Public Document Pack

MEETING:	Commissioners Working Together Joint Health Overview and Scrutiny Committee
DATE:	Monday, 3 April 2017
TIME:	3.30 pm
VENUE:	722 Prince of Wales Road, Sheffield, S9 4EU

AGENDA

1 Commissioners Working Together Joint Health Overview and Scrutiny Committee (Pages 3 - 130)

Please use the link below to access the papers for the Commissioners Working Together Joint Health Overview and Scrutiny Committee for South and Mid Yorkshire, Bassetlaw and North Derbyshire to be held on Monday 3rd April 2017 at 3.30pm at 722 Prince of Wales Road, Sheffield, S9 4EU:

http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3950/Committee/512/SelectedTab/Documents/Default.aspx

A copy of the full agenda pack is also attached.

Enquiries to:- Anna Marshall, Scrutiny Officer on 01226 775794

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COMMISSIONERS WORKING TOGETHER

Monday, 03 April 2017 at 15:30

Sheffield Clinical Commissioning Group Headquarters, 722 Prince of Wales Road, Sheffield, S9 4EU,

There will be a pre-meeting for Committee Members only at 2.30 pm

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Democratic Services (Tel. 0115 977 3141) prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

S H E F F I E L D C I T Y C O U N C I L

Commissioners Working Together Joint Health and Overview Scrutiny Committee

Meeting held 21 November 2016

PRESENT: Councillors Jeff Ennis (Barnsley MBC) (Chair), Pat Midgley (Sheffield City Council), Sean Bambrick (Derbyshire County Council), Rachael Blake (Doncaster MBC) and Stuart Sansome (Rotherham MBC)

Also in attendance

J. Wardle, Derbyshire CC
A. Fawley, Nottinghamshire CC
T. Moorhead, Sheffield CCG
W. Cleary-Gray, SYB Sustainability and Transformation Plan
G. Venables, Clinical Adviser, Commissioners Working Together
E. Ashman, Wakefield CCG
A. Wood, Wakefield MDC
J. Spurling, Rotherham MBC
A. Nicholson, Sheffield City Council
A. Morley, Barnsley MBC
P. Anderton, Commissioners Working Together
C. Edwards, Rotherham CCG
J. Pederson, Doncaster CCG
I. Golton, Clinical Networks and Senate
L. Smith, Barnsley CCG
I. Griffiths, Bassetlaw CCG
M. Ruff, Sheffield CCG
S. Jones, Commissioners Working Together
Councillor Peter Short, Rotherham MBC

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Colleen Harwood (Nottinghamshire County Council) and Betty Rhodes (Wakefield MBC).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 8th August, 2016 were approved as a correct record.

5. AMBULANCE SUPPORT - REVIEW OF HYPER ACUTE STROKE SERVICES IN SOUTH YORKSHIRE, BASSETLAW AND NORTH DERBYSHIRE AND REVIEW OF CHILDREN'S SURGERY AND ANAESTHESIA SERVICES IN SOUTH AND MID YORKSHIRE, BASSETLAW AND NORTH DERBYSHIRE: FEEDBACK AND DISCUSSION

5.1 The Committee received two briefing papers, which had been circulated to Members prior to the meeting, on Ambulance Support. The first of these had been provided by the Yorkshire Ambulance Service (YAS) and covered response times, staff training and stroke care in relation to Acute Stroke cases and further information in relation to Children's Surgery. The second briefing paper, from the East Midlands Ambulance Service (EMAS) outlined the way in which the service had begun to reconfigure the way in which it dealt with patients.

5.2 In attendance for this item were Jackie Cole and Mark Inman (YAS) and Peter Bainbridge (EMAS).

5.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Whilst statistics showed that approximately two thirds of ambulance responses in Barnsley for suspected stroke patients (category C2T) were within target time, it was not possible to say what the performance for the other one third was.

- The YAS standard time for arrival at the hyper acute stroke centre was 60 minutes and it would not be possible to make comparisons with reported figures relating to London (30 minutes) until the final operating model had been completed.

- Financial help was available to people who were struggling to meet the financial demands of having to travel long distances to visit friends and relatives who were in hospital.

- The YAS did prioritise calls and always endeavoured to be with the patient as quickly as possible. Patients would be called back in the event of any delay.

- Increases in demand and turnaround times would be addressed when the final operating model for YAS was in place.

- The important time to consider in stroke cases was the time from symptoms to treatment and education was an important factor in reducing this.

- The EMAS had started to reconfigure the way in which it dealt with patients in 2010, with stroke patients in the Bassetlaw area of Nottinghamshire being conveyed to Doncaster Royal Infirmary since 2011. All ambulance clinicians were trained in assessing patients to determine if they had had a stroke and all units accepted patients who were identified as FAST (face, arm, speech

test) positive and had the necessary skills to manage them during their journey to hospital. In addition, staff support measures had been introduced which included service directories on all vehicles, with telephone numbers and postcodes of the units.

- In relation to reduced mortality, evidence was anecdotal with statistics only being available from individual stroke units.

- In relation to setting the time for ambulance arrival, the YAS worked from an algorithm, which prompted questions, so that key details were obtained.

- In making comparisons with the ambulance service in London, it should be noted that London was more compact and that larger units had shown a reduction in stay. Furthermore, the larger volume of patients led to more sustainable units and improved experience.

- It was felt that the EMAS reconfiguration was resulting in patients getting the right treatment in the right place at the right time.

- In relation to heart attack patients, there were reduced mortality rates and part of the exercise was to ensure future proofing.

5.4 RESOLVED: That the Committee:-

(a) thanks Jackie Cole, Mark Inman and Peter Bainbridge for their contribution to the meeting;

(b) notes the contents of the circulated briefing papers and the responses to questions; and

(c) requests that officers give consideration to the provision of appropriate publicity of any financial assistance available to people, who were having difficulty in meeting the cost of travelling long distances to visit hospital patients.

6. COMMUNICATIONS AND ENGAGEMENT - HYPER ACUTE STROKE SERVICE PROVISION AND CHILDREN'S SURGERY AND ANAESTHESIA SERVICE PROVISION: PUBLIC CONSULTATION UPDATE

6.1 Helen Stevens (Associate Director of Communications and Engagement, Commissioners Working Together Programme), gave a presentation, a copy of which was circulated at the meeting, which provided an update on the public consultations regarding proposed changes to Hyper Acute Stroke Services in South Yorkshire, Bassetlaw and North Derbyshire and to Children's Surgery and Anaesthesia Services in South and Mid-Yorkshire, Bassetlaw and North Derbyshire. The presentation covered the approach, engagement so far, with 78 responses to the Hyper Acute Stroke Services consultation and 60 responses to the children's surgery and anaesthesia services consultation, all of which had been received online. The presentation went on to provide an analysis of the

responses to each consultation exercise and set out the key themes emerging which were:-

- travel times to specialist unit
- visiting loved ones and the impact on families
- people being unconvinced that this wasn't about saving money
- challenging the numbers of children affected in Barnsley

6.2 The next steps in the process involved a mid-point gap analysis, staff sessions and an independent analysis at the end of the consultation period.

6.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- The majority of responses were from the Barnsley area, with this being mainly due to the activities of the local Save Our NHS Campaign, which sought to oppose the proposed changes. Officers of the local CCG were engaging with the campaign.
- The challenge to the numbers in Barnsley needed to be worked through
- The next Committee meeting on 13th February, 2017 would include an analysis of the results of the consultations.
- If Members or officers had any other ideas regarding the consultations, they should let Helen Stevens know.

