often called “transitional” care but meaning the definition of special care).

The consultation document sets out the following proposals for neonatal intensive care and high dependency care:

- A specialist service dedicated to supporting very complex births and caring for very premature or very ill newborn babies who need high levels of care, which would be based at a new hospital in Wakefield. Dewsbury patients would also be able to benefit from the specialist facilities.
- There would be a dedicated neonatal ambulance service with specialist neonatal staff who would be available for babies who require urgent transportation to or between hospitals.
- Midwife-led maternity services would be available at the hospitals in Dewsbury, Pontefract and Wakefield. Mothers in Mid Yorkshire who were expecting a normal delivery would be able to choose where they want to give birth.
- There would continue to be a consultant-led maternity service at Wakefield and Dewsbury, including a special care unit to care for premature or sick babies.

The consultation document states that the vast majority of mothers whose babies would require neonatal intensive care or high dependency would be identified early on in their pregnancy and therefore would be advised as to whether they are likely to require a higher level of specialist care, which would be provided at the Wakefield hospital.

There would continue to be special care cots available at Dewsbury with the special care cot numbers increasing from 11 to 14. These cots will be used to provide care to babies that are born up to eight weeks early, who are ill or have low birth weight and for those babies that require continuous monitoring of their breathing, heart rates or who require extra oxygen, or to be fed by a tube.

The consultation document also states that the numbers of maternity staff at the hospitals and in the community would be increased. All antenatal and postnatal care would continue to be provided at patients’ local hospitals and in the community setting, including GP surgeries and within the health centres.

It is anticipated that these changes would take place in 2011, once the new hospital in Wakefield is fully operational.

## **Committee Discussions:**

The Committee considered the numbers of babies that would be affected by the proposals and who would be required to be transferred to the new specialist centre at Wakefield. The Committee heard that approximately 1% of babies or approximately 65 babies born in Mid Yorkshire, would require neonatal intensive care or high dependency care.

The Committee wanted to know how many of the Dewsbury births would be required to be transferred. There are approximately 3300 deliveries in Dewsbury and therefore it was estimated that about 35 babies a year would require transfer. The majority of these babies would have been identified in advance and the mothers would already be attending ante-natal in Wakefield. However of these 35 an estimated 15 babies may have to be transferred via the new dedicated neo-natal ambulance service.

The Committee heard that a specialist new ambulance service has been developed for the Yorkshire region which will begin in late 2009. The dedicated neonatal ambulance service had been jointly commissioned by the 14 Primary Care Trusts across the Yorkshire and Humber region. The ambulance would be staffed by a dedicated team of neonatal specialists who will support the baby in transit. In the ambulance there would be room for one of the parents to travel. The ambulance would not be used for other patients other than in extreme emergencies. If, in exceptional circumstances, a neonatal ambulance wasn't available then an ordinary ambulance would be equipped to transfer the baby.

There will be four dedicated ambulances, two operating in the day and two at night, which will be coordinated regionally to provide a much safer service. When a baby is required to be transferred this would be logged with the transport service who would identify where a cot is available.

The service will be able to provide a dedicated specialist transport service 24 hours a day, seven days a week, ensuring that specialist staff and equipment will be available to care for babies who need taking to the new Wakefield Hospital. The service would not be attached to a specific unit and would act as a stand alone service. Therefore the staff would be specifically attached to the dedicated service.

The Committee was informed that by having a specialist centre capacity would be increased. Whilst families would have to travel to Wakefield, the increased capacity at the neonatal facility should reduce the number of babies placed outside the Trusts geographical area. Occasionally families have to travel further to access neonatal facilities, such as Manchester, Liverpool and Newcastle.

Babies born with specific problems, such as surgical conditions or cardiac heart problem will be required to attend specialist centres sometime in other Hospital Trusts. In these circumstances the neonatal ambulance service would be used to transfer the babies.

The increased capacity at the Wakefield specialist centre will enable greater ability for babies that have been transferred out of the Hospital Trust to return back to Wakefield to receive neonatal intensive care instead of having to stay in another Hospital Trust.

The Committee clarified the number of cots and equipment that would be available across the three hospitals and at the new specialist centre. If the proposals were implemented there would be eight intensive and high dependency cots. The level of care that each of these cots would provide would be flexible to the demands of the patients. There would be also be 13 special care cots located in the new Wakefield Hospital. In addition the number of special care cots at Dewsbury would be increased from 11 to 14.

It was also proposed to improve the environment at the special care and neonatal centre in Wakefield. It would allow mothers who required a break from the unit to feel that they weren't too far away from their baby. The rooms would have an observation panel allowing parents and staff to see across all the rooms. However to meet the privacy and dignity needs there would also be separate, private rooms.

Michelle Ezro, Associate Director, Strategy & Business Development at Mid Yorkshire Hospitals NHS Trust , informed the Committee that the intention was that the quality of the environment at Dewsbury would be on a par with those at the specialist centre in Wakefield.

The Committee discussed the range of skills and specialist knowledge that was required by staff looking after neonatal babies. It was stated that the nurses providing neonatal care would have different skills to those required for normal children's nursing. Currently neonatal resources were shared with paediatrics; however the creation of a specialist neonatal provision would enable a dedicated rota. As neonatal medicine advances doctors will be required to become more skilled at more procedures and techniques, allowing more babies to survive than previously.

The benefits of having a specialist service would mean that as more babies enter the unit, physicians and medical professionals would be able to develop their practical skills and knowledge. There would also be a need for skilled technological support in terms of carrying out radiology, ultra sounds, x-rays and for surgical anaesthetic support for babies. This makes it more necessary for paediatricians to sub-specialise in neonatal care.

## **Committee Conclusions**

**The Committee understood the case for establishing the dedicated neonatal provision at Wakefield. It was recognised that there would be midwife-led maternity provision at Pontefract but mothers would have to travel to Wakefield to access consultant-led obstetric care or special care facilities.**

**The Committee welcomed that both midwife-led and consultant-led maternity and obstetric facilities would be maintained in Dewsbury. The Committee would wish to see this level of service maintained. In addition the Committee welcomed the increase of special care cots at Dewsbury from 11 to 14.**

**The Committee welcomed the fact that establishing a dedicated neonatal unit would lead to an increase in the number of neonatal places and help reduce the need for neonatal babies to be placed outside of the Trusts geographical area.**

**The Committee acknowledged that a dedicated staffing rota for neonatal provision would lead to improved skills for medical staff. The ability to specialise should help in recruiting high calibre staff.**

**The Committee also welcomed the introduction of the dedicated neonatal ambulance service, which was clearly a priority recognised across the region. The Committee felt that this should also contribute to improved outcomes for the most vulnerable babies.**

**The Committee therefore concluded that the establishment of a specialist neonatal unit in Wakefield, supported by a dedicated neonatal ambulance service, would improve the outcomes for vulnerable babies. The Committee therefore supports the proposal.**

## **Inpatient surgery for children**

### **Case for Change**

There is a recognition that children, both require and benefit from surgeons, nurses, anaesthetists and other professionals who are skilled in treating their specific needs and in a tailored environment wherever possible. The Healthcare Commission (Now part of the Care Quality Commission), and the Children's National Service Framework also state the need for accommodation and nursing care designed around the needs of very young children through to teenagers. A relatively small proportion of children each year require inpatient surgery, and in order to ensure volumes of work to keep designated surgeons, anaesthetists and specialist nurses it is suggested that a single unit should be formed. A co-location with trauma would be optimal. Such a unit would also reduce the number of children needing to travel to Leeds or elsewhere for treatment.

The evidence for this centralisation is:

Surgery for Children: Delivering a First Class Service: 'Surgery for Children, Delivering a First Class Service' report of the Children's Surgical Forum (July 2007) (*Marker of good practice: Services should be supported by a clinical network; most complex cases are done by the most highly skilled surgeons and their teams; services should be child and family centred and provided as close to home as possible*):

- Complex surgery should be centralised to provide best outcomes;
- Commissioners must ensure that Trusts deliver effective networks of surgical care that support local service provision where safe and possible and more specialist care when needed;
- Occasional practice is undesirable, particularly for elective surgery. However, an active surgeon who deals with the same type of work in adults would not need to treat large numbers of children for successful outcomes;
- All children must be treated by appropriately trained professionals in an environment suitable for their needs;
- In planning surgical services for children, it is vital to involve all support services at an early stage in order that appropriate staff and equipment can be commissioned ;
- Arrangements for the care of the acutely or a critically sick child must be in a place in any unit treating children. These will include robust transfer arrangements where services cannot be provided locally.

The consultation document states the following for changes to Inpatient surgery for children:

- A specialist centre based at the new Wakefield Hospital which would be dedicated to children's inpatient surgery.
- This would be for children who require complex surgery and who would be required to stay in hospital for at least one night.
- This proposal would mean that Dewsbury patients would now be able to benefit from these specialist facilities.
- The specialist centre would provide an environment suitable for children and would include facilities for parents or guardians to stay overnight in bed next to their children.
- Children's outpatient services before and after operations would continue to be available in the local community or in local hospitals and there would be specialist facilities for children's day surgery and inpatient medical treatment at both the Wakefield and Dewsbury hospitals.
- The A&E departments at all three of the hospitals would contain separate dedicated facilities for examining and diagnosing children.

Approximately 200 children a year or four children a week from Dewsbury would be affected by this change and treated at the specialist centre. Children having inpatient surgery would have access 24 hours a day to the consultant-led service with specialist staff and equipment available in one place.

It is anticipated that this change would take place in 2011 once the new hospital in Wakefield is fully operational.

### **Committee Discussions:**

The Committee discussed the proposals regarding changes to children's inpatient surgery with members of the Wakefield and Kirklees Partnership Board, Karen Stone, Consultant Paediatrician, Head of Children's Services and Susan Wood, Directorate Matron for Children's Services.

The Committee considered the benefits of children being placed in the new purpose built centre. These benefits included 24 hours access to a consultant-led service and highly qualified and experienced staff that have access to the latest techniques to enable children to recover.

At present, children who require a specialist children's anaesthetist will often be transferred from Dewsbury to Wakefield or outside of the Trusts geographical area to Leeds. At the new purpose built centre this is something that would be able to take place on a planned basis at Wakefield. It would also ensure that skills are maintained to be able to carry out such a skilled process.

The Committee considered the implications for other types of surgery including Day Surgery, Elective and Emergency Surgery. Day surgery is for a number of conditions which require surgery where a patient would arrive for his/her operation and then go home the same day.

Elective or planned surgery refers to operations that are planned in advance and are distinguishable from operations performed in an emergency. Emergency surgery refers to operations that require immediate attention and would usually come through the accident and emergency department. These operations would usually be performed within 24 hours or carried out immediately.

In Mid Yorkshire the Wakefield and Kirklees Joint Health Scrutiny Committee would like to make sure that all the children who require surgery are operated on in the best possible setting with the most qualified staff in attendance. Surgeons in the specialist centres will repeatedly carry out procedures ensuring that high levels of skill are maintained.

The specialist centre would also be complimented by the paediatricians on the children's wards and resuscitation support being available when it is required. Other skills such as radiology and imaging would also be available.

