The future of children’s and maternity services at the Friarage Hospital, Northallerton

Public engagement event – Thursday 19 April
Farmers Auction Mart, Thirsk

The panel

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cllr Jim Clark</strong></td>
<td>Cllr Clark chaired tonight’s meeting. He also chairs the North Yorkshire Scrutiny of Health Committee.</td>
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<tr>
<td><strong>Vicky Pleydell</strong></td>
<td>Dr Pleydell is a local GP. She is also the Shadow Accountable Officer and tonight’s lead clinician from the Hambleton, Richmondshire and Whitby Clinical Commissioning Group</td>
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<td><strong>Jon James</strong></td>
<td>Dr James is a consultant paediatrician who works at the Friarage hospital and was tonight’s lead clinician from South Tees Hospitals NHS Foundation Trust</td>
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Many of the questions and consultant paediatrician’s comments made below were in the context of the current thinking that option 5 is the preferred option of doctors and staff working with children at the Friarage Hospital – which was discussed in detail during the presentation.

**Q & A**

*With the proposed Sowerby housing scheme with a new school, are you not expecting an increase in the child population (and birth rates) which will impact on this decision?*

Vicky Pleydell – The problem is we would need such an increase in birth rates – more than double the birth rate – to make this service viable. There are going to be changes in Sowerby and on the Garrison site but not on the magnitude that would impact on the services at the Friarage Hospital.

Jon James – Ideally we need 2,500 to 3,000 births a year to make the obstetric service viable. Currently we have around 1,300 births a year.

(Note - this refers to national recommendations made by the Royal College of Obstetricians and Gynaecologists)

*The Teesside area is very well covered by NHS services with The James Cook University Hospital, North Tees and Hartlepool and Darlington. Why does North Yorkshire have to be the poor relation? If you want to make services at the Friarage Hospital more viable, why not bring patients down from Teesside?*
Jon James – It may look like that but the James Cook hospital alone covers a childhood population of around 75,000 and has 10 consultant staff – the Friarage which covers a child population of 25,000 children has 5.5 consultant staff.

The problem is rurality - our population spread at the Friarage is over 1,000 square miles - Teesside is more compact but has a much more deprived population with greater health needs.

If services at the Friarage Hospital are reduced how will The James Cook University Hospital cope with increased demand? Will the paediatric day unit stay open longer? Beds are often in short supply.

Jon James - The James Cook University Hospital has the beds. There’s more of an issue with obstetrics – there would have to be a major reconfiguration but paediatrics would be relatively straight forward.

The cost of what everyone would like (a full complement of consultants on the Friarage site) is about £1million per year.

Jon James – Vicky addressed this in the presentation. It is possible to try to employ more consultants at a cost of £2.5million. There is an example nationally of this in Banbury and Oxford but (anecdotally) they are finding it difficult in recruiting people (the job is not particularly interesting for consultants) and there is a high turnover of consultants who have become bored.

(Footnote from presentation - The issue here is even if the trust had the funding to employ four or five more consultants, they would still be seeing the same numbers of children so very quickly would become de-skilled and bored. It is not an attractive job prospect)

What plans are being made for children with open-access? What if the James Cook is full? The A19 is the only road from Thirsk to the James Cook – what if there was an accident and the road was blocked?

Jon James – The A19 can be frequently blocked, unfortunately these things happen. We also get bad weather. If services are centralised or put into larger, more technological hospitals – overall quality of care is better.

The question of getting children to that hospital and receiving that care, I agree, is much more difficult. For me personally, transport is a big issue and needs to be addressed and I do share the concerns of the questioner.

We do have a number of patients who have open access if they suddenly become unwell. If they did need urgent treatment out of hours, they would have to go to James Cook if the preferred option was considered.

Vicky Pleydell – The CCG are aware of the need to review transport options for patients, as part of any proposals.
In the NCAT report, section 4 point 17 talks about better integration of acute and community paediatrics but says community staff would need additional training. This is unlikely to happen. Why?

Jon James – There is only one consultant community paediatrician and the doctor in question has not done acute paediatrics for years. This goes back to having the appropriate skill mix for the paediatric service.

(Note - The NCAT report was pointing out that integrating the patient pathway across community and acute services will also improve benefits to children using the service. It was not suggested that this would offer an alternative solution as there is only one person in the community)

What is the impact on staffing levels? Is there scope for staff reductions?