6.4 RESOLVED: That the Committee:-

(a) thanks Helen Stevens for her contribution to the meeting; and

(b) notes the contents of the presentation and responses to questions.

7. DATE OF NEXT MEETING

7.1 It was noted that the next meeting of the Committee would be held on Monday, 13th February, 2017 at 2.00 p.m. at Birch and Elm, Oak House, Bramley, Rotherham S66 1YY.

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The future of hyper acute stroke services and children's surgery and anaesthesia services

Consultation analysis

Commissioners Working Together

Report from The Campaign Company (TCC)

March 2017

CONTENTS

1 Executive summary

Background to the consultation

Commissioners Working Together (CWT) is a collaborative of eight clinical commissioning groups (CCG) and NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire.

CWT works with all local hospitals and care providers, staff and patient groups to understand how best to ensure that everyone experiences the highest quality and safest services possible across the region's combined population of 2.8 million people.

In 2016, CWT carried out a review of children's surgery and anaesthesia services and hyper acute stroke services across the region. Pre-consultation engagement took place between January – April 2016 as part of this review, during which CWT gathered the views of key stakeholders, including patients and the public, to inform plans for the future of services.

Following this engagement, CWT proposed changes for both children's surgery and anaesthesia and hyper acute stroke services that aim to use what is available in the best possible way to get the best services for everyone.

For children's surgery and anaesthesia, three options have been developed and put forward for consideration, including CWT's preferred option. For hyper acute stroke services, one option has been developed and put forward for consideration.

The consultation to get the views of patients, public and others with an interest in these issues was launched on 3 October 2016 and ran until 14 February 2017. The original closing date for the consultation of 20 January 2017 was extended to take account of the Christmas period and to allow as many people as possible to take part in the consultation.

This report is an independent analysis of the responses to the consultation received during this period.

The consultation process

The following channels were provided for people to respond to each of the consultations throughout the consultation period:

- **Online consultation questionnaire** hosted on the Commissioners Working Together website http://www.smybndccgs.nhs.uk. The survey included some closed questions to measure levels of support around the service options proposed and a number of open questions around the proposals to allow respondents to express views in their own words. Information about demographics and the context in which people were responding to the consultation were also asked for sub-group analysis.

- **Paper surveys** were also available which contained the same questions as the online survey with a freepost return option. There were no requests for translation into additional languages. Easy Read versions of the survey were also available but none were returned.
- **Meetings and events** – a number of public events, stakeholder meetings, staff meetings and discussion groups were held during the consultation period.
- **Submissions** in the form of letters and petitions could be submitted to the consultation by post or by email. Oral submissions could also be given by phone.
- **Representative telephone survey** – a telephone survey of 740 local residents, broadly representative by geography and demographics, was conducted across South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- **Online poll** – a mid-point analysis of the consultation process highlighted the complexity of the narrative on the proposals and the difficulty in engaging people on the issues. A short online poll was made available on the Commissioners Working Together website and via social media and e-bulletins published via partners to allow people to make their views known in a simpler way.

A total of 1109 responses were received for the consultation to change hyper acute stroke services and 1274 responses for the consultation to change children's surgery and anaesthesia services. The number of responses received from different channels, for each consultation, is shown in Table 1. A number of respondents contributed to both consultations. In Table 1, where it is known that a single response covers both consultation issues, this is indicated by an asterisk *. For a full list of local groups where the proposals were discussed and individual survey responses encouraged, see section 6 of this report.

Table 1: Number of consultation responses by channel and by consultation (shows where one response covers both consultation issues)*

Consultation channel	Hyper acute stroke services responses	Children's surgery and anaesthesia services responses
Surveys		
Consultation survey – online	282	405
Consultation survey – paper	58	83
Telephone survey	740*	740*
Written and telephone submissions		
Submissions from individuals	6 (2*)	3 (2*)
Submissions from organisations and elected representatives		
Barnsley Hospital	1*	1*
Chesterfield Royal Hospital		1
Dan Jarvis MP	1*	1*
Doncaster and Bassetlaw	1*	1*

Consultation channel	Hyper acute stroke services responses	Children's surgery and anaesthesia services responses
Teaching Hospitals NHS Foundation Trust		
Barnsley Save Our NHS	1*	1*
Sheffield Teaching Hospitals NHS Foundation Trust	1	
The Rotherham NHS Foundation Trust	1*	1*
Meetings (including focus groups, public and stakeholder meetings)		
Public meetings (NHS facilitated)		
Sheffield	1	
Barnsley	1*	1*
North Derbyshire and Hardwick (stroke centre)	1	
Doncaster	1*	1*
Bassetlaw	1*	1*
Goldthorpe	1*	1*
Matlock		1
Penistone	1*	1*
Engagement outreach and local groups		
Speak Up Self Advocacy group (Rotherham)	1*	1*
PPG Kiveton (Rotherham)	1*	1*
Older People's Forum (Rotherham)	1*	1*
Stroke Café (Rotherham)	1	
Parent and carer group (Rotherham)		1
Newbold School (Chesterfield)		1
Highfield School (North Derbyshire and Hardwick)		1
Outpatients visits, Chesterfield Royal Hospital		11
Mother & Toddler Group, St Thomas' Centre, Chesterfield		2
Nightingale Ward, Chesterfield Royal Hospital		1
Focus groups		
Barnsley Together AGM	1*	1*
Barnsley Mencap	1*	1*
Age UK (Barnsley)	1	
BME Young People and	1*	1*

Consultation channel	Hyper acute stroke services responses	Children's surgery and anaesthesia services responses
Carers Group (Rotherham)		
BME discussion group (Doncaster)	1*	1*
Petition		
https://you.38degrees.org.uk/petitions/save-barnsley-s-specialist-stroke-service (5022 signatures)	1	
https://you.38degrees.org.uk/petitions/keep-children-s-surgery-and-anaesthesia-services-at-barnsley-hospital (785 signatures)		1
TOTAL	1109	1274

Headline findings

For the children's surgery and anaesthesia services consultation, three options have been developed and put forward for consideration, including CWT's preferred option. For the hyper acute stroke services consultation, one option has been developed and put forward for consideration.

Attitudes towards the proposals in each of these consultation areas were consistent across the different ways in which people responded so are summarised thematically by service area below.

Children's surgery and anaesthesia services

Respondents were asked whether they agreed or disagreed with the proposal to change the way children's surgery and anaesthesia services and were asked to explain the reasons behind their expressed view.

Table 2 shows that respondents tend to agree with the proposed changes (63% of telephone survey respondents agree and 43% of self-selecting survey respondents agree). However, there are over a third of self-selecting respondents (39%) who disagree with the proposals compared to 13% of randomly selected telephone survey respondents.

Table 2: 'Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?' (By survey channel)

	Consultation survey Respondents		Telephone survey Respondents	
	Actual	%	Actual	%
Agree	210	43%	466	63%
Disagree	190	39%	98	13%
Don't know	86	17.6%	176	24%
Did not respond	2	0.4%	0	0%
Total	488	100%	740	100%

Higher levels of disagreement tend to come from Barnsley, Bassetlaw, Wakefield, North Derbyshire and Hardwick. All of these areas are particularly impacted by proposed changes to Barnsley Hospital and Chesterfield Royal Hospital.

People were asked which of the options they preferred through a closed question and to explain their reasons why through an open question.

Table 3 shows that almost one in four consultation survey respondents (23%) did not agree with any of the options. 42% of these support option 1. Conversely, with telephone survey respondents, 64% state that option 2 is their preferred option. This is also the preferred option of CWT.