The Committee welcomed the proposed family friendly approach to the development of children's inpatient surgery. Parents would have a bed to sleep on adjacent to their child and there would be more single rooms.

The Committee heard that the benefits of these proposals would include children having increased access to specialist staff and equipment. Staff supporting the facility would be those who specialise in caring for children. The proposed changes would mean that children from North Kirklees would have access to the same quality of service as children in the Wakefield area.

The Committee was reassured that Dewsbury and Wakefield will retain facilities for children's day surgery, children's inpatient medical treatment and children's outpatient services before and after operations, at the local hospital or through community based services.

The Committee noted that the proposed changes to inpatient surgery for children would not take place until 2011 when the necessary protocols were in place.

### **Committee Conclusions**

**The Committee welcomed the proposals for the development of a specialist centre for inpatient surgery for children.**

**The Committee wants to be reassured that clear pathways are developed and appropriate protocols put in place. The Committee would therefore require evidence of this prior to the proposal being implemented.**



## **Inpatient surgery for urology and lower gastro-Intestinal cancers.**

### **Introduction:**

The proposals for the development of a dedicated centre for specialist surgery for urology and lower gastro-intestinal cancers are the only proposals that are dependent on identifying the necessary financial package.

The Joint Health Scrutiny Committee welcomes the proposal to create a cutting edge facility based at Dewsbury Hospital and hopes that the finance can be secured to deliver the proposals. The Committee is concerned that no alternative plan has been considered in the event that financial approval is not forthcoming. The inability to progress this proposal could have a significant impact on the overall reconfiguration of services, lead to delays in implementation and could result in a further period of public consultation.

### **The Case for Change**

The group of diseases – cancers of the prostate, bowel and bladder – account for a significant number of all new cases of cancer and of cancer deaths. Prostrate cancer is now the most common cancer in men. Testicular cancer is the most common type in men under 40. Cancers of the kidney, bladder and associated urinary organs are neither especially common nor rare. They are most likely to occur in men aged between 60 and 80 years.

In a single year, the average GP, with a list of 2,000 patients, is likely to see one or two new patients with one of these cancers per year. A notional average district general hospital (DGH), serving a population of 200,000, deals with roughly 70 men with prostrate cancer, 6 with testicular cancer, perhaps 20 people with kidney and 50 with bladder cancer – a total of around 150 new patients per year with urological cancers. Figures for prostrate cancer incidence show particularly wide geographical variations because more cases are identified when patients and clinicians search more aggressively for it.

'Improving Outcomes in Urological Cancer was published in September 2002 by the National Institute for Health and Clinical Excellence (NICE). It was produced as part of a series of guidelines intended to guide and improve the commissioning of cancer services, with an emphasis on aspects of services that are likely to have significant impact on health outcomes. Although published several years ago NICE has confirmed the guideline's continued validity.

The improvement of the organisation and outcomes of cancer services has been a major government health priority since publication of the Calman Hine Report in 1995 and the NHS has been developing

services in line with the NHS Cancer Plan published in September 2000. Improving outcomes guidance has been published for a wide range of cancers including breast, lung, gynaecological and colorectal cancers. The urological cancer guidance is one of the latest to be implemented.

The key recommendations are:

- People should be treated by a multidisciplinary team
- Team members should have appropriate clinical skills
- Radical surgery for prostate and bladder cancer should be carried out by specialist teams
- Information and support should be improved
- More research is needed on treatment.

It is suggested that re-structuring services for urological cancers to increase specialisation and establish multidisciplinary team working is expected to produce wide-ranging benefits for patients and the NHS.

Patients managed by teams which function effectively are more likely to be offered appropriate information and guidance, to receive continuity of care through all stages of their disease, and to be treated in accordance with locally-agreed protocols and clinical guidelines.

Increasing specialisation will tend to refine surgical expertise, provide the necessary conditions for training in uro-oncology for specialist registrars and newly appointed consultants, and permit meaningful audit of individual outcomes. This will enhance the level of skill within the NHS.

### **The proposed changes to service provision:**

The consultation document outlines a proposal to create a dedicated centre for specialist surgery for urology patients or patients with bowel cancer or cancer of other organs of the lower intestine. The key points are as follows:

- The dedicated centre is for inpatient surgery only, where at least one overnight stay in hospital is required.
- The centre will be based at Dewsbury Hospital in a new purpose built facility .
- The new centre will enable the use of state-of-the-art robotic assisted surgical equipment for precise keyhole surgery.
- There will be the opportunity to invest in an interventional radiology service, expanding a current team, facilities and equipment.
- Outpatient urology and urology day surgery would continue to be available at all three hospitals.
- Cancer outpatient services would continue to be provided at local hospitals.

- Arrangements for inpatient surgery for all other types of cancer and non surgical interventions would not change.

The changes only apply to the treatment of adults. Children with any type of cancer will continue to be treated in Leeds. The consultation document indicates that the change affects approximately three patients a day from Wakefield and two from Pontefract who would need to travel to Dewsbury.

The consultation document also indicates that to achieve the change, significant, financial investment is required. It is estimated that the additional financial investment will be approximately £29M. This investment is in addition to that which has already been agreed in respect of the Wakefield and Pontefract hospitals. A detailed business case is being developed and planning approval sought for the proposal during the public consultation period. The business case would need to be approved by the Strategic Health Authority before being submitted to the Department of Health for final approval of the additional finance required.

#### **Committee discussions:**

In scrutinising the proposals, the scrutiny Committee spoke to Simon Harrison, Consultant Urologist. Mr Harrison said that the proposals would enable the development of a coherent unit, bringing together services currently provided across a number of sites. An enlarged team of radiologists would carry out a wider range of work and be part of delivering an enhanced service. The urological investigation units would continue as present on all three hospital sites. Currently each of these units sees about 300 patients a month.

Mr Harrison also informed the Committee that there had been a national review of urological cancer and how services should be provided. In the Yorkshire and Humber area it was determined that Mid Yorkshire, Leeds and Bradford based Trusts would continue to provide surgical services for major pelvic urological cancer, prostate cancer and bladder cancer.

The proposals in the consultation went a step further in also proposing the introduction of robotic technology. The benefits to the patient of using robotic technologies were that the technology allows a greater degree of movement and dexterity than the human hand. This enables access to more awkward spaces within the body. In addition the recovery time for the patient is generally much quicker. A previous stay in hospital of five or six days may be reduced by as much as four days, with the patient being discharged the day after surgery.

Within some areas of the Health Service there are difficulties in recruiting staff and some shortages of qualified staff, such as midwives and health visitors. The Committee was reassured that recruitment in

urology had not been problematic. Surgeons had been recently recruited to work in Dewsbury and Wakefield. Two additional consultant radiologists and four additional radiologists would need to be recruited.

The Committee explored why the Dewsbury site had been identified for the Urology and Lower Gastro-Intestinal Cancer specialist service, rather than the Wakefield or Pontefract sites. The reason was around the most effective use of space. The new hospital in Wakefield did not have sufficient capacity to provide all the specialist services. Locating the urology and lower gastro-intestinal cancer inpatient provision where there was capacity at Dewsbury Hospital would enable the development of a full specialist service rather than having to compromise on what could be delivered on a smaller site.

The area that concerned the scrutiny Committee most, was the lack of prior agreement regarding the financial investment required to deliver the proposals. All the other proposals in the consultation had the necessary finance in place for implementation. The Committee was concerned that the Mid Yorkshire Hospitals Trust, NHS Kirklees and NHS Wakefield were consulting on proposals that there was no guarantee could be delivered. It was felt that this would be very confusing for the public if the proposal did not go ahead.

The Committee also spoke to Ros Roughton, Director of Strategy and System Reform for the Strategic Health Authority, about the business planning approval process and how soon a decision would be made regarding the finance for the urology and lower gastro-intestinal cancer proposals. It was clear that the SHA process meant that no decision would be taken by the SHA Board until after the public consultation process had finished. This was to allow the SHA Board to be made aware of any public views on the proposals. In the interim there was an on going dialogue about draft versions of the business case between the Trust, the Primary Care Trusts and the Strategic Health Authority.

The Committee was critical of the SHA process because it meant that NHS Kirklees, NHS Wakefield and the Trust were consulting on proposals that they had no certainty they could deliver. The Committee asked that Ms Roughton feed these concerns back to the SHA Board.

The Committee felt that it had heard different views and understood that a decision was imminent. Ms Roughton told the Committee that the Board would meet as soon as possible after the end of the consultation period but that she could give no indication of what the Board's view of the business case would be.

The Committee discussed with Mr Harrison what would happen if finance was not made available for the urology and lower gastro-intestinal cancer proposals. The response was that there was no "plan b" and that current services would have to be maintained. Mike Potts

indicated that if the business case was unsuccessful and the finance was not available then the PCTs and the Trust would have to rethink the proposals and if appropriate re-consult on a revised proposal.

## **Committee Conclusions**

**The Joint Health Scrutiny Committee is very concerned to note that the reconfiguration proposals in respect of urology and lower gastro-intestinal cancers are being presented before the required £29M financial investment has been secured. The Committee is concerned that no “plan B” had been identified. If the business case is not approved the Committee is concerned about the consequent implications for other services. There will also be public disappointment if the proposal does not proceed.**

**The Committee is supportive of the proposal to have a state-of-the-art facility for urology and lower gastro-intestinal cancers located at Dewsbury Hospital. The Committee recognises that there will be benefits for patients, in particular around the amount of time spent in hospital and the recovery time. The Committee acknowledges the case for centralising the provision at Dewsbury Hospital as it will enable the delivery of an enhanced service including an enlarged radiology facility.**

**The Committee welcomes the fact that the existing urology investigation units will be maintained on the three hospital sites and that outpatient provision will also continue to be available at each local hospital.**

**The Committee has heard conflicting views about the timescale for decision making regarding the urology and cancer proposal which concerns councillors.**

**The Committee has concerns about the Strategic Health Authority approval process. The Committee's view is that the uncertainty regarding the finance undermines the consultation process. An “in principle” indication of approval, prior to going to public consultation (subject to the outcome of the consultation) would be desirable before seeking views on the proposal.**

### **Committee Recommendation**

**That the Joint Health Scrutiny Committee be informed as a matter of urgency of the decision of the Strategic Health Authority regarding the business case for the Urology and Lower Gastro-Intestinal Cancer Service.**

**The Committee is supportive of the proposals and hopes they will be successful. However if this is not the case and the proposals have to be revisited, then the Committee requires early discussions on the way forward.**

## **Inpatient orthopaedic trauma surgery**

Trauma remains the fourth leading cause of death in western countries and a leading cause of death in the first four decades of life. Severe injury – a car crash, a fall from a height – accidents such as these are the commonest causes of loss of life in the young. As a consequence on average 36 years of life are lost per trauma death. The chance of survival and the completeness of recovery are highly dependent on the care that follows. Furthermore, trauma is also a major cause of debilitating long-term injuries. For each trauma fatality, there are two survivors with serious permanent disability.