Jon James – We don’t anticipate this. Overall we’d still have children to look after and the same number of beds although there would be a change in the way staff work.

Local access to services – how committed is the PCT to providing local services to local people? Local people would be penalised for living in a rural area.

Vicky Pleydell – The Clinical Commissioning Group is committed to providing as much care as possible closer to home but we have to do what is safe and right. A year ago, I broke my leg and had to have my operation at James Cook, aftercare at the Friarage and physiotherapy in Richmond.

It’s about dividing up that care but making sure people get the care where they need it. The default is having as much care as close to home as possible.

My worry is about the transfer of patients. Could you not transfer the consultant to the patient?

Jon James – If you are a consultant on-call, you have to be on-call for the hospital you are working in. So if you had a difficulty at the Friarage and the doctor on-call had to come down from James Cook, it would leave Teesside without a consultant paediatrician and vice-versa. That is something we simply cannot do.

When you use your statistics of overnight stays, I have a daughter using open access on a regular basis at the Friarage. She is what happens when things go wrong. It is obvious that things need to change but it doesn’t look like any consideration has been taken account of these children

How many children with open access have overnight stays? When a child with a chronic illness becomes ill you will not accept them overnight but they will need to go somewhere. It is a lot of stress and money to put on a family. I have spent three months in hospital in the last five years with my daughter, yet families such as mine have not been approached and asked our opinions.
There seems to be no consultation but we have a lot of children with open access.

Vicky Pleydell – We have talked to people from the Facebook Group and I know some families on there have children who require open-access. Today we held two focus groups and we will certainly arrange to come and talk to you.

(Action point - Both Jon and Vicky agreed a focus group needed to be set up with parents of children who require open-access and this was discussed with the gentleman after the meeting)

You’ve mentioned you already take babies at the Friarage from Middlesbrough. If this goes ahead where would the overspill go then?

Fran Toller (divisional manager for women and children – South Tees Hospitals NHS Foundation Trust) – We do have the ability to increase cot space at James Cook but currently we manage services across site as we consider this is very much a joint service between both hospitals. The movement between sites is to use cots and staffing resources to the best advantage for all babies to ensure that we can offer neonatal intensive care unit bed availability.

If the situation was no change, could there be a higher risk of babies with brain trauma? To what extent must things change to avoid this?

Jon James – If your daughter was not born in hospital when she was, she would have been in much more difficulty. She was in the right place at the right time with the right access to medical skills and competency.

If we change nothing at the Friarage Hospital, we will find it difficult to replace doctors when they retire. We will not be able to absorb the technological advances of medicine and our service will become sub-standard and unsafe. The service will erode which is why we are trying to do something about it now before it deteriorates.

Does the panel and does the Primary Care Trust accept that if services were withdrawn at the Friarage Hospital, the people in the region who will suffer the most are the people in Northallerton and Thirsk?

When you look at distances and travelling times it’s quite clear that while people in Richmond and Hawes speak of long journeys (1 hour), the travelling time from Thirsk will double whichever way you go – James Cook York or Harrogate.

That’s the most severe impact except for the people in Northallerton who will go from zero travelling time to whatever time it takes to get to another hospital.

The question is if medicine becomes increasingly specialist and no-one takes a stand, do you accept the people in Thirsk and Northallerton will suffer the most?
Vicky Pleydell – I do accept these people will have a big change but people from Hawes will have to travel the furthest. We’re trying to have a set of standard information which goes to every meeting about travelling times.

It is true that in Northallerton, where you have a paediatric unit on your doorstep, that may not be there in the middle of the night. But for 94% of children who access the paediatric service that will not change. It is a very small number of children who may have to travel.

There is no answer to the travel problem – you can’t bring Middlesbrough to Thirsk.

Vicky Pleydell - More patients will travel by ambulance and we will have to talk to the ambulance service to make sure the service is robust enough to deal with that.

You said the intention is the Friarage will maintain services. I was wondering about accident and emergency services for children – will they be moved to The James Cook University Hospital?

Jon James – This is a very valid question and clearly that’s important. Around one third of our accident and emergency visitors are children – the vast majority of them have minor injuries or illnesses.

For major trauma, we already have a drive-by policy in place which means if a child is severely injured they already automatically go to the James Cook. The number of children who will be managed differently will be small numbers.

As a parent, you want to take your child to the nearest facility. There is a heck of a difference in getting to Northallerton than York.