Table 3: 'Which of our proposed options do you prefer?' (By survey channel)

	Consultation survey Respondents		Telephone survey Respondents	
Preferred option	Actual	%	Actual	%
Option 1	203	42%	248	34%
Option 2	154	32%	475	64%
Option 3	18	4%	17	2%
None of these	109	23%	0	0%
Total	484	100%	740	100%

Hyper acute stroke services

Respondents were asked whether they agreed or disagreed with the three centre option to change the way hyper acute stroke services were provided.

Table 4 shows that there is mixed response to this question. 54% of self-selecting consultation survey respondents disagree with this option and 50% of telephone survey responses agree with it.

Table 4: 'Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?' (By survey channel)

	Consultation survey Respondents		Telephone survey Respondents	
	Actual	%	Actual	%
Agree	136	40%	373	50%
Disagree	185	54%	249	34%
Don't know	19	6%	118	16%
Total	340	100%	740	100%

There are high levels of support for the three centre option in Doncaster and North Derbyshire and Hardwick (which cover hospitals where the hyper acute stroke services are being proposed). There is low level of support for this option in the Barnsley CCG area.

Concluding comments

As with all public consultations, the response cannot be seen as representative of the population but it is representative of interested parties who were made aware of the consultation and were motivated to respond. The telephone survey was undertaken with a randomly selected and representative cross-section of residents to ensure that the consultation process accurately captured the views of the wider population of South and Mid Yorkshire, Bassetlaw and North Derbyshire. However, while each of the options was explained to respondents, it must be noted that only 7% of respondents had heard of the children's surgery and anesthesia services consultation, and 6% of the hyper acute stroke services consultation. Only 5% of respondents had read at least one of the consultation documents before responding to the questionnaire. This should be borne in mind when comparing their responses with consultation survey respondents who have actively chosen to take part in the consultations because they have an interest in it.

A consistent picture emerges from the different strands of the consultation. There is mixed support for the proposals outlined in the consultation document including the preferred options for the purpose of the consultation. Potential changes to services, particularly where loss of services are involved, understandably cause apprehension among those who may be affected. There has been clear and vocal opposition where this is potentially the case (for example, in the Barnsley area). The main concern highlighted across all consultation strands is the impact on the ability for patients and families to access high quality care closer to home if specialised centres are introduced.

It is important to recognise that the outcomes of the consultation process will need to be considered alongside other information available about the likely impact of each of the proposed options. The purpose of this analysis is to explain the opinions and arguments of

those who have responded to the consultation but it is not to recommend any option or variations of these options. In their deliberations, the members of CWT, as the Joint Committee of Clinical Commissioning Groups, will review the evidence and considerations that have emerged during consultation while also taking account of all the other relevant evidence that will help them make their final decisions.

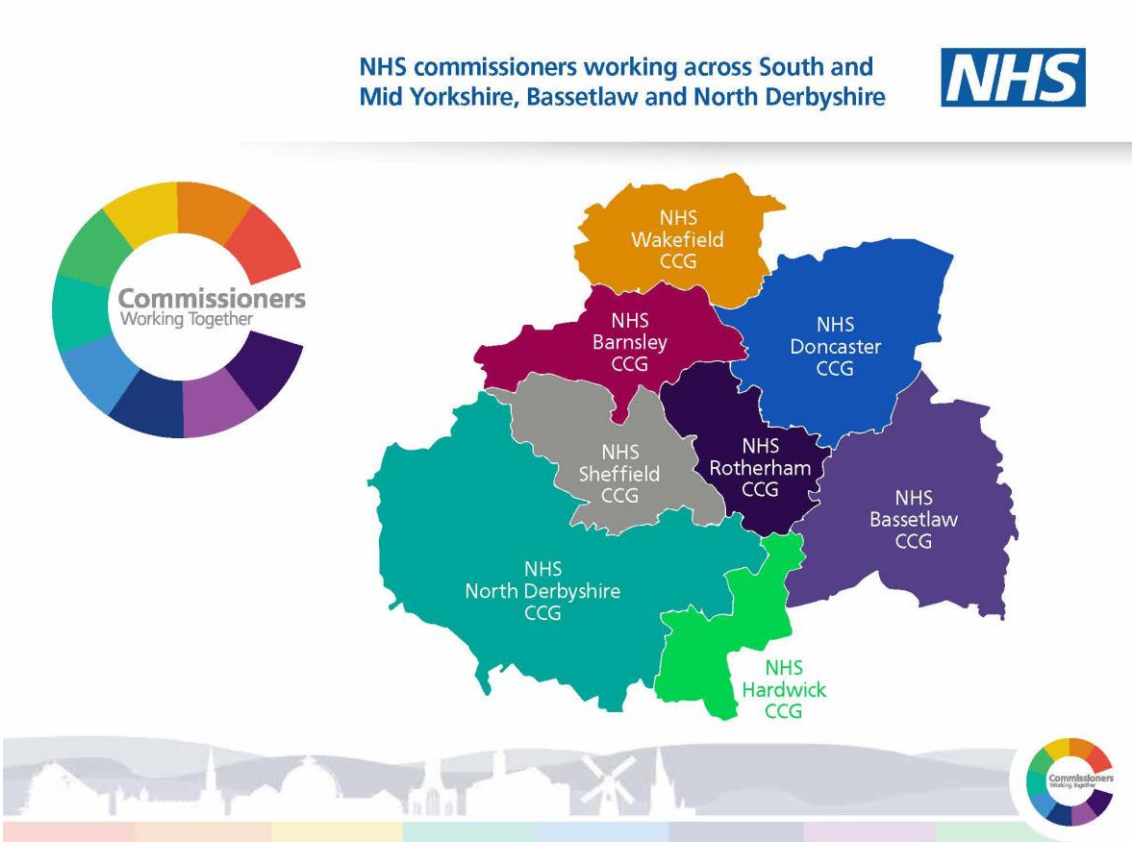
2 About the consultations

This section of the report describes the background to the consultations and the way in which the consultations have been conducted. It provides a summary of the different types of responses that were received throughout the consultation period; the quantity of responses by each consultation method; the process that was carried out to collect and manage these responses and how they have been analysed to produce this report.

2.1 Background to the consultations

Commissioners Working Together (CWT) is a collaborative of eight clinical commissioning groups (CCG) and NHS England across South and Mid Yorkshire, Bassetlaw and North Derbyshire:

- NHS Barnsley Clinical Commissioning Group
- NHS Bassetlaw Clinical Commissioning Group
- NHS Doncaster Clinical Commissioning Group
- NHS England
- NHS Hardwick Clinical Commissioning Group
- NHS North Derbyshire Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group
- NHS Wakefield Clinical Commissioning Group



CWT works with all local hospitals and care providers, staff and patient groups to understand how best to ensure that everyone experiences the highest quality and safest services possible across the region's combined population of 2.8 million people.

In 2016, CWT carried out a review of children's surgery and anaesthesia services and hyper acute stroke services across the region. Pre-consultation engagement took place between January – April 2016 as part of this review, during which CWT gathered the views of key stakeholders, including patients and the public, to inform plans for the future of services.

The review identified a number of challenges, which are outlined for each service below.

For children's surgery and anaesthesia services:

- Some children in the region have better experiences, better and faster treatment and better access to services than others, which CWT does not think is fair.
- Some of the hospital doctors and nurses in the region don't treat as many children as others do. Children are not 'small adults' and if they need an operation, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children.
- Nationally, there are not enough healthcare professionals qualified to treat the amount of children who need surgery every year. Children receive better care and treatment if they are seen by doctors and nurses who are trained to look after and operate on them. A reduced number of staff nationally, means there is also less qualified staff locally – and there is a need to work with the staff and resources we do have to make sure the region's children have the best possible and highest quality care.