In 1998, the working party report by the Royal College of Surgeons highlighted 'serious deficiencies in the management of severely injured patients'. Following this report, there was increased focus on the care of trauma patients in the UK and consequently the fatality rate of trauma patients reduced. However, most of the improvement in outcome of these patients occurred prior to 1995, with no further significant change occurring between 1994 and 2000.

A number of UK-based single and multi-centre studies have addressed specific issues relating to the care of trauma patients. The use of ambulance crews to alert hospitals of severely injured patients, the effect of inter-hospital transfers and the determinants affecting outcome have all been studied.

A lack of continued improvement in outcome is coupled with concern that the quality of care in hospital is not of a consistently high standard across the UK, despite the availability of guidelines that indicate referral pathways for optimum triage, management and access to specialist care. Furthermore, owing to the incidence of severe trauma, hospitals are unlikely to treat more than one severely injured patient weekly. It has been suggested, therefore, that as sufficient trauma experience cannot be achieved at all hospitals, optimal outcomes may be compromised.

In 2007, The National Confidential Inquiry into Patient Death (NCEPOD) Report examined the process of care for severely injured patients and identified variations that could affect the achievement of agreed endpoints. The report came up with a number of principal recommendations, including strong advice on the benefits of consultant-led care for patients both in recovery and survival.

### **The Case for Change**

The Committee was informed that a decrease in mortality and improved patient outcomes are well documented for patients with serious trauma injuries. Evidence also suggests that there are clear indications patient outcomes for less serious trauma accidents can be improved through quick access to scanning, immediate treatment by

surgeons specialising in the area of injury in dedicated theatres, with rapid access to specialist equipment and sub-specialist medical and nursing staff. Consequently, it is suggested there may be the opportunity to reduce deaths and improve outcomes if a single specialist and centralised orthopaedic trauma service was available. This is particularly the case for multiple traumas. The evidence underpinning this is:

- National evidence showing better survival rates in centres with a greater level of activity
- 24 hour access to MRI, CT and other diagnostics, theatres and trauma support services are required
- Orthopaedic Consultants are increasing their level of specialisation and require higher volumes of patients to retain skills
- There is a requirement to access specialist equipment rapidly and utilise it effectively
- Planned orthopaedic work has less disruption when separated from major trauma cases.

Requirements of the Academy of Royal Colleges 2007:

- Consultant-led A&E
- Rotas to provide a dedicated emergency service
- Specialist surgical, medical, paediatric, pathology and radiology services;
- Fully staffed Critical Care
- Access to specialist units in tertiary centres.

From the Darzi evidence pack:

- Trauma patients have better outcomes in specialised units, Source: MacKenzie EJ, Rivara FP, Jurkovich GJ, Nathens AB, Frey KP, Egleston BL, Salkever DS, Scharfstein DO. A national evaluation of the effect of trauma-centre care on mortality. *N Engl J Med* 2006. Jan 26; 354(4):336-78 – this is particularly the case if patients are transported directly to a specialist unit, Source: Samaplis JS, Denis R, Frechette P, Brown R, Fleiszer D, Mulder D. Direct transport tertiary trauma centres versus transfer from lower level facilities: impact on mortality and morbidity among patients with major trauma. *J Trauma*. 1997 Aug; 43(2):288-95.

The Trust had indicated to the Committee that the main clinical evidence to support improved patient outcomes was the report by NCEPOD (National Confidential Enquiry into Patient Outcome and Death) referred to above. It was suggested that specialist trauma centres could potentially save 25 more lives a year and that the NCEPOD report shows evidence of a 23% increase in health outcomes if a consultant was the first reviewer of the case.



## **What is being proposed?**

The consultation proposes:

- Inpatient orthopaedic trauma surgery will be based in the new hospital in Wakefield.
- Specialist emergency surgery to a patient's bones or joints that would involve an overnight or longer stay in hospital.
- There will be clinics for orthopaedic outpatients and a fracture clinic at all three hospitals, as well as day and short-stay surgery.
- All patients would have consultant-led care, with surgery performed by doctors who specialise in the specific area of their body that requires treatment.
- Evidence from around the country suggests this change could save around a further 25 lives a year.
- All patients would have access to dedicated theatres and specialist x-ray equipment within 24 hours. This is in line with recommendations from national experts.
- Wakefield and Pontefract residents agreed to this in 2000. North Kirklees would now also benefit.

It is claimed that as a result of these changes:

- Patients will be assured that they will receive the specialist care that they need whenever it is required.
- Allow the Trust to develop purpose-built environments for the specialist services and tailor them to patients' specific needs.
- To bring resources together to invest in better equipment and facilities.
- To provide more effective, personal care for patients.
- To retain, recruit and develop excellent healthcare staff.
- Ensuring that patients can continue to receive care in Mid Yorkshire.

## **Medical advances and specialism**

Councillors heard that increasingly medical advances are allowing much that was formally highly specialist to be now routine, and often carried out in a community setting, or else as outpatient care or day care in hospital.

At the same time ever more complex surgery is taking place within hospitals, and this is leading to high levels of sub-specialism. The Committee heard that where, for example, a patient had been involved in a major road traffic accident, it would be important for a wide range of specialist to be available at the same time to deal with the range of injuries suffered. Specialist may be required to deal with injuries to the head and neck, abdomen, limbs etc. It was no longer possible for a general surgeon to do this.

The Committee were given an example of what currently happens where patients with open fractures may be admitted to Dewsbury under trauma but will not be treated there. Dewsbury does not have plastic surgery which is located at Wakefield. Currently patients are transferred to Wakefield and that loses time. Every hour counts and the risk of sepsis and other complications can set in. All open fractures are treated in combination with an orthopaedic surgeon and a plastic surgeon.

Evidence from the Trust emphasised that this development of specialisms, with all relevant specialist available in one place, with an adequate volume of similar cases was known to improve clinical outcomes for patients. The Committee were keen to ascertain the skills mix in terms of trauma and elective surgery. The Committee were informed that Consultants would not only deal with orthopaedic trauma but would also do elective surgery. Some Consultants would sub-specialise and some would only deal with electives.

The Committee was informed that as part of the proposals for orthopaedic trauma surgery, there would be dedicated theatres available solely for orthopaedic trauma. This would allow the Trust to meet the Royal College of Surgeons' recommendation that patients should be operated on within 24 hours of being admitted to hospital, to improve patient outcomes. There was also good evidence to suggest that controlled environments, such as dedicated theatres improved recovery and was less disruptive on planned surgery.

The Trust cited evidence in relation to total hip replacements, where infection rates were examined and found that theatres that have a rapid change in air, that is to say where air is pumped through the ceiling and is pressurised down to minimise dust, infection rates were minimised. This technology is now being used in other areas of orthopaedics and will be available in the dedicated orthopaedic theatres.

### **Recruitment and retention of staff**

The Committee sought assurances that the Trust would be able to attract, recruit and retain sufficient staff with the necessary expertise. It was suggested that the Trust already had a good reputation for training and were confident that this would be enhanced by the proposal to centralise orthopaedic trauma at Wakefield. The Committee questioned what impact the proposals would have on nursing staff and whether or not the Trust could attract and recruit specialist nursing staff.

In response the Trust indicated that the creation of a specialist unit would attract staff and provide training opportunities. It was suggested that orthopaedic trauma surgery thrived on a team approach. The Committee were keen to know whether pay and remuneration would be a factor in recruitment and retention of specialist staff. It was indicated

that these were broadly the same nationwide and would not adversely impact on recruitment.

In contrast it was equally important to emphasise that elective orthopaedics would be on all three sites, day surgery and day case, including short stay surgery and diagnostics. Outpatients and fracture clinics would be on all three sites together with rehabilitation.

### **Retention of services locally**

It was suggested that not only would recruitment and retention of staff be difficult if orthopaedic trauma surgery was not centralised, but there was also a danger that services might be lost to the locality altogether.

### **Maintaining skills and expertise**

The Committee wanted to know what demographic assumptions had been made in formulating the proposals, particularly in relation to the critical mass. It was acknowledged that in order to recruit and retain staff within the trust it would be essential to provide them with the volume of work within their field, and to do this in an appropriate setting. The critical mass is currently 550,000 and this would be met within Mid Yorkshire. The critical mass of patients, was the Committee heard, essential in terms of professional staff maintaining the appropriate level of expertise and experience.

### **European Working Time Directive**

In the past doctors in hospitals worked very long hours, perhaps 80 to 100 hours a week. The EU working time directive had ended this practice. Hours were already substantially reduced. From 2009 doctors would not be permitted to work more than 48 hours. Whilst ensuring that patients can be more confident that the doctor treating them is properly rested, it has a major impact on numbers of doctors required. Consequently, the Committee were keen to ensure that there would be continuous call-coverage by appropriately trained orthopaedic trauma surgeons 24/7. In response the Trust indicated there is always a consultant on call, there is always a middle grade either a specialist registrar or a staff grade, a career staff grade and a junior trainee, senior foundation Year 1 or 2. In addition the receiving A&E has a consultant middle grade and trainees so there is a first layer of intervention in the A&E department and subsequent care in orthopaedic trauma.

### **Ambulance Service**

Good practice in orthopaedic trauma care suggests ambulance trusts and emergency departments should have clear guidelines for the use of pre-alerts in severely injured patients.

The ambulance crew should be able to speak directly to clinical staff in the receiving department to ensure an appropriate clinical response is available immediately. The Committee were keen to ensure agreed protocols were in place between the Trust and the Ambulance Service. The Committee was informed that work was ongoing with the ambulance service to agree protocols and to ensure that ambulance crews know where to take people and that risk management arrangements are also in place. The Committee were informed that the Trust had been working with the ambulance service for over a year developing care pathways. It was important that effective protocols were in place. An example was given where an ambulance had attended a road traffic accident involving four young people who were taken to Pontefract, and they all needed surgery but were too sick to transfer to Wakefield. The trauma team had to open a theatre at Pontefract and get staff in. That is why it is essential ambulance crews are aware of where to take trauma casualties.

### **Transitional arrangements**

While new services are being planned and established, the Committee wanted to know what transitional arrangements will be in place to ensure that there is no loss of access to service before, during or after the reconfiguration. The Trust responded by citing the example of Pontefract and Wakefield, where first the weekends were combined, followed by a week on call. Discussions are ongoing and a plan to facilitate the smooth transfer is in place. The Trust was confident there would be minimum disruption.

### **Major trauma incidents**

The Committee wanted to know what arrangements would be in place for a major trauma incident. It was explained that all public agencies were bound by the Civil Contingencies Act, which required emergency plans to be in place for any such event. The Trust was well placed to meet such events through a well rehearsed contingency plan and again this would be enhanced by the current proposals to centralise orthopaedic trauma at Wakefield.

### **Elective orthopaedic surgery**

The Committee wanted to know if there would be any 'spin offs' for the Trust by creating a 'centre of excellence', particularly around elective surgery through patient choice and increased income for the Trust. It was indicated that this was possible and the reputation of the Trust could only be enhanced.

### **Committee Conclusion**

The Committee supports and welcomes the development of a specialist centre for orthopaedic trauma surgery at the new hospital in Wakefield.

The Committee is pleased to note that facilities for orthopaedic day and short stay surgery will be available at Dewsbury, Pontefract and Wakefield and outpatient appointments and fracture clinics will be available at all three hospitals.