Jon James – It is crucial people understand what to do and where to take their children if they are ill. If someone picks up their sick child and takes them by car to hospital, we need to do a careful exercise (depending on outcome of the engagement process and, if agreed, a consultation process) where people know where to go.

Vicky Pleydell – We have an out-of-hours GP service and there will still be GPs who operate out-of-hours on the Friarage site and at Catterick. It is best to discuss with the GP first – as the first contact – is there are concerns about your child as they can access the appropriate services, or if necessary, an ambulance.

I would encourage people to use the out-of-hours service more than they do now.

Is this a done deal? In an ideal world the population would be in favour of maintaining services – and the politicians. I am not saying this is disingenuous but it appears this is not based on if, it is based on when. My question is what is the timeframe?

Vicky Pleydell – There has to be a change because we have to have safe services but we’re looking at all the options. With Cllr John Blackie, we are going to visit other
hospitals that have similar problems to see if there is anything we can do to sustain services that we haven’t thought about.

This engagement process is completely open and we will have to come up with a recommendation having involved all sorts of people – the council, Facebook group, focus groups, service users, ambulance service etc.

Any recommendation would go to the Primary Care Trust Board (NHS North Yorkshire and York) and we hope that would go there (if there does need to be significant change) in July.

This would then go out to formal public consultation about one particular recommendation which would be a three-month consultation. After that it could, possibly be implemented, or it could also be referred for independent review.

Cllr Jim Clark – We are visiting other hospitals and might come up with other options. This is just the start of the process.

I’ve got the greatest respect for the clinicians and people giving the presentation – you’ve got tremendous track records in healthcare provision but it doesn’t say we can’t disagree. Sitting here is does very much look like it’s a done deal – all the questions we’ve put to you you’ve come back with answers to the only options available.

My understanding is Banbury is working quite well and I am concerned with you using numbers like 2,500 births. There is a list of small consultant-led maternity hospitals available on the web with between 1,200 and 1,800 births. Also I would query your costing of £2.5million.

Vicky Pleydell – In terms of figures, we can provide you with a total of that money which is mainly around staffing costs for consultants in paediatrics and maternity, plus anaesthetic changes as well.

But if you are saying ‘I want to keep obstetrics and paediatrics’ that extra money has to be found from elsewhere and there is no extra funding available.

Jon James – We have to be incredibly safe in healthcare. As a consultant with 24 years’ experience, I am much more aware of the safety issue and much more defensive in the way I practice medicine.

At this point in the meeting, the chairman of NHS North Yorkshire and York, Kevin McAleese, stood up to address two points.

1. Funding in the North Yorkshire health economy

There is no other health economy that receives a lower level of funding per patient in North Yorkshire. The level is £1,477 per patient per year for everything from primary care to secondary care to specialist care - £4 per day.
The difference between the highest funded health care economy in Yorkshire and Humber and us is 32%. (Barnsley). This health economy not only has the lowest level of funding but the oldest population in the North of England.

The growth in demand for healthcare is coming from this population and it’s going to be specifically related to the over 65s. The funding problem will not go away and there is no prospect of any growth. If more spending has to be found for paediatrics – it can only be found from elsewhere.

2. The question on whether this is a done deal

Let me give you and the public assurance, our Board is clear that no decision can be made unless there is a full formal public consultation. If the recommendation comes to the Board in July, we will review it but it is the first stage of a substantial consultation. There is no question of a done deal.

The meeting returned to the floor

How much money is spent on various levels of management and administration costs long before we get to the clinicians? If funding is required for a particular service, why do we have to look at reducing others when there is a lot of money being spent on administration and management?

Vicky Pleydell – The budget for the Clinical Commissioning Group is £25 per patient. If you look at any organisation we have to fund some degree of management but it is a very lean amount of money.

I’m expecting my first baby in August and am five months pregnant. I chose to have my baby at the Friarage but until today had no idea what was happening at the hospital. There is no information.

From a completely selfish point of view – safety is my concern. Am I going to get the best facilities when I have my baby at the Friarage?

Jon James – The short answer is we have among the best figures in the country.

(Additional note from Fran Toller) – At present it is business as usual and we have all relevant safety measures in place. No-one should be concerned about safety at this time. This discussion is about the challenges that we are facing in the near future.

(No action point – the communications team at South Tees will distribute further information to the paediatric and obstetric departments at the Friarage Hospital)

The meeting closed at 8.50am.