For hyper acute stroke services:

- Three out of five of hyper acute stroke units (HASUs) admit less than 600 patients (the national best practice minimum) a year. This means that stroke doctors and nurses in some of the units risk becoming deskilled, which would mean patients may not get the best possible or safest care in the future.
- There are not enough stroke doctors and nurses nationally, and there needs to be more to run the existing services. This means that there are problems with medical cover in local hospitals – with some temporary closures of services because there aren't enough doctors and nurses available.
- There is variation in how quickly scans and tests are carried out and reported from hospital to hospital. This means that there is a delay in some treatments that should be given after having a stroke.

There were several key themes to emerge from the feedback gathered throughout the pre-consultation engagement period and these are detailed below.

For children's surgery and anaesthesia:

- Safe, caring, quality care and treatment
- Access to specialist care
- Care close to home
- Communication – between children, parents, carers and their clinicians – and also between hospitals
- Being seen as soon as possible

For critical care for people who have had a stroke:

- Being seen quickly when get to a hospital
- Being seen and treated by knowledgeable staff
- Safety and quality of the service
- Fast ambulance response times/ travel times
- Good access to rehabilitation services locally

The proposed changes for both children's surgery and anaesthesia and hyper acute stroke services are not about cutting services or saving money but using what is available in the best possible way to get the best services for everyone.

By making changes to how these services are currently provided, CWT believes that skills and knowledge can be better shared and ultimately a better, equal service can be provided across the region.

For children's surgery and anaesthesia, three options have been developed and put forward for consideration, including CWT's preferred option. For hyper acute stroke services, one option has been developed and put forward for consideration.

The consultation to get the views of patients, public and others with an interest in these issues was launched on 3 October 2016 and ran until 14 February 2017. The original closing date for the consultation of 20 January 2017 was extended to take account of the Christmas period and to allow as many people as possible to take part in the consultation.

2.2 The consultation process

2.2.1 Introduction

Commissioners Working Together (CWT), each of the CCGs and provider organisations developed tailored communications and engagement plans for the consultations in their local areas.

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

- Ensure high levels of public awareness
- Encourage participation in the consultation events
- Encourage feedback, particularly through the online survey
- Ensure all sections of communities were informed and had the opportunity to be involved, with efforts made to target particular protected groups
- Support partnership working with other NHS organisations to promote and publicise the consultation

The consultation communications and engagement plan was approved by the Joint Health and Overview Scrutiny for the CCGs involved in Commissioners Working Together. The process also included a mid-point review with The Consultation Institute, which provided an opportunity to assess the effectiveness of the consultation and agree any actions heading into the second half of the consultation period. For example, it was agreed that additional activity was needed in order to reach specific demographics, which at the time were underrepresented, as well as a short online poll to capture people's thoughts in a different way.

2.2.2 Response mechanisms

The following channels were provided for people to respond to each of the consultations throughout the consultation period:

- Online consultation questionnaires hosted on the Commissioners Working Together website http://www.smybndccgs.nhs.uk. The survey included some closed questions to measure levels of support around the service options proposed and a number of open questions around the proposals to allow respondents to express views in their own words. Information about demographics and the context in which people were responding to the consultation were also asked for sub-group analysis.
- Paper surveys were also available which contained the same questions as the online survey with a freepost return option. There were no requests for translation into additional languages. Easy Read versions of the survey were also available but none were returned.
- Meetings and events – a number of public events, stakeholder meetings, staff meetings and discussion groups were held during the consultation period.
- Submissions in the form of letters and petitions could be submitted to the consultation by post or by email. Oral submissions could also be given by phone.

- **Representative telephone survey** – a telephone survey of 740 local residents, broadly representative by geography and demographics was conducted across South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- **Online poll** – a mid-point analysis of the consultation process highlighted the complexity of the narrative on the proposals and the difficulty in engaging people on the issues. A short online poll was made available on the Commissioners Working Together website and via social media and e-bulletins published via partners to allow people to make their views known in a simpler way.

Background information to support the consultation was made available on the CWT website, and by request, including:

- Pre-engagement reports, including the Equality Impact Assessment
- Pre-consultation business case
- Pre-consultation communications and engagement report
- Communications and engagement strategy and plans
- Strategic cases for change
- Consultation mandate
- Health needs assessment
- Responses from the Yorkshire and Humber Clinical Senate
- Consultation documents, including easy read versions
- Ambulance service travel times
- Travel impact analysis
- Yorkshire and Humber Clinical Network 'blueprint' for hyper acute stroke services
- Royal College of Surgeons – Standards for Children's Surgery

2.2.3 Communications and engagement activity

An overview of the range of channels and engagement opportunities for the consultations is below.

- **Digital communications and engagement** through dedicated webpages, which were established and updated throughout the consultation period, banners and links through to the CWT website. There were 8,318 unique visitors who used the CWT website during the consultation period, with more than 62,000 page visits to the specific consultation webpages.
- **Broadcast and print media** releases with a local, regional and national reach, resulting in 13 pieces of media coverage about the consultations between October 2016 – February 2017 and a further 6 pieces in the lead up to the consultation.

- **Social media** using Commissioners Working Together's Twitter and Facebook profiles. Tweets about the consultations generated more than 55,000 impressions and CWT's 21 Facebook posts reached 12,952 people and saw 939 users take action (including clicking a link, liking, commenting or sharing a post).
- An **online poll** was made available on the Commissioner Working Together website to gather a snapshot of people's opinions.
- **Public consultation events** took place locally in Barnsley, Bassetlaw, Doncaster, North Derbyshire and Hardwick and Sheffield.
- **Specific interest engagement** via email, hard copies of the consultation documents and meetings with groups with an interest in stroke and children's targeted across each local area.
- **Seldom heard group engagement** via email, hard copies of the consultation documents and discussion groups.
- **Stakeholder briefings** including local MPs and councillors, Health and Wellbeing Board, Health Overviews and Scrutiny Committees.
- **Staff briefings** via internal communications channels, newsletters, forums and groups
- **Hard copies of the consultation documents, postcards and flyers** distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations and at public events. 50,000 copies of the consultation document were printed and distributed on request and through these channels.

2.3 Responses to the consultation

A total of 1109 responses were received for the consultation to change hyper acute stroke services and 1274 responses for the consultation to change children's surgery and anaesthesia services. The number of responses received from different channels, for each consultation, is shown in Table 5. A number of respondents contributed to both consultations. In Table 5, where it is known that a single response covers both consultation issues, this is indicated by an asterisk *. For a full list of local groups where the proposals were discussed and individual survey responses encouraged, see section 6 of this report.