### **Committee Recommendation**

The Trust should have clear guidelines agreed with Yorkshire Ambulance Service on the use of pre-alerts in severely injured patients prior to the proposals being implemented. The Committee would seek assurances from the Trust that this has been agreed and procedures put in place.

## **Transport**

At the earliest stages of the scrutiny process, the issue of public access to facilities, in particular for those who use public transport, was agreed as a priority area for the Committee to consider. The service reconfiguration proposals will require travel from across the Trust area. Within North Kirklees this would include patients and visitors from areas such as Dewsbury, Birstall, Batley and Cleckheaton to access specialised services located in Wakefield. Also patients from across the Wakefield District, including Pontefract, Castleford and Knottingley will have to travel to Dewsbury to access inpatient urology and lower gastro-intestinal cancer services.

The PCTs and Mid Yorkshire Hospitals Trust have recognised that this is an important area of consideration in the reconfiguration of health services. A transport review was carried out in March 2009 and the findings of the review were discussed with the scrutiny Committee.

Representatives of the Local Involvement Networks (LINKs) for Wakefield and Kirklees also submitted evidence to the scrutiny Committee. One of the areas they identified as being of concern to the public was transport to the relocated services. Transport was not just seen as getting the patient to the service provider but also how people could travel to visit patients.

### **Transport Review:**

In March 2009 Steer Davies Gleave, Transport Consultants, were commissioned by NHS Wakefield District to undertake a Transport Options Review of the three main hospital sites in the Mid Yorkshire Hospitals NHS Trust. The review included an audit of current transport provision, travel information and analysis of the impact of potential service changes. The review also identified potential improvements and initial cost estimates.

The review investigation included discussions with a range of internal and external stakeholders; audits at the three hospital sites; an audit of information provision; audit of car parking provision both current and future; reviews of existing policies, including hospital travel plans and analysis of the potential impact of service reconfiguration on the journey times of patients or their visitors in travelling to hospital using public transport.

The service reconfiguration will only affect some inpatient services and the number of patients involved is likely to be small. It was estimated that when considering all the service changes, up to 11,000 patients and their visitors were likely to have longer journeys to the hospital. This accounts for 1.7% of all the patients treated on the three hospital sites.

In respect of car parking provision, the Committee was informed that there was a planned increase in the number of parking spaces available at Wakefield. While Pontefract may see a reduction on current numbers. Standard parking charges will apply across all three sites. In Wakefield and Pontefract the future management of the car park will not remain with the Trust due to a prior agreement as part of the Private Finance Initiative (PFI) for the build of the new hospital.

The transport review resulted in a number of findings around travel information. Firstly there needed to be a consistency in language and style for travel information and the quality of the information needed updating and improving. It was recommended that the Trust needed to take a proactive approach to deliver personal and accurate information, for example including travel information in appointment letters. There were also gaps in the directional signage way-finding strategies for the three hospitals.

Using Department of Transport Accessibility software, the current journeys by public transport were mapped. The plans produced show, by time bandings, the estimated time of journeys from across the areas covered by the Trust, to access services. The diagram set out on page 34 summarises the broad conclusions, i.e. the accessibility impacts. Copies of the plans showing the travel time bandings are available on the scrutiny pages of the Kirklees Website at [www.kirklees.gov.uk/scrutiny](http://www.kirklees.gov.uk/scrutiny) in the overview and scrutiny reports section. The scrutiny Committee asked that the accessibility data be updated to reflect the position in September 2009 to ensure that any bus service changes were included in the analysis.

The data indicated that some journeys could take 90 minutes by public transport. In the evenings this could increase to up two hours. The Transport Consultants put forward the following options to help to reduce some of the journey times:

**A Shuttle Bus Service:** Currently a bus operates to transport staff and medical records between hospital sites. Whilst acknowledging the need to maintain security of confidential records, it was suggested that the service could be extended to enable use by patients and visitors. If an additional fast shuttle bus service was put in place between Pontefract and Dewsbury it could be provided at a cost of £58k per annum.

**Taxi Service:** Dependent on the demand for a shuttle bus service it was suggested that at off peak times, such as evenings and weekends, a contract arrangement could be put in place to provide a demand responsive taxi service.

**Community Transport:** The review also suggested that improvements might be achieved through support for community transport schemes. Community transport could help people access transport hubs, such as railway stations.

In order to achieve this a degree of partnership with Local Authorities or Metro may be required.

Travel Plans: The consultants recommended that there needed to be a single trust-wide travel plan. The travel plan would look at the travel needs and requirements of groups, staff, patients and visitors. To ensure that the travel plan was developed and implemented it was recommended that a joint MYHT/PCT Travel Plan Coordinator is appointed.

## Transport Review

### Key findings – accessibility impacts

Service Area	Current Delivery	Potential Future Delivery	Areas Worst Affected (> 1 Hr travel time)
Elective Cancer Surgery	All three sites	Dewsbury	E Pontefract E Castleford SE Wakefield  Gets Worse in the Evenings
Urology	Pinderfields	Dewsbury	As above
Neonatal Intensive Care	Pontefract and Dewsbury	Pinderfields	Knottingley S/W/N of Dewsbury  Gets worse in the evening when other areas are also affected.
Children's Inpatient Surgery	All three sites	Pinderfields	As above
Trauma	Pinderfields and Dewsbury	Pinderfields	As above



### **The consultation document:**

The consultation document on the Mid Yorkshire Hospital Trust proposals recognises that getting to hospital is an important issue for patients and their family and friends. The document indicates that the following proposals to support patients will be taken forward:

- Developing a free shuttle bus between our hospital sites for patients and visitors.
- Providing patients with information on the public transport and community transport available and support to access it.
- Providing information on the Hospital Travel Costs Scheme, a national initiative to provide financial assistance with transport costs for patients on low incomes, and support to use it.

The document also indicates that the patient transport service will continue to provide assistance for patients with mobility problems or specific medical needs.

### **Committee Discussions:**

The Committee recognised from the outset that the proposed service reconfigurations would result in longer journeys for some patients. Whilst patients number affected by the changes are comparatively small, the Committee shares the Trust and PCT view that transport is an important issue to local people. The Committee felt it appropriate that the Trust and PCT look to mitigate against the impact of the service changes on travel times.

The Committee had been informed that people should be able to access their local hospital in 45 minutes by public transport. A revised public transport mapping exercise carried out by Metro, illustrates that for some people an off peak journey to access services or visit patients may take up to two hours. There are significant changes to bus timetables after 6.00 p.m. and in some cases bus services do not run in the evening.

The Committee recognised that public transport services are subject to changes to timetable and availability at short notice. Whilst Metro negotiate strongly with providers to maintain services, they have limited power to make transport providers comply. It is clear to the Committee that there are significant differences in access times by public transport across the Trust area.

The Committee supported the proposals outlined in the consultation to develop a free shuttle bus for patients and visitors. The Committee noted that an earlier shuttle bus provision had been introduced to take people from the Dewsbury to the Wakefield site. No reference to this service, or any lessons learned, was considered as part of the March 09 transport review.

The Committee also recognised the potentially more cost effective taxi contract provision that may need to be explored at a later date. There was discussion regarding the usage of the shuttle bus operated by the Calderdale and Huddersfield NHS Foundation Trust. Evidence showed that it was quite busy during the week but less busy in the evenings and at weekends. The Committee felt that could be in part due to the limited promotion of the service.

The Committee felt that in order to maintain an ongoing consideration of transport and travel issues, for staff, patients and visitors, the appointment of a Travel Plan Coordinator is important. The postholder would be responsible for coordinating travel information across the trust, ensuring it is current and monitor the usage of the shuttle buses and other travel schemes out in place.

### **Committee Conclusions**

**Whilst the Committee welcomes that the consultation document recognises that transport is an important issue for staff, patients and visitors to Mid Yorkshire Hospital Trust facilities, the Committee does not feel that the solutions being put forward are as robust as they should be.**

**The Committee does not consider there is sufficient public transport to address the public access difficulties created by centralising services. It is a difficult issue to try and resolve but the Committee feels that currently the Trust does not have a full understanding of the numbers of people accessing their services who use public transport and the needs across the trust area.**

**The Committee note that the shuttle bus service is proposed to operate on a hospital to hospital basis. The Committee feels that transport needs to connect better with neighbourhoods or it will not be used.**

**The Committee considers that there is further work to be carried out before any proposals can be finalised. An overall transport plan is needed that should link to a regional transport plan. It is suggested that benchmarking with other Trusts who have had to address similar challenges could be informative.**

**The Committee wants to receive updates on any further work regarding transport issues.**

## **Committee Recommendation**

**The Committee remains convinced that the Trust will need to facilitate access to the specialist facilities and that the current solutions are not as robust as they should be.**

**The Committee recommends the development of a Trust wide travel plan that links to a regional transport strategy to the specialist facilities. Connectivity needs to be about neighbourhoods and not just hospital to hospital connections. The Committee supports the travel consultant's recommendation that a travel plan co-ordinator is appointed.**

**The Committee requests that it receives further updates on the progress of consideration of the transport impacts of the consultation proposals.**

## **Community Services**

The Next Stage Review and the Primary and Community Care Strategy recognise the importance of community services in its vision for a high quality NHS. To optimise the contribution of community services and enable their transformation, commissioners need to set a clear strategic direction for their local areas, commissioning innovative approaches to service delivery, step changes in quality and increased efficiency. The Committee heard that the changes proposed in 'your hospitals, your say' and the increased focus on long-term conditions are intended to deliver improvements in health and health services.

World class commissioning is about delivering better health and wellbeing for the population, improving health outcomes and reducing health inequalities. The challenge is to find ways to make hospital services more efficient so that more money can be spent on developing services in the local community. A strong evidence base, including patients' experiences, will help commissioners make decisions. More knowledge will help commissioners measure both quality and efficiency in terms of patients' experience and value for money for the services provided.

Transforming community services is seen as crucial, not only because it provides vital health care across the spectrum, from health, wellbeing and reducing inequalities to end of life care, but because the government sees it as key to strategic change and efficiency improvements in other areas such as reducing demand for expensive hospital care.

### **The Evidence**

A number of key messages emerged from the Trust's pre-consultation engagement events: people wanted to be treated quickly if they became ill, to be seen by an appropriate health professional and to receive health care services as close as possible to their own home.

A key element of the proposals in 'your hospital, your say' is that some services which are currently provided in hospitals will be provided from community locations in the future. This reduces the need for people to travel to hospital and improves access to services.

Hospital care is more specialised these days and most of it is carried out as an outpatient, day care and short stay, meaning the NHS uses and needs fewer beds to do more work. There are more opportunities to provide services in the community and so meaning fewer patients need to go to hospital. This is something the Trust has considered when developing their plans and proposals.

The Committee was informed that NHS Kirklees and NHS Wakefield District are continuing to invest significantly in developing intermediate care services. These services provide specialist levels of care that patients would previously have got whilst in hospital out in community settings, including patients homes. The aim is to provide an alternative to people having to be admitted to hospital or to enable them to be discharged from hospital sooner.