Table 5: Number of consultation responses by channel and by consultation (shows where one response covers both consultation issues)*

Consultation channel	Hyper acute stroke services responses	Children's surgery and anaesthesia services responses
Surveys		
Consultation survey – online	282	405
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Chesterfield Royal Hospital		1
Dan Jarvis MP	1*	1*
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1*	1*
Barnsley Save Our NHS	1*	1*
Sheffield Teaching Hospitals NHS Foundation Trust	1	
The Rotherham NHS Foundation Trust	1*	1*
Meetings (including focus groups, public and stakeholder meetings)		
Public meetings (NHS facilitated)		
Sheffield	1	
Barnsley	1*	1*
North Derbyshire and Hardwick (stroke centre)	1	
Doncaster	1*	1*
Bassetlaw	1*	1*
Goldthorpe	1*	1*
Matlock		1
Penistone	1*	1*
Engagement outreach and local groups		
Speak Up Self Advocacy group (Rotherham)	1*	1*
PPG Kiveton (Rotherham)	1*	1*
Older People's Forum (Rotherham)	1*	1*
Stroke Café (Rotherham)	1	
Parent and carer group (Rotherham)		1
Newbold School		1

Consultation channel	Hyper acute stroke services responses	Children's surgery and anaesthesia services responses
(Chesterfield)		
Highfield School (North Derbyshire and Hardwick)		1
Outpatients visits, Chesterfield Royal Hospital		11
Mother & Toddler Group, St Thomas' Centre, Chesterfield		2
Nightingale Ward, Chesterfield Royal Hospital		1
Focus groups		
Barnsley Together AGM	1*	1*
Barnsley Mencap	1*	1*
Age UK (Barnsley)	1	
BME Young People and Carers Group (Rotherham)	1*	1*
BME discussion group (Doncaster)	1*	1*
Petition		
https://you.38degrees.org.uk/petitions/save-barnsley-s-specialist-stroke-service (5022 signatures)	1	
https://you.38degrees.org.uk/petitions/keep-children-s-surgery-and-anaesthesia-services-at-barnsley-hospital (785 signatures)		1
TOTAL	1109	1274

A detailed profile of survey respondents is included in Appendix 1.

2.4 Interpreting the response

The Campaign Company was commissioned to provide an independent analysis of the consultation responses of each of the channels through which responses to the consultations were received. This report sets out the findings from this analysis.

CWT will make a recommendation on the future of these services by April 2017. The decision on the outcome of the consultation and next steps will be made at the Joint Committee of CCGs meeting on 24 May 2017. The findings from this consultation will be used to inform these decisions.

The Campaign Company collated responses made throughout the consultation period and feedback representations made through the different engagement formats. Anonymous data collected by CWT was shared with The Campaign Company for the purpose of this analysis.

The methods used to collect evidence are designed to allow everyone to contribute to the consultation, but the evidence collected is not necessarily representative of the population as a whole. Responses are self-selecting: only people who chose to give their views have had them recorded. Typically, in public consultations, responses tend to come from those who are more likely to be impacted by any proposals and more motivated to express their views. The responses must therefore be seen as representative of those who wanted their views heard.

The exception to this is in the analysis of the telephone survey response. This was undertaken with a broadly representative cross-section of 740 residents across the areas in South Yorkshire, Mid Yorkshire, Bassetlaw and North Derbyshire covered by CWT to ensure that the consultation process also captured the views of the wider population. This was achieved using a stratified sampling approach with quotas based on age, gender, ethnicity and geography.

For the analysis of the consultation questionnaire and telephone survey responses, closed question responses are described as percentages. In places, percentages may not add up to 100 per cent. This is due to rounding or questions allowing multiple responses. Where questions have allowed multiple responses, this is clearly stated. Due to a high number of partially completed responses, ranging from only one question to all but one question being answered, the base number for many questions varies and is stated for each question.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVivo), all text comments have been coded thematically to organise the data for systematic analysis. To do this, a codeframe was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

The analysis has been presented thematically based on the method through which the responses were received.

3 Analysis of survey responses: children's surgery and anaesthesia services consultation

3.1 Introduction

This section reports on the response to the consultation and telephone surveys on the proposed changes to children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire. A consultation document was available that provided information on the proposed changes to children's surgery and anaesthesia services and detail to help respondents to understand how the proposals had been reached and the options that were being considered for providing these services in the future. The document included a consultation survey that sought people's views on:

- the proposals for change
- their preferred option for change
- alternative views

The survey was open to all members of the public and available to be completed online and on paper.

As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond.

To address this, and also ensure there was a representative response from across South and Mid Yorkshire, Bassetlaw and Derbyshire, a telephone survey was conducted that asked similar questions to randomly selected members of the public.

Since the questions were asked in both sets of surveys - the consultation survey and telephone survey – the analysis is combined. It is a feature of public consultations to have polarised views (either for or against change) expressed by respondents who choose to respond. In this analysis, where there are any differences in the nature or strength of the response between the two types of respondents (self-selecting consultation survey respondents and randomly selected telephone survey ones) these are highlighted.

Within the analysis, we cannot be clear of the extent to which responses are informed by the supporting information that has been provided. We have conducted analysis on the response using statistical software and coding software.

This section breaks down each question by all of its elements (quantitative and / or qualitative). Where there is a notable difference we have included breakdowns of the data by geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

3.2 Consultation survey response

488 consultation survey responses were submitted during the consultation period (either online or by paper) and 740 participants took part in the telephone survey. A profile of these respondents by CCG area is shown below.

Table 6: Children's surgery and anaesthesia survey respondents by CCG area

	Consultation survey respondents		Telephone survey respondents	
CCG area	Actual	%	Actual	%
Barnsley	98	20%	72	10%
Bassetlaw	14	3%	33	4%
Doncaster	57	12%	98	13%
North Derbyshire and Hardwick (combined)	227	46%	227	31%
Rotherham	52	11%	106	14%
Sheffield	31	6%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	3	1%	0	0%
Total	488	100%	740	100%

The profile of telephone survey respondents reflects the population profile of each CCG area. The profile of self-selecting survey respondents (online and paper surveys) shows that there has been a higher response rate from North Derbyshire and Hardwick CCGs – which cover the Chesterfield Royal Hospital area – and from the Barnsley CCG area which covers Barnsley Hospital. Both of these hospitals are negatively impacted by the proposed changes and the higher response rates in these areas is therefore not unexpected.

A detailed profile of survey respondents to this consultation is included in Appendix 1.

3.3 Key findings

This section breaks down each question by all of its elements (quantitative and qualitative).

3.3.1 Support for change in the way services are provided

Respondents were asked whether they agreed or disagreed with the proposal to change the way children's surgery and anaesthesia services are provided and were asked to explain the reasons behind their expressed view.

Quantitative findings

Table 7 shows that respondents tend to agree with the proposed changes (63% of telephone survey respondents agree and 43% of self-selecting survey respondents agree). However, there are over a third of self-selecting respondents (39%) who disagree with the proposals compared to 13% of randomly selected telephone survey respondents.

Table 7: 'Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?' (By survey channel)

	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Agree	210	43%	466	63%
Disagree	190	39%	98	13%
Don't know	86	17.6%	176	24%
Did not respond	2	0.4%	0	0%
Total	488	100%	740	100%

Table 8 shows the levels of support towards the proposals by CCG area and by different survey channel. This reflects a similar pattern to the above (namely there is a generally higher level of disagreement with the proposals from self-selecting consultation survey respondents). These responses tend to come from Barnsley, Bassetlaw, Wakefield, North Derbyshire and Hardwick. All of these areas are particularly impacted by proposed changes to Barnsley Hospital and Chesterfield Royal Hospital.