Councillors were told that investment has also been made in developing intermediate care facilities where patients can stay to recover after hospital treatment. These allow patients to recover in facilities away from the busy and sometimes less restful, environment of a hospital and to get extra support, care or rehabilitation they need before they go home.

This means that even if patients need to travel to a hospital in another area for their treatment, they should be able to have the majority of their rehabilitation in their local hospital or community.

The Committee was informed that NHS Kirklees and NHS Wakefield District have already invested heavily over the last couple of years in developing these services and have plans to increase this investment over the next five years.

The Hospital Development Plan (HDP) and capacity is based on significant reductions in the number of people needing to be admitted to hospital and reduced lengths of stay when they are admitted.

The Committee received information about a number of services already developed in community settings, including:

- Increased focus on long term conditions – for example, investment in dieticians to help with diabetes
- Speech and language therapist – delivering rehab following a stroke
- Significant investment in community geriatricians – helping to maintain independence
- Educating patients in the community on their medication – to help people understand and take their medicines appropriately
- Commissioned a total of 88 Intermediate Care beds across Wakefield District and North Kirklees
- Invested in and recruited Community Matrons - developing emergency care plans for people with long-term conditions and working with the ambulance service to avoid hospital admissions

- 13 Integrated Networks based around GP practices across Wakefield District
- Procured a new district wide rehabilitation service principally made up of physiotherapist and occupational therapists, increased the size of community based rehabilitation programmes, particularly around respiratory problems
- Commissioned additional patient transport services to ensure patients are able to access these services
- Community based respiratory service – avoiding hospital admissions
- Commissioned nurse led pathways – to deliver specialised nursing in the community
- Intravenous fluid therapy – to avoid dehydration in elderly people
- Discharge co-ordinator working in A&E – helping to avoid unnecessary admissions to hospital
- Rehabilitation Unit to prevent falls and support patients with long-term neurological problems
- Roll out of 100 tele-health units in North Kirklees, allowing patients to remotely monitor their condition linked to community matrons
- Supporting families and carers

The Trust was keen to emphasise to the Committee why these community services were important. In April 2009, a point prevalence study was undertaken, which indicated 22%-23% of patients didn't need to be in an acute hospital bed. The majority of those identified did not need acute care and the consultant on the day felt that if there was something else in place that patients didn't need to be in a hospital at all, and this is something the Trust is working on with the PCT's.

Capacity modelling has assumed 30 beds worth of community beds to alternatives from Pinderfields and 12 beds worth of community beds alternatives from Dewsbury – so if the community based alternatives don't meet that need there would be a requirement for an additional 42 beds across Mid Yorkshire.

### **Committee Conclusions**

**The Committee supports and welcomes the continued development of community based healthcare provision and the provision of appropriate services in out-of-hospital settings.**

**There should be a defined and practical approach to measuring quality with community services to ensure high quality services everywhere, all of the time.**

**The Committee is mindful that the demand from an aging and expanding population, set against significant public spending curtailment, will require a refocus, redesign and prioritisation of investment to meet and sustain the necessary shift from acute services to community based settings.**

**The Joint Committee welcomes the additional investment into intermediate care services in order to realise the significant reductions in the number of people being admitted to hospital and reduced length of stay, where appropriate.**

### **Committee Recommendation**

**The Committee would request that the planned investment in Intermediate Tier provision is maintained and where possible increased. It recommended that the PCTs continue to monitor activity profiles and to plan for contingencies, where necessary and that regular updates are provided to the Joint Health Scrutiny Committee.**

## **Views of Local Involvement Networks (LINKs)**

As part of evidence gathering the Committee also spoke to members and officers of the Local Involvement Networks in the Kirklees and Wakefield districts.

Local Involvement Networks (LINKs) aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported the role of LINKs is to find out what people want, monitor local services and use their powers to hold them to account. The introduction of LINKs is part of a wider process to help the community have a stronger local voice. LINKs role is to:

- Ask local people what they think about healthcare services and provide a chance to suggest ideas to help improve services
- Investigate specific issues of concern to the community
- Use its powers to hold services to account and get results
- Ask for information and get an answer in a specified amount of time
- Be able to carry out spot-checks to see if services are working well (carried out under safeguards)
- Make reports and recommendations and receive a response
- Refer issues to the local 'Overview and Scrutiny Committee'.

The Local Government and Public Involvement in Health Act 2007 enabled Local Involvement Networks (LINKs) to be established. It is up to each community, with the support of the host organisation, to decide how they want their LINK to be run and what issues they want to focus on.

The Joint Health Scrutiny Committee believes the LINKs are uniquely placed to help inform the consultation by seeking and advocating the views of the local community. Both Kirklees and Wakefield LINKs were invited to give their views to the Committee.

Wakefield LINK had not yet come to a view and would be holding a public event on the 9 October 2009, in Wakefield Town Hall. The LINK had also developed an on-line survey [www.communityvoicesonline.org](http://www.communityvoicesonline.org)

The Committee was informed that Kirklees LINK received a presentation from the Trust on their proposals at a Core Group meeting. The LINK did not specifically comment on each of the



proposals but indicated that transport, access and outpatient appointments all featured prominently in their discussions. Transport and access issues are included in the wider LINK work programme covering access to hospital and GP services. In terms of the specific proposals set out in 'your hospital, your say' the general view was of agreement providing the services were delivered as promised. The key was accessibility and the 'proof would be in the pudding'. The LINK was concerned that the transport issue was more than simply joining hospitals together through bus routes. Similar concerns were shared by the Committee.

The Committee was keen to ascertain how the LINK would be involved in the consultation, if further public meetings were envisaged or planned, or any other means by which the LINK could articulate public views. In response the LINK host indicated that there was a challenge for the LINK to be involved in the formal consultation. The was told that issues are generated by the public and it was the LINK who would support them in that process. The Open Space event enables people who attend to set their own agenda. The 'your hospital, your say' proposals had not generated a huge public response within the LINK other than the general issue of access to hospital services, mentioned earlier.

The Committee was disappointed that the Kirklees LINK had not prioritised the Mid Yorkshire consultation and felt an opportunity had been missed to feed in the views of the public. However, following the Scrutiny Committee meeting the Kirklees LINK Core Group agreed that to undertake a questionnaire exercise. The questionnaire was available on the website and the LINK representatives also gathered views through interviews on street in North Kirklees. The questionnaire was also used at events that the LINK were already due to attend. A summary of the findings is attached in the appendices.

The Wakefield LINK agreed to forward its views to the Committee following its public meeting on the 9 October 2009. At the time of writing the LINK were collating the responses to the on-line survey and the outcome of the public meeting. This information would be made available to the Joint Committee and would be sent to the Trust as part of the consultation process.

### **Committee Conclusion**

**The Committee welcomes the work that the Kirklees LINK undertook in respect of the consultation proposals. However, the Committee believes that the LINK (Kirklees) could have been more proactive in seeking the views of the public given that a key role of the LINK, as set out by the Department of Health, is to ask local people what they think about local healthcare services. The Committee believes the LINK has a clear role in seeking the views of the public on major hospital reconfigurations and in particular advocating those views on their behalf.**

## References

The following sources have informed the content of this report:

“Your Hospitals Your Say” A consultation on developing specialist hospital services for mid Yorkshire – Consultation Document - Produced by NHS Kirklees, The Mid Yorkshire Hospitals NHS Trust,

<http://www.tarn.ac.uk/resources/presentation/ppt>

Report of the working party on the management of patients with major injury. Royal College of Surgeons of England, London. 1998.

Lecky FE, Woodford M, Bouamra O, on behalf of the Trauma Audit and Research Network. Lack of change in trauma care in England and Wales since 1994. Emerg Med J 2002; 19;520-3

## Glossary of Terms

<b>Acute Hospitals</b>	Hospitals that provide emergency care planned medical treatment and surgery.
<b>Anaesthetist</b>	Specialist doctors who look after patients before, during and after surgery. They make sure that patients are asleep and safe throughout surgery and wake up comfortably at the end.
<b>Clinician</b>	Someone who is qualified and employed to provide healthcare.
<b>Community-based services</b>	Health services that are based close to a patient's home, enabling them to receive care outside of hospital.
<b>Consultant-led</b>	A service that is led by a highly qualified senior doctor.
<b>Day Surgery</b>	Day Surgery is the admission of a patient into hospital for a planned procedure, returning home the same day or within 24 hours.
<b>Diagnostic</b>	A service or equipment used to identify what is wrong with a patient.
<b>Elective Surgery</b>	Refers to operations that are planned in advance and distinguishable from operations performed in an emergency.
<b>Emergency Surgery</b>	Operation that require immediate attention.
<b>Inpatient</b>	A patient who must stay in hospital for treatment over one or more nights.
<b>Intermediate Care</b>	Intermediate care is a term that covers a wide range of services that help prevent patients going to hospital unnecessarily, or to help them to be discharged sooner.
<b>Interventional Radiology</b>	A speciality that uses advanced, state-of-the-art imaging technology and miniaturised medical devices to perform minimally invasive procedures as alternatives to more traditional surgery. The procedure is performed via a tiny pin-hole puncture.
<b>The Wakefield and Kirklees Partnership Board</b>	The Wakefield and Kirklees Partnership Board, is a committee that includes patient representatives from the Patient and Public

	Involvement Forums and their successors the Local Involvement Networks. The Wakefield and Kirklees has overseen the work to develop proposed centralisation of the four proposals.
<b>Local Involvement Networks (LINKs)</b>	LINKs aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported - the role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account.
<b>Lower gastro-intestinal cancer</b>	Cancer that has been found in patient's lower gastro-intestinal tract. This area of the body is made up of the bowel (also known as the intestine), including the colon and rectum, and the anus.
<b>Neonatal</b>	A service caring for newborn babies.  There are three levels of neonatal care for sick or premature babies (babies born at least three weeks before their due date). These are special care, high dependency care and intensive care.
<b>Neonatal Ambulance Service</b>	A specialist new ambulance service developed for the Yorkshire region to transport babies who need intensive or high dependency care. The service will ensure that specialist staff and equipment are available to care for babies who need to be taken to the Wakefield Hospital.
<b>Orthopaedic trauma</b>	Emergency surgery to patient's bones or joints.
<b>Paediatrics</b>	Pediatrics is the branch of medicine that deals with the medical care of infants, children, and adolescents.
<b>Robotic assisted surgery</b>	Equipment that enables surgeons to perform extremely delicate and precise keyhole surgery.
<b>Strategic Health Authority</b>	Strategic health authorities manage the NHS locally and are a key link between the Department of Health and the NHS.

## Appendix 1

### Details of consultation activity

The following information outlines the extent of consultation and engagement activity that has so far taken place for our current consultation on developing specialist hospital services for mid Yorkshire.

To date, we have distributed over 10,000 full and summary consultation documents.