Table 8: 'Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?' (By survey channel and CCG area)

CCG area	Survey channel	Agree (%)	Disagree (%)	Don't know (%)	Total (% and actual)
Barnsley	Consultation survey	32%	63%	5%	100% (98)
	Telephone survey	64%	17%	19%	100% (72)
Bassetlaw	Consultation survey	36%	57%	7%	100% (14)
	Telephone survey	70%	12%	18%	100% (33)
Doncaster	Consultation survey	73%	14%	13%	100% (56)
	Telephone survey	64%	11%	24%	100% (98)
North Derbyshire & Hardwick	Consultation survey	38%	37%	25%	100% (227)
	Telephone survey	61%	12%	27%	100% (227)
Rotherham	Consultation survey	48%	33%	19%	100% (52)
	Telephone survey	63%	16%	21%	100% (106)
Sheffield	Consultation survey	65%	23%	13%	100% (31)
	Telephone survey	58%	14%	28%	100% (139)
Wakefield	Consultation survey	33%	67%	0%	100% (3)
	Telephone survey	74%	11%	15%	100% (65)

Qualitative comments

Respondents were asked whether they agreed or disagreed with the proposal to change the way children's surgery and anaesthesia services are provided through an open question that allowed them to express their views in in their own words. There is a consensus of views across both the consultation and telephone survey comments so these are combined in this analysis. Any differences in views between the two sets of respondents are noted.

Response to proposals - agreement

There was a strong view among those agreeing with the proposals that these changes should be supported because they appeared to provide the best outcomes for children who because of their vulnerability need specialist attention. While more support for the proposals is described in the telephone survey responses than in the consultation survey, there are a number of key themes emerging from both surveys that underpin people's attitudes and views towards the children's surgery and anaesthesia services proposals.

These are broadly expressed as:

- better quality of care and better health outcomes for children
- fairer and equal access to the best services
- more effective allocation of resources
- trust in NHS locally

Better quality of care and better health outcomes for children

A significant number of respondents thought that children's surgery and anaesthesia services, offered in this way, would provide better quality of care and health outcomes for children. Some also felt that travelling a bit further for non-urgent surgeries was not an issue if they would be accessing better care as a result.

The ability to access children's surgical services and care every day of the week, including out of hours, was also highlighted as a feature by some that would lead to better health outcomes for children and less pressure on their families.

Fair and more equal access to the best services

There was a strong feeling among some respondents that these proposals would allow all children to have the same opportunities to access high quality care. They felt this was a right that everyone was entitled to have and that these proposed changes appeared to give as many people the same chances to access the best services. Many felt that, as a consequence, this was fair.

More effective allocation of resources

There were many who felt that the proposed changes would lead to the delivery of quicker, more efficient and safer services and care for young patients. A number felt it was sensible and more effective to have fewer surgical and anaesthesia services that are still accessible to as many people as possible.

It was also felt that allocating resources and specialisms in this way would help address the current staffing recruitment issue: some felt current under-resourcing was impacting negatively on patient safety at the moment. Many also felt that this would allow surgical and

medical staff to continue developing their experience and specialist knowledge and expertise in a way that could only benefit patients in the long-term.

A small number of respondents also felt that these changes were a more cost-effective allocation of resources and might save money in the long term.

There were a number of respondents who also approved of making Sheffield Children's Hospital one of the proposed centres since it was recognised that it already offered 'specialist' children's services and care and it was respected by many. A number of respondents gave anecdotal stories about positive experiences there as well as stating that they did not mind travelling from places such as Chesterfield or Barnsley to access high quality services there.

Trust in NHS locally

A number of respondents also felt that the case for change put forward by CWT felt sensible and logical and trusted the NHS locally to make the right decisions on their behalf. (This was a point of view raised mainly by telephone survey respondents).

Response to proposals - disagreement

There were deep concerns raised by many who did not support the proposals for change. Some of the themes underpinning this include:

- Not being able to access high quality care closer to home
- Impact on patient outcomes and patient safety
- Other concerns

Accessing high quality care closer to home

There were a significant number of concerns raised about the pressures placed on sick children and their families that the potential additional travel required under these changes would cause. These pressures included additional travel and possibly parking costs which would impact on the most vulnerable and disadvantaged and the pressures on families who are reliant on public transport. Another group mentioned who might be impacted are those who have carer responsibilities, for whom combining the care for their sick child, elderly parent, other children and so on with making the journey to a hospital further afield could cause significant challenges in the form of added stress when bringing them, or finding alternative care when leaving them at home.

It was also felt by some that long journeys with a sick child can also be stressful and traumatic for both the families and the child.

A small number of respondents also felt that everyone had a right to access the best services closer to home and that these proposals were unfair as a consequence.

Impact on patient outcomes and patient safety

A number of respondents felt that these proposals would increase the likelihood of some children who are having surgery being in unfamiliar environments and separate from their families for longer periods of time which might lead to anxieties that impact on their recovery time. Conversely, this could also impact on worried parents and families who are not as close to their children during their recuperation.

A number also felt that the potentially increased travel time could pose a risk to patient safety and the health outcomes of sick children. The importance of having quick and easy access to high quality care was frequently mentioned.

Some also felt that by concentrating resources into fewer centres, would increase pressure on already over-stretched services which would be a risk to patient's safety and wellbeing.

Other concerns

A small number felt that if there was a staffing issue then this should be addressed directly rather than to propose changes that would cause problems for patients and families – they did not feel that this was a patient-centred approach. Some also worried that expertise would be lost at their local hospitals and that these might lead to a de-skilling of staff. A few commented that it would be better to have a mobile specialist team who could travel across the area.

There were a number of respondents who mentioned the particularly good experience they had with their local hospital, and therefore could not see the need of moving services away from these places. Positive examples were mentioned of Barnsley District General Hospital, Chesterfield Royal Hospital, Rotherham Hospital as well as Bassetlaw District General Hospital.

There was also some scepticism expressed about the motives behind the changes: they felt that the changes were finance and funding led rather than patient led and felt that quality of care was being impacted as a consequence. A small number also felt that this was the beginning of a process that would see the removal of all local hospital services to the bigger cities.

A few respondents also felt that services should remain as they are and that there should not be any further changes.

Response to proposals – not sure

There were also a number of respondents (especially from the telephone survey where respondents had been less likely to have been aware of the consultation or have read the consultation document) who felt they could not comment on the proposed changes. This was

for a number of reasons including not having used children's surgery or anaesthesia services, not knowing enough about the issue and / or not having enough information to make an informed comment.

3.3.2 Support for options

People were asked which of the options they preferred through a closed question and to explain their reasons why through an open question.

It should be noted that the 'none of these' option described below was added to the online survey on 5 January 2017 following a mid-point review of the consultation process but this was not included in the paper or telephone surveys.

Quantitative findings

Table 9 shows that almost one in four consultation survey respondents (23%) did not agree with any of the options. 42% of consultation survey respondents support option 1. Conversely, with telephone survey respondents, 64% state that option 2 is their preferred option. This is also the preferred option of CWT.

Table 9: 'Which of our proposed options do you prefer?' (By survey channel)

	Consultation survey respondents		Telephone survey respondents	
Preferred option	Actual	%	Actual	%
Option 1	203	42%	248	34%
Option 2	154	32%	475	64%
Option 3	18	4%	17	2%
None of these	109	23%	0	0%
Total	484	100%	740	100%

Table 10 shows these findings by CCG area. The highest lack of support for these options comes from consultation respondents in the Barnsley area. Barnsley Hospital is not included in any of the options. The highest level of support for option 1 is from North Derbyshire and Hardwick.

Table 10: 'Which of our proposed options do you prefer?' (By survey channel and CCG area)

CCG area	Survey channel	Option 1 (%)	Option 2 (%)	Option 3 (%)	None of these	Total (% and actual)
Barnsley	Consultation survey	4%	27%	7%	62%	100% (98)
	Telephone	33%	61%	6%	0%	100%

CCG area	Survey channel	Option 1 (%)	Option 2 (%)	Option 3 (%)	None of these	Total (% and actual)
	survey					(72)
Bassetlaw	Consultation survey	21%	29%	7%	43%	100% (14)
	Telephone survey	15%	85%	0%	0%	100% (33)
Doncaster	Consultation survey	13%	75%	4%	9%	100% (56)
	Telephone survey	34%	65%	1%	0%	100% (98)
North Derbyshire & Hardwick	Consultation survey	73%	22%	1%	5%	100% (227)
	Telephone survey	43%	56%	1%	0%	100% (227)
Rotherham	Consultation survey	23%	40%	4%	33%	100% (52)
	Telephone survey	30%	69%	1%	0%	100% (106)
Sheffield	Consultation survey	29%	39%	14%	18%	100% (28)
	Telephone survey	28%	68%	4%	0%	100% (139)
Wakefield	Consultation survey	0%	0%	0%	100%	100% (3)
	Telephone survey	28%	68%	5%	0%	100% (65)

Qualitative findings

Respondents were invited to explain their preference for different options or their decision not to choose any of the options. Attitudes towards the proposed options are summarised below.

Attitudes to option 1

The majority of people who supported option 1 were from the North Derbyshire and Hardwick areas and did so because it was the only option that offered the mentioned children's surgery and anaesthesia services at Chesterfield Royal Hospital. This was convenient for them and would allow quick and easy access to high quality care. A number of parents expressed anxiety about the consequence of not having access to services at Chesterfield: this included the cost and difficulty of travelling to Sheffield (where parking was also cited by some as being difficult and expensive); the extra pressures of finding childcare for the siblings of the patient; and the traumas and stresses of travelling longer journeys with a sick child.

There was also a number of responses that made the case for option 1 because it enabled more centres to be provided and therefore giving a wider coverage and easier access to

people across the areas impacted. This also increased the chances of people being able to access care closer to home which for same was fairer than the other options.

A number of people described personal positive experiences at Chesterfield Royal Hospital and some of the other hospitals mentioned in this option including Sheffield Children's Hospital and Doncaster Royal Infirmary. They cited these as their reasons for supporting this option.

A small number qualified their responses: while this was their preferred option because they lived locally to Chesterfield, they stated they would not mind travelling to Sheffield if this meant that their child would access better quality care.

Attitudes to option 2

The most common reason cited for supporting option 2 was that it provided easy travelling distance to a centre for everyone in the impacted areas. The 45 minutes access time resonated with many respondents who felt this was not unreasonable. Some said they would be happy to go to Sheffield Children's Hospital or Doncaster Royal Infirmary on that basis.

Many felt that because it provided equal access to care across the areas that it seemed to be the fairest option.

Some also felt that it provided a realistic level of specialist focus given the resources available (both in terms of staff and finances).

A small number also felt that since this was CWT's preferred option, then it should be trusted as the preferred one since CWT would have had the right evidence to support their recommendations.

Attitudes to option 3

There was far less support expressed for this option than the others. Of those who did, they stated the benefits of being able to access Sheffield Children's Hospital. A small number also felt that fewer centres (only two) would be the most effective and efficient use of resources.

Rejection of options

A number of respondents (especially those living in the Barnsley area) did not support any of these options and explicitly stated that it was because Barnsley District General Hospital was excluded from all of the options as a potential host / provider of children's surgery and anaesthesia services.

Others who did not support any of the options felt that the system was currently working so did not see why changes were being proposed whereas others felt that there should be specialist centres in all of the hospitals in the area.

3.3.3 Alternative suggestions

People were also asked if there were other options they would like CWT to consider. Table 11 shows that the majority of people did not have alternative suggestions.

Table 11: 'Do you think there is another option we could consider?' (% response)

	Consultation survey		Telephone survey	
	Total (actual)	Total (%)	Total (actual)	Total (%)
Yes	128	27%	157	21%
No	136	29%	447	60%
Don't know	210	44%	136	18%
Total	474	100%	740	100%

Of those who did, the key alternatives raised were:

- a plea to keep things as they are
- to have centres in all of the areas
- keeping services at Barnsley District General Hospital (most commonly cited)
- Just have one place specialist children's hospital
- isolated cases for services to be offered at Bassetlaw and Rotherham

There were also requests to tackle the staffing issues including the need to make jobs more attractive to student doctors and nurses so that all services in every hospital can be improved.

3.3.4 Impact

Among the specific equalities and monitoring questions raised in the consultation survey, respondents were also asked how the proposals might particularly affect them.

This question was added on 5th January 2017 following a mid-point analysis of the consultation, which highlighted the need to capture more data to inform the commissioners in their decision making. The question has been answered by 199 respondents.

Table 12: 'Can you envisage any way in which the proposals discussed in this consultation will affect you, whether positively or negatively, more than other people?'

	Total number of respondents	Total (%)
Yes	53	27%
No	146	73%
Total	199	100%

Of those who responded, the majority mentioned specific conditions that their child /children / grandchildren had which impacted on their ability to access services that were not close to them. Some of the conditions mentioned included cerebral palsy, autism and complex special needs.

The other type of impact mentioned was by people who were reliant on public transport and who felt they were disadvantaged by having to travel further.

4 Analysis of survey responses: hyper acute stroke services consultation

4.1 Introduction

This section reports on the response to the consultation and telephone surveys on the proposed changes to hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire. A consultation document was available that provided information on the proposed changes to these services and detail to help respondents to understand how the proposals had been reached and the options that were being considered for providing these services in the future. The document included a consultation survey that sought people's views on:

- the proposals for change
- alternative views

The survey was open to all members of the public and available to be completed online and on paper.

As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond.

To address this and also ensure there was a representative response from across South Yorkshire, Bassetlaw and Derbyshire, a telephone survey was conducted that asked similar questions to randomly selected members of the public.

Since the questions were asked in both sets of surveys - the consultation survey and telephone survey – the analysis is combined. It is a feature of public consultations to have polarised views (either for or against change) expressed by respondents who choose to respond. In this analysis, where there are any differences in the nature or strength of the response between the two types of respondents (self-selecting consultation survey respondents and randomly selected telephone survey ones) these are highlighted.

Within the analysis, we cannot be clear of the extent to which responses are informed by the supporting information that has been provided. We have conducted analysis on the response using statistical software and coding software.

This section breaks down each question by all of its elements (quantitative and / or qualitative). Where there is a notable difference we have included breakdowns of the data by geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

4.2 Consultation survey response

340 consultation survey responses were submitted during the consultation period (either online or by paper) and 740 participants took part in the telephone survey. A profile of these respondents by CCG area is shown below.

Table 13: Hyper acute stroke survey respondents by CCG area

	Consultation survey respondents		Telephone survey respondents	
CCG area	Actual	%	Actual	%
Barnsley	132	39%	72	10%
Bassetlaw	14	4%	33	4%
Doncaster	52	15%	98	13%
North Derbyshire and Hardwick (combined)	16	5%	227	31%
Rotherham	75	22%	106	14%
Sheffield	41	12%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	4	1%	0	0%
Total	340	100%	740	100%

The profile of telephone survey respondents reflects the population profile of each CCG area. The profile of self-selecting consultation survey respondents (online and paper surveys) shows that there has been a higher response rate from the Barnsley CCG area (which covers Barnsley Hospital) and Rotherham (which covers Rotherham Hospital). Both of these hospitals are negatively impacted by the proposed changes and the higher response rates in these areas is therefore not unexpected.

A detailed profile of survey respondents to this consultation is included in Appendix 1.

4.3 Key findings

This section breaks down each question by all of its elements (quantitative and qualitative).