<b>Communication and engagement with key groups and stakeholders</b>	
GP Surgeries	<p>Consultation summary documents and posters sent to every GP surgery in north Kirklees and Wakefield District.</p> <p>Letter sent to each Practice Manager informing them of the consultation and requesting information is made available to patients in waiting areas and offering to hold a meeting with their surgery to discuss the consultation</p>
GPs	<p>Letter and consultation document sent to every GP in north Kirklees and Wakefield District.</p> <p>Meeting/engagement events organised and held with GPs across north Kirklees and Wakefield District.</p>
Pharmacists	<p>Letter, consultation summary documents and posters sent to every pharmacy in north Kirklees and Wakefield District.</p> <p>Letter requested information was made available in patients areas and offered to meet with their pharmacy to discuss the consultation</p>
Libraries	<p>Consultation summary documents and posters sent to all 32 libraries in north Kirklees and Wakefield District</p>
Community Centre	<p>Consultation summary documents and posters sent to every community centre in north Kirklees and Wakefield District</p>
Voluntary groups	<ul style="list-style-type: none"> <li>- Consultation summary documents, poster and covering letter offering to hold a meeting with any interest groups sent to 350 voluntary groups in north Kirklees and Wakefield District</li> <li>- A reminder letter and consultation document sent to all voluntary groups in early October</li> </ul>
VOX	<ul style="list-style-type: none"> <li>- 250 consultation summary documents handed to VOX, plus posters, for them to display and handout to any relevant groups.</li> <li>- Article also sent for inclusion in their weekly e-newsletter.</li> <li>- Meeting held with VOX pre consultation to explain plans and gain their support in contacting groups</li> <li>- Attended VOX September Board meeting to discuss consultation and request their support in contacting wider groups</li> </ul>

Voluntary Action Kirklees	<ul style="list-style-type: none"> <li>- 250 consultation documents handed to VAK for them to issues to all their member organisations with their next board meeting minutes and to also display and pass on to other interested groups</li> <li>- Article also sent for inclusion in their weekly e-newsletter</li> <li>- Meeting held with VAK pre consultation to explain plans and gain their support in contacting groups</li> <li>- Further discussion ongoing re organising a consultation event with their member organisations</li> </ul>
Wakefield LINK	<ul style="list-style-type: none"> <li>- Meetings held with LINK in build up to consultation.</li> <li>- 250 summary documents and posters given to LINK to distribute and display.</li> <li>- Consultation meeting being organised for LINK members and partner organisations in October</li> <li>- LINK tailored there own response form for consultation</li> </ul>
Kirklees LINK	<ul style="list-style-type: none"> <li>-Meeting held with LINK in build up to consultation.</li> <li>- 250 summary documents and posters given to LINK to distribute and display.</li> <li>- Offer made to organise meeting with them.</li> <li>- LINK conducted some face to face public surveys</li> <li>- LINK developed online response form</li> </ul>
Mid Yorkshire Hospital sites	Consultation summary documents and posters made available to public and staff at all three hospital sites general offices, medical education and libraries
NHS Wakefield District Patient Bank	Letter and consultation summary document sent to all 72 members of NHS Wakefield District Patient Bank
NHS Kirklees PPI Volunteers	Letter and consultation summary document sent to all 139 members of NHS Kirklees PPI volunteers
Mid Yorkshire Hospital NHS Trust	Letter and consultation summary document sent to all 30 members of The Mid Yorkshire Hospitals' Volunteers
MPs	<p>Letter and consultation document sent to every MP</p> <ul style="list-style-type: none"> <li>- Further meetings being organised with MPs</li> <li>- Additional 25 summary documents and 25 consultation documents sent on request to Ed Balls</li> </ul>
PIPEC	Summary documents sent out to members of NHS Wakefield District's Public Involvement & Patient Experience Committee (PIPEC), plus discussion held at September meeting
Kirklees Local Area Committees	LAC co-ordinators for north Kirklees contacted, information supplied and offer made to meet with.
Kirklees Tenants & Residents Associations	Kirklees Neighbourhood Housing TRA co-ordinators for north Kirklees contacted, information and consultation documents supplied and offer made to meet with.
Wakefield Tenants & Residents Associations	<p>Contacted to ask re sending info to residents regarding consultation, public meetings and offer to meet with associations.</p> <p>Wakefield District Housing placed information about consultation on their website</p> <p>Information distributed to local service access points throughout Wakefield district and to tenant involvement officers.</p>

Expert Patient Programme Dewsbury	NHS Kirklees PPI team met with programme coordinators and discussed consultation
OSC	- Letter and consultation summary document sent to OSC - Consultation summary documents sent to OSC members to distribute to local residents - Joint OSC met with and presented to.
Dewsbury means Business	Information on consultation sent for "Dewsbury means Business" meeting.
Local NHS Trusts	Summary document and letter inviting response sent to all neighbouring NHS Trusts
Supermarkets/ post offices	Information sent for display at supermarkets and post offices across Wakefield District and north Kirklees
Community workers	Information sent to Kirklees Council Community liaison staff and NHS Wakefield District Community Health Trainers staff to distribute local people and groups
<b>Cancer/ Urology</b>	
Cancer service user network partnership	Group contacted, met with and presented to. Further consultation information supplied and further offer made to meet with group.
Prostate cancer service user group	Group contacted, information supplied and offer made to meet with members. Meeting organised 2 October
Urology/colorectal service user groups	Group contacted, information supplied and offer made to meet with members
Yorkshire Cancer Network	Consultation documents and letter offering further information and opportunity for a meeting sent out.
Castleford and District Cancer Self Help Group	Group contacted, information supplied and offer made to meet with members. Meeting organised 2 October
Cancer/Urology patients	Summary documents provided to medical audit team and surgical teams for them to distribute to patients/service users.
<b>Neonatal/Children's inpatient surgery</b>	
Children's Centres	- Consultation summary documents and posters sent to all 26 children's centres in the north Kirklees and Wakefield District. Letter offering to hold a meeting for any groups at the children's centre. - Drop in sessions organised at 5 key Sure Start Children Centres in north Kirklees.
Bliss	Group contacted, information supplied for distribution to local members and offer made to meet with members
The Madressah, Batley - Muslim Evening School	Information provided for distribution to over 800 parents
Yorkshire neonatal network	Neonatal network contacted and details of consultation supplied.
NCT Wakefield	Group contact, information supplied for distribution to local members and offer made to meet with members
NCT Dewsbury	information supplied for distribution to local members and offer made to meet with members
Community midwife	Summary documents provided to the community midwife

team Dewsbury	teams based in Dewsbury for staff to distribute to patients.
Community midwife team Pontefract	Summary documents provided to the community midwife teams based in Pontefract for staff to distribute to patients.
Community midwife team Wakefield	Summary documents provided to the community midwife teams based in Wakefield for staff to distribute to patients.
Breastfeeding group coordinators	Information sent out to breastfeeding coordinators in Wakefield District and north Kirklees
Barnardos Signpost	Information supplied for distribution to local members and offer made to meet with
<b>Orthopaedic Trauma</b>	
Kirklees Older peoples network	Group contacted. Presented and discussed proposal at meeting on 7 September
WISE Wakefield district wide older peoples forum	Group contacted, information supplied for distribution to local members and offer made to meet with members.
Helping hands	Copy on proposal and consultation provided for Helping Hands newsletter for older people
Dewsbury Pensioners network	NHS Kirklees PALS team met with group and discussed consultation
Age Concern	Consultation docs and posters sent to Age Concern, Cleckheaton

<b>Informal engagement activity</b>		
Choice roadshow	15 September 2009	Information given out and discussed with local people at South Elmsall Market.
Choice roadshow	16 September 2009	Information given out and discussed with local people at Pontefract Market.
Choice roadshow	17 September 2009	Information given out and discussed with local people at Tesco in Hemsworth.
Choice roadshow	18 September 2009	Information given out and discussed with local people at Castleford Shopping Precinct
Choice roadshow	19 September 2009	Information given out and discussed with local people at Wakefield Precinct
Choice roadshow	29 August & 2 September	Information given out and discussed with local people at Dewsbury Town Centre
Choice roadshow	4 September	Information given out and discussed with local people at Batley Town Hall
Birstall & Birkenshaw Children's Centre	22 September	Information given out and discussed with local people
Thornhill lees childrens centre	23 September	Information given out and discussed with local people
Thornhill Childrens Centre	24 September	Information given out and discussed with local people
Savile Town Childrens Centre	29 September	Information given out and discussed with local people
Batley Children's Centre	5 October	Information given out and discussed with local people
Batley Health Centre	7 October	Information given out and discussed with local people
Dewsbury Health	9 October	Information given out and discussed with



Centre		local people
South Elmsall Market	13 October	Information given out and discussed with local people
Eddercliffe Health Centre	13 October	Information given out and discussed with local people
Pontefract Market	14 October	Information given out and discussed with local people
Northgate Surgery, Pontefract	16 October	Information given out and discussed with local people
Madina Majid Mosque, Batley		Information provided for distribution

<b>Meetings</b>			
<b>Date</b>	<b>Time</b>	<b>Venue</b>	<b>No. of attendees</b>
Wednesday 26 August	7pm	Pontefract Town Hall	35
Thursday 27 August	7pm	Dewsbury Town Hall	2
Wednesday 2 September	1pm	Agbrigg Community Centre, Wakefield	5
Thursday 3 September	10.30am	PIPEC meeting, White Rose House	20
Monday 7 September	10.30am	Kirklees Older People Group, Gateway to Care, Huddersfield	12
Monday 7 September	6pm	Knottingley Town Hall	11
Tuesday 8 September	1pm	Al Hikmah Centre, Batley	3
Tuesday 8 September	6pm	Treacy Hall, Wakefield	28
Thursday 10 September	2.30pm	VOX Board meeting, Featherstone	15
Friday 11 September	10am	Joint OSC, Dewsbury Town Hall	N/A
Friday 11 September	1pm	Joint OSC, Dewsbury Town Hall	N/A
Monday 14 September	6pm	Minsthorpe Community College, South Elmsall	1
Thursday 17 September	6pm	Ossett Town Hall	2
Thursday 17 September	1pm	Mirfield Community Centre	1
Tuesday 22 September	1pm	Kingsley & Fitzwilliam Community Centre	16
Thursday 24 September	6pm	Wakefield Wildcats – Belle Vue Stadium	2
Monday 28 September	1pm	Church of Nazarene, Morley	0

Tuesday 29 September	10.00am	Joint OSC, Dewsbury Town Hall	
Tuesday 29 September	6pm	Cleckheaton Town Hall	3
Wednesday 30 September	1pm	Ravensthorpe Community Centre	2
Thursday 1 October	1pm	Normanton Library	8
Friday 2 October	3pm	Prostate Cancer service users group, St Peters and St Paul's church Wakefield	15
Monday 5 October	1.30 pm	Pontefract Town Centre Partnership Meeting	20
Monday 5 October	2.30pm	Normanton Town Council Meeting, Normanton Town Hall	15
Thursday 8 October	1pm	Pontefract Town Hall	10
Friday 9 October	2pm	Wakefield LINK Meeting, Wakefield Town Hall	40
Monday 12 October	1pm	Glasshoughton Healthy Living Centre, Castleford	9
Monday 12 October	7pm	Wakefield Town Hall	11
Wednesday 14 October	6pm	Batley Town Hall	6
Thursday 15 October	7pm	Dewsbury Town Hall	0
Monday 19 October	1pm	Al Hikmah Centre, Batley	
Monday 19 October	5.30pm	Al Hikmah Centre, Batley	
Tuesday 20 October	7pm	Pontefract Town Hall	
Thursday 22 October	7pm	Dewsbury Town Hall	

### Media Activity

3/8/09	Huddersfield Daily Examiner	Plans for Dewsbury District Hospital announced	Article highlighting disagreements between Shahid Malik MP and Councillor Iqbal around the security and future of hospital services at Dewsbury, following the start of the public consultation.
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4/8/09	Yorkshire Evening Post	Shake-up for Wakefield and Dewsbury hospital services	<p>Article saying that there will be radical changes to hospital services in Dewsbury and Wakefield with the creation of four specialist centres.</p> <p>The paper version also referred to an article in last week's paper (20 July) about patient, Elaine Roberts. Elaine's baby, Jack, was transferred from Bradford, to Dewsbury, to Leeds and then Pontefract over the course of one week due to a lack of special care cots. Elaine says that if the change means more specialist neonatal cots at Dewsbury then it would be 'fantastic' but she feels there is still a need to look at what facilities and units Dewsbury needs.</p>
4/8/09	Huddersfield Daily Examiner online	Leader: Hospital shake-up	<p>Comment piece about the announcement of proposed changes in specialist services at Dewsbury. The piece points out that whilst some people may be concerned, there are positive changes and people should keep an open mind about them.</p>
5/8/09	Ridings FM	Morning news bulletin: Radical changes at Pinderfields and Pontefract have been revealed	<p>The news bulletin piece highlights proposals to bring four key services together to create specialist centres. It also says that a public consultation is now underway.</p>
6/8/09	Pontefract and Castleford Express	NHS services to get major shake-up	<p>Continued coverage about "controversial" proposals to bring key services together to create four specialist centres. Includes comments from Yvette Cooper MP and Jon Trickett MP saying that it is important that specialist centres are "easily accessible for all patients" and the majority of care is still provided closer to home.</p>
6/8/09	Batley News	Have your say on the big changes at our hospitals	<p>Article focuses on the proposals for Dewsbury and highlights that the 'Your Hospitals Your Say' public consultation will take place over the next three months.</p>

7/8/09	Wakefield Express	Patients invited to have their say in hospital centres	Article highlights the proposed specialist centres at Wakefield and Dewsbury but states that "hospital bosses say it would mean an average of three Wakefield patients per day travelling to Dewsbury for surgery." Article says that patients can have their say on the "shake-up" of services at a series of public consultation meetings and a decision on the proposals will be announced
7/8/09	The Press	NHS facing the flak	Continued coverage about our proposals for a "radical shake-up" of hospital services. Article says that the proposals have created a "political row" centred around Councillor Iqbal believing that hospital services are "under threat" whilst Shahid Malik MP has said he welcomes the new plans and hospital services at Dewsbury are safe.
7/8/09	Dewsbury Reporter	Have your say on the big changes at our hospitals	Article focuses on the proposals for Dewsbury and highlights that the 'Your Hospitals Your Say' public consultation will take place over the next three months.
7/8/09	Spensborough Guardian	Have your say on the big changes at our hospitals	Same article as in Dewsbury Reporter (see above).
7/8/09	Mirfield Reporter	Have your say on the big changes at our hospitals	Same article as in last Friday's Dewsbury Reporter about our proposals for the creation of four specialist centres.
13/8/09	Batley News	Hospital provision under the spotlight: Neo-natal services	Feature article which explains about proposed service neonatal changes highlighting what they will mean for Dewsbury patients. It says that "health chiefs have said" that most mums in north Kirklees would still have their babies at Dewsbury.
14/8/09	Dewsbury Reporter	Hospital provision under the spotlight: Neo-natal services	Same article as in yesterday's Batley News which explains about proposed neonatal service changes highlighting what they will mean for Dewsbury patients. It says that "health chiefs have said" that most mums in North Kirklees would still have their babies at Dewsbury.
14/8/09	Spensborough Guardian	Hospital provision under the	Same article as in Dewsbury Reporter

		spotlight: Neo-natal services	
14/8/09	Dewsbury Reporter	Politicians spar over new Dewsbury hospital plans	Article about political division in Dewsbury over our service change proposals for the hospital. It says that Shahid Malik MP and Conservative candidate Simon Reeve support the proposals whilst Councillor Iqbal is "concerned" it will mean services moving away from Dewsbury. Simon Reeve said that they are well thought out plans and the Trust can be "congratulated."
20/8/09	Batley News	A picture of health: Children face surgery trip to Pinderfields	Second weekly feature article about what our service strategy proposals would mean for patients in Dewsbury. This week highlights that children with complex surgery needs would be treated at a specialist centre for children's inpatient surgery in Wakefield. Article says that the 'your hospitals, your say' report highlights that this could mean around four children a week travelling from north Kirklees to Wakefield. Article also says that all children's outpatient and medical services would still be offered at Dewsbury.
20/8/09	Pontefract & Castleford Express	Public meeting dates	Advertisement for public meetings
20/8/09	Hemsworth & S Elmsall Express	Public meeting dates	Advertisement for public meetings
20/8/09	Batley News	Public meeting dates	Advertisement for public meetings
21/8/09	Dewsbury Reporter	Public meeting dates	Advertisement for public meetings
21/8/09	Spensborough Guardian	Public meeting dates	Advertisement for public meetings
21/8/09	Wakefield Express	Public meeting dates	Advertisement for public meetings

21/8/09	Dewbury Reporter	A picture of health: Children face surgery trip to Pinderfields	Feature article about what plans to create a number of specialist centres would mean for patients in Dewsbury. It highlights that children with complex surgery needs would be treated at a specialist centre for children's inpatient surgery in Wakefield.
21/8/09	Spensorough Guardian	A picture of health: Children face surgery trip to Pinderfields	Same article as in yesterday's Batley News and today's Dewsbury Reporter
27/8/09	Batley News	New centre could save even more lives	Third weekly feature article about what our proposals for specialist centres would mean for patients in Dewsbury. This week's article highlights that patients from Dewsbury with complex orthopaedic surgery needs would be treated at a new specialist centre at Wakefield. It says that the hospital have said having this specialist centre could save an extra 25 lives a year. Day and short-stay surgery would still be carried out at Dewsbury.
28/8/09	Dewsbury Reporter	New centre could save even more lives	Same article as in yesterday's (27 August) Batley News about what our proposals for specialist centres would mean for patients in Dewsbury. This week's article highlights that patients from Dewsbury with complex orthopaedic surgery needs would be treated at a new specialist centre at Wakefield.
3/9/09	Pontefract and Castleford Express	Not a good deal for us	Letter from a member of the public who says that as we near the completion of the new hospital at Pontefract, local people are being told what services are going to be in it, rather than consulted, and that they are losing ten services and gaining just two. Adds that people had "better invest in a sat nav to Dewsbury" and the "nice new hospital" at Pontefract will have 300 less beds.
3/9/09	Batley News	Centre plans at hospital	Article detailing the plans for the new surgical centre at Dewsbury for patients who need bladder or kidney surgery or surgery for bowel or lower intestinal cancer. Includes that the developments will improve care

3/9/09	Wakefield Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
3/9/09	Dewsbury Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
3/9/09	Pontefract Extra	Front page wraparound	Detailing future plans and proposed service changes for hospitals
11/9/09	Dewsbury Reporter	Public meeting dates	Advertisement for public meetings
11/9/09	Mirfield Reporter	Public meeting dates	Advertisement for public meetings
17/9/09	Batley News	Hospital: Have say on plans	Article reminding readers to have their say on service strategy proposals for Dewsbury by sending their views and questions to the paper to be passed on to the local NHS.
17/9/09	Hemsworth and South Elmsall Express	We are meeting our promises	Letter from Julia Squire responding to previous letters regarding the new Pontefract hospital. Provides details of where to learn more about the consultation
18/9/09	Dewsbury Reporter	Hospital: Have say on plans	Article reminding readers to have their say on service strategy proposals for Dewsbury by sending their views and questions to the paper to be passed on to the local NHS.
23/9/09	Huddersfield Examiner	Hospital: Have say on plans	Article inviting residents to have their say at a meeting of the OSC on Tuesday 29 September.
24/9/09	Pontefract and Castleford Express	NHS Answer critics	Letter from Julia Squire responding to previous letters regarding the new Pontefract hospital. Provides details of where to learn more about the consultation
25/9/09	Wakefield Express	Have hospital say	Article about a meeting being held by Wakefield LINK to discuss proposed hospital service changes in Wakefield.
7/10/09	Wakefield midweek extra	Advertisement for public meetings	
7/10/09	Pontefract and Castleford midweek extra	Advertisement for public meetings	

7/10/09	Hemsworth and South Elmsall midweek extra	Advertisement for public meetings
7/10/09	Ossett and Horbury midweek extra	Advertisement for public meetings
8/10/09	Batley News	Have your say Article reminding readers to have their say on proposals for the creation of specialist treatment centres at a final public consultation meeting in Dewsbury.
8/10/09	Dewsbury Reporter newspapers	Response to letter on hospital services
8/10/09	Pontefract & Castleford Express	Advertisement for public meetings
8/10/09	Reporter Extra	Advertisement for public meetings
8/10/09	Batley & Birstall News	Advertisement for public meetings
9/10/09	Wakefield Express	Advertisement for public meetings
9/10/09	Dewsbury Reporter	Advertisement for public meetings
9/10/09	Spensborough Guardian	Advertisement for public meetings
15/10/09	Pontefract & Castleford Express	Advertisement for public meetings
15/10/09	Reporter Extra	Advertisement for public meetings
15/10/09	Batley & Birstall News	Advertisement for public meetings



16/10/09	Dewsbury Reporter	Advertisement for public meetings
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### Media Activity for non-English speakers

W/c 30 August 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.
September 2009	Article translated into different languages for Paigaam magazine.
September 2009	Article translated into different languages for Awaaz magazine.
9 October 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.
11 October 2009	Information promoting the consultation and public meetings distributed to Muslim groups in Batley via the receiver.

### NHS Staff engagement activity

This is in addition to meetings held by managers of the specific services with their staff teams.

4 August	Update given at meeting with staff side union reps
17 August	Meeting held for all staff at Pinderfields Hospital. Included presentation of the proposed changes and Q&A session
18 August	Meeting held for all staff at Dewsbury & District Hospital. Included presentation of the proposed changes and Q&A session
10 September	Meeting held for all staff at Pontefract Hospital. Included presentation of the proposed changes and Q&A session
15 October	Information stand for staff at CNDH
23 October	Information staff for staff at White Rose House
MYHT staff intranet	Details of consultation, public and staff meetings and how to respond.
NHS Wakefield District staff intranet	Details of consultation, public meetings and how to respond.
NHS Kirklees staff intranet	Details of consultation, public meetings and how to respond.
MYHT staff e-newsletter	Details of consultation, public meetings and how to respond.
NHS Wakefield District e-newsletter	Details of consultation, public meetings and how to respond.
NHS Kirklees staff e-newsletter	Details of consultation, public meetings and how to respond.
MYHT staff magazine	Details of consultation, public meetings and how to respond.

## Appendix 2



# Proposed service changes at the Mid-Yorkshire Hospitals NHS Trust

## Survey administered by Kirklees Local Involvement Network

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### Purpose

The Mid-Yorkshire Hospitals NHS Trust carried out a formal consultation on developing specialist hospital services for mid Yorkshire in August and October 2009. The LINK was asked by the Joint Overview and Scrutiny Committee, Kirklees Metropolitan Council and Wakefield City Council to undertake some survey work. As well as send the results to local government colleagues, Kirklees LINK is also sending the results directly to NHS Wakefield District who are facilitating the consultation process.

### Method

An online survey and paper survey were designed.

The online survey was shared with 71 organisations and individuals with a connection to North Kirklees.

We administered a paper version of the survey:

- in Dewsbury Town Centre on Market Day covering three locations in the town centre over a two hour lunch time period. Three people chose to respond. The majority of people approached stated that they did not use local hospital services.
- at the Get Going Learning Disabilities Partnership Board event in Batley Town Hall
- at the Dignity in Care event held at the Milen Day Centre, Batley
- Voluntary Action Kirklees also delivered surveys to community settings

All told there are 16 responses as of 9.00am 30<sup>th</sup> October 2009. The majority of concerns raised are to do with accessing services.

The survey itself is included in an appendix.



## Summary

The chief concern of respondents is the location of the services and travel time from the districts of North Kirklees to a District General Hospital located on the Northerly outskirts of Wakefield.

## Findings

### Field summary for neo1

**Are you happy that Neonatal intensive care for newborn children will be available at the new hospital site in Wakefield?**

Answer	Count	Percentage
Yes its near enough in Wakefield	4	25%
No the service should be available in Dewsbury	7	43.75%
No answer	5	31.25%

#### Would these changes affect you in a positive way?

We should have local services, as not everyone can travel to Wakefield. Even if you can travel by car, what about the parking?

Would love better equipment and better trained staff.

If better treatment and staffing.

#### Would these changes affect you in a negative way?

Local services for local people.

It would be too far to travel.

Access to hospital (transport)

Transport would be an issue

Transport

Stress, travel expenses

Too far for visiting daily to parents. Care often needed immediately without the trauma of moving baby.

### Field summary for inp001

Are you happy that inpatient surgery for children, who would have to spend a night in hospital, will be available at the new hospital site in Wakefield?

Answer	Count	Percentage
This service should be available at Dewsbury (1)	9	56.25%
A service based in Wakefield is near enough (2)	3	18.75%
No answer	4	25.00%

#### Would these changes affect you in a positive way?

Why are services being taken away from Dewsbury.

Better hospital site

#### Would these changes affect you in a negative way?

I believe families are going to find it hard to travel to Wakefield. Services should be provided at Dewsbury.

Parking and transport

Transport needs to be in place as would be a problem (respondee with 5yr old child)

Transport

Transport and other children to consider

Too far away for visiting the child daily

### Field summary for ortho001

**Are you happy that there will be a specialist centre in Wakefield for people who need emergency surgery?**

Answer	Count	Percentage
<b>A service in Wakefield is fine (1)</b>	6	37.5%
<b>The service should be local (2)</b>	6	37.5%
<b>No answer</b>	4	25%

#### **Are there things about this change you do not like?**

In an emergency you need quick local services. With modern traffic it would take a long time to get to Wakefield.

From where I live the Hospital would be 10 miles away – to far, when there is a hospital five miles away.

#### **Are there things about this change that you do like?**

No

Distance element - will this have an impact on survival rates? Every minute counts, don't want to be stuck travelling to hospital if other hospitals are closer

## Field summary for uro001

### Are you happy that these specialist services will be available in Dewsbury?

Answer	Count	Percentage
Yes I'm happy that this service will be available in Dewsbury (001)	11	75%
No answer	3	18.75%
Not completed	1	6.25%

#### Would these changes affect you in a positive way?

All for more services in Dewsbury as opposed to taking everything to Wakefield.

#### Would these changes affect you in a negative way?

No

#### This is fine but transport is key

Need to consider prevalence rates in the area, is this something which has a higher rate in N Kirklees or is there another form of cancer which affects people.

#### Additional notes

One member of the public added this statement:

There is an assumption that all people have access to private transport in these arrangements. None of my family are able to drive, this means a round trip of about three hours (bus connections assumed) to get from my home to Wakefield. Depending on the time of day this may actually increase.

This makes visiting people virtually impossible on a working day. Keep all services local. There is a duty to the Community to provide care at the point of need not at a point of convenience.



## Appendix

### Specialist hospital services for mid Yorkshire including Dewsbury and Batley

These questions are about developing specialist hospital services for the people of Dewsbury, Wakefield, and Pontefract.

Kirklees LINK is interested in what people who live in North Kirklees (Dewsbury, Batley, and surrounding districts) think and feel about these new services.

The changes are all to do with specialist services and will not affect a lot of people, but for the people who are affected it is really important that the changes are the right ones. The NHS website that can tell you more about the changes is [Your Health Your Say](#).

Four types of service have been identified where care can be improved at the Mid Yorkshire NHS Trust by delivering them from specialist centres. The information that Kirklees LINK collects will be collated and passed on to NHS organisation carrying out the consultation and local councillors who have an overview role.

This survey is administered by the [Kirklees Local Involvement Network](#) which is an independent group of organisations and individuals dedicated to improving health and social care services.

There are 12 questions in this survey

#### Neonatal intensive and high dependency care (Wakefield)

Specialist care for very premature, very small or very ill newborn babies will be available at the new hospital site at Wakefield and not in Dewsbury. This service is for very complex births most often identified early in pregnancy. Around 65 children a year will be affected by this change. Normal maternity services will still be running at Dewsbury District Hospital.

#### 1 Are you happy that Neonatal intensive care for newborn children will be available at the new hospital site in Wakefield?

Please choose **only one** of the following:

- Yes its near enough in Wakefield

Kirklees Local Involvement Network • Standard House • Half Moon Street • Huddersfield • HD7 2JF  
tel: 01484 420 165 • [kirkleeslink@cloverleaf-advocacy.org.uk](mailto:kirkleeslink@cloverleaf-advocacy.org.uk) • [www.kirkleeslink.cloverleaf-advocacy.org.uk](http://www.kirkleeslink.cloverleaf-advocacy.org.uk)



- No the service should be available in Dewsbury

## 2 Would these changes affect you in a positive way?

Please write your answer here:

## 3 Would these changes affect you in a negative way?

Please write your answer here:

## Inpatient surgery for children

Approximately 200 children a year will need this service. That works out at about four children per week who will be treated in Wakefield and not the Dewsbury/Batley area.

## 4 Are you happy that inpatient surgery for children, who would have to spend a night in hospital, will be available at the new hospital site in Wakefield?

Please choose **only one** of the following:

- This service should be available at Dewsbury
- A service based in Wakefield is near enough

## 5 Would these changes affect you in a positive way?

Please write your answer here:

## 6 Would these changes affect you in a negative way?

Please write your answer here:

### **Inpatient orthopaedic trauma surgery**

This is surgery for people who need it urgently, like after an accident. Three people a day would come to Wakefield from the Dewsbury and Batley area.

#### **7 Are you happy that there will be a specialist centre in Wakefield for people who need emergency surgery?**

Please choose **only one** of the following:

- A service in Wakefield is fine
- The service should be local

#### **8 Are there things about this change you do not like?**

Please write your answer here:

#### **9 Are there things about this change that you do like?**

Please write your answer here:

### **Inpatient surgery for urology and lower gastro-intestinal cancers**

The plan is to build a new specialist centre for urology and lower gastro-intestinal cancers at the Dewsbury District Hospital site.

#### **10 Are you happy that these specialist services will be available in Dewsbury?**

Please choose **only one** of the following:

- Yes I'm happy that this service will be available in Dewsbury

#### **11 Would these changes affect you in a positive way?**

Please write your answer here:



## 12 Would these changes affect you in a negative way?

Please write your answer here:

2009-10-30

Submit your survey.

Thank you for completing this survey.

Name of panel : Joint Health Scrutiny Committee

Recommendation	Responsibility	Proposed Actions and by who	Target Date	Comments
<p>1.</p> <p>That the Joint Health Scrutiny Committee be informed as a matter of urgency of the decision of the Strategic Health Authority regarding the business plan for the Urology and Lower Gastro-Intestinal Cancer Service.</p> <p>The Committee is supportive of the proposals and hopes they will be successful. However if this is not the case and the proposals have to be revisited, then the Committee requires early discussions on the way forward.</p>	<p>Alan Wittrick/ Mike Potts</p> <p>Alan Wittrick/ Mike Potts</p>	<p>The Joint Health Scrutiny Committee will be kept updated of the business case progress with the SHA and notified of decisions made by NHS Wakefield District.</p> <p>As part of the updates on the business case progress the Joint Health Scrutiny Committee will be kept informed of any change and discussions held.</p>	<p>Dec 2009</p> <p>On- going</p>	
<p>2.</p> <p>The Trust should have clear guidelines agreed with Yorkshire Ambulance Service on the use of pre-alerts in severely injured patients prior to the proposals being</p>	<p>Alan Wittrick/ Martyn Pritchard</p>	<p>A project group has been set up involving the Yorkshire Ambulance Service, MYHT and the PCTs to</p>	<p>Sept 2010</p>	

<p>implemented. The Committee would seek assurances from the Trust that this has been agreed and procedures put in place.</p>		<p>ensure the impact of the changes on YAS are identified and appropriate protocols are in place by the time the changes take place.</p>		
<p>3.</p> <p>The Committee remains convinced that the Trust will need to facilitate access to the specialist facilities and that the current solutions are not as robust as they should be.</p> <p>The Committee recommends the development of a Trust wide travel plan that links to a regional transport strategy to the specialist facilities. Connectivity needs to be about neighbourhoods and not just hospital to hospital connections. The Committee supports the travel consultant's recommendation that a travel plan co-ordinator is appointed.</p> <p>The Committee requests that it receives further updates on the progress of consideration of the transport impacts of the consultation proposals.</p>	<p>Alan Wittrick/ Mike Potts/ Julia Squire</p>	<p>Feedback from the public consultation and the recommendations from Transport Review will be analysed and an action plan created which will address the issues raised by the Joint Health Scrutiny Committee.</p> <p>We do not accept responsibility for providing neighbourhood transport and Metro have stated that they would not welcome our involvement in this.</p> <p>An action plan will be developed in</p>	<p>Dec 09</p>	

		partnership with local transport providers by the end of 2009. This will be discussed with the committee in early 2010.		
4.	The Committee would request that the planned investment in Intermediate Tier provision is maintained and where possible increased. It recommends that the PCTs continue to monitor activity profiles and to plan for contingencies, where necessary and that regular updates are provided to the Joint Health Scrutiny Committee	Alan Wittrick/ Mike Potts/	NHS Kirklees and NHS Wakefield District have existing processes with their appropriate Overview and Scrutiny Committees to provide updates on intermediate tier provision. We will request that these existing processes feed into the Joint Health Scrutiny Committee.	Dec 09