4.3.1 Support for three centre option

Respondents were asked whether they agreed or disagreed with the three centre option to change the way hyper acute stroke services are provided.

Quantitative findings

Table 14 shows that there is mixed response to this question. 54% of self-selecting consultation survey respondents disagree with this option and 50% of telephone survey responses agree with it.

Table 14: 'Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?' (By survey channel)

	Consultation survey respondents		Telephone survey respondents	
	Actual	%	Actual	%
Agree	136	40%	373	50%
Disagree	185	54%	249	34%
Don't know	19	6%	118	16%
Total	340	100%	740	100%

Table 15 shows the levels of support towards the three centre option by CCG area and by different survey channel. The patterns of agreement are similar across both survey channels except for Bassetlaw, Sheffield and Wakefield where the majority of self-selecting consultation survey respondents disagree with the three centre option compared to the telephone survey respondents in those areas. There are high levels of support for the three centre option in Doncaster and North Derbyshire and Hardwick (which cover hospitals where the hyper acute stroke services are being proposed). There is low level of support for this option in the Barnsley CCG area.

Table 15: 'Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?' (By survey channel and CCG area)

CCG area	Survey channel	Agree (%)	Disagree (%)	Don't know (%)	Total (% and actual)
Barnsley	Consultation survey	18%	80%	2%	100% (132)
	Telephone survey	32%	54%	14%	100% (72)
Bassetlaw	Consultation survey	43%	50%	7%	100% (14)
	Telephone survey	48%	30%	21%	100% (33)
Doncaster	Consultation survey	71%	21%	8%	100% (52)
	Telephone survey	58%	31%	11%	100% (98)
North Derbyshire & Hardwick	Consultation survey	81%	19%	0%	100% (16)
	Telephone survey	59%	25%	17%	100% (227)
Rotherham	Consultation survey	49%	43%	8%	100% (75)
	Telephone survey	45%	40%	16%	100% (106)
Sheffield	Consultation survey	41%	51%	7%	100% (41)
	Telephone survey	49%	34%	17%	100% (139)
Wakefield	Consultation survey	33%	67%	0%	100% (3)
	Telephone survey	43%	37%	13%	100% (65)

Qualitative findings

Response to the three centre option - agreement

There are a number of key themes emerging from both the consultation and telephone surveys that underpin people's levels of support towards the three centre option for hyper acute stroke services.

These are broadly expressed as:

- Quick and easy access to high quality care
- Better quality of care and improved health outcomes
- More effective allocation of resources
- Other comments

Quick and easy access to high quality care

There was general recognition of the importance of speedy treatment with suspected stroke symptoms and a number of personal stories were used to illustrate this point. Many felt that the three centre option, with people across the region being only 45 minutes away from any of the proposed hyper acute stroke units, still allowed suspected stroke patients to be seen within the 'golden hour' – that first hour where stroke patients have a much greater chance of surviving and avoiding long-term brain damage if they arrive at the hospital and receive treatment within that first hour.

Many respondents recognised that this option had identified three reasonably centrally located centres that allowed patients to get easy access to a high standard of specialist care in a quick and timely way.

Some respondents also felt that they would be happy to travel slightly further to be seen quickly by a specialist.

Improved quality of care and better health outcomes

Many respondents also recognised that it was not just speed that was important but also the ability to have high quality services. They welcomed having access to three specialist hyper acute stroke services units in the region which would be supported by acute services in local hospitals. They felt this would allow safer fast treatment which might reduce the effects of a stroke.

A number of people also spoke of the benefits of having expertise focused in hyper acute stroke units that could develop as centres of excellence. They felt that patients who had access to this high level of expertise would have better health outcomes as a consequence.

It was also mentioned that the need for expert paramedics to support these proposed changes was also critical in making it work.

More effective allocation of resources

A number of respondents also felt that the three centre option was the most cost effective, fairest and efficient use of existing resources. Some felt that having fewer centres would increase the chances of developing true centres of excellence which in itself might help in attracting the right number of staff.

Other comments

Other comments raised included:

- Support amongst some respondents for Chesterfield Royal Hospital's inclusion as part of the three centres which some felt would build on the specialism that the hospital had developed in this field
- Others also described positive personal experiences of stroke care received at the Royal Hallamshire Hospital in Sheffield so also welcomed its inclusion as part of the three centres.
- A small number also felt that they trusted CWT to make the right decision on their behalf
- One respondent appreciated receiving a free NHS service and was happy to travel anywhere to get it.

Response to proposals - disagreement

There were deep concerns raised by many who did not support the proposed three centre options. These mirrored the issues raised by those who agreed with the problems but from a position of anxiety or concern. Some of the themes underpinning their views included:

- Not being able to access high quality care quickly and patient safety
- Social impact
- Other concerns

Not being able to access high quality care in a timely way and patient safety

There was general recognition of the importance of speedy treatment with suspected stroke symptoms and many felt that the location of the three centres was still far for many,

especially those living in Barnsley or Rotherham. They were anxious about the fact that people would have to travel further to get access to time critical care and that this could impact negatively on their safety and their health outcomes.

Many felt that there should be five centres to improve patient safety and quick access to time critical care as a consequence.

Social impact

There were a number of respondents who felt that this option would impact the disadvantaged and most vulnerable by introducing extra travel costs. Some also felt that it would increase the burden on families who were not close to the patient's place of treatment and that this in itself could lead to poorer recovery times for the patient.

Other concerns

Some blamed the lack of funding across the NHS as a whole for this and felt the NHS locally could do more to influence the government to give them more funding to address the staffing issues in order for there to be specialist hyper acute stroke units in every major town in the area.

There were also a number of respondents who made the case to have one of the centres located in their area so that they could access high quality care in a timely way: the majority of these comments came from residents in Barnsley but there were also some comments from residents in Rotherham and Bassetlaw who felt they should also have a hyper acute stroke unit in their local hospital.

There were some who also felt that these proposals put additional pressure on the ambulance service who were already over-stretched and under-resourced.

Response to proposals – not sure

There were also a number of respondents (especially from the telephone survey where respondents had been less likely to have been aware of the consultation or have read the consultation document) who felt they could not comment on the proposed changes. This was for a number of reasons including not knowing enough about the issue and / or not having enough information to make an informed comment.

4.3.2 Alternative suggestions

People were also asked if there were other options they would like CWT to consider. Table 16 shows that almost half of the consultation survey respondents had alternative suggestions to make. The majority of these were making the case for Barnsley District General Hospital to

have a hyper acute stroke unit to make sure that local people could have quick access to time-critical care.

Table 16: 'Do you think there is another option we could consider?'

	Consultation survey		Telephone survey	
	# of respondents	%	# of respondents	%
Yes	156	48%	197	27%
No	80	24%	395	53%
Don't know	91	28%	148	20%
Total	327	100%	740	100%

The other main suggestions proposed were to have a hyper acute stroke unit in every hospital and to start investing in the right calibre of staff to make this happen.

4.3.3 Impact

Among the specific equalities and monitoring questions raised in the consultation survey, respondents were also asked how the proposals might particularly affect them.

This question was added on 5th January 2017 following a mid-point analysis of the consultation, which highlighted the need to capture more data to inform the commissioners in their decision making. It has been answered by 70 respondents.

Table 17: 'Can you envisage any way in which the proposals discussed in this consultation will affect you, whether positively or negatively, more than other people?'

	Number of respondents	% of respondents
Yes	36	51%
No	34	49%
Total	70	100%

The main issue raised by those who responded was that they or a close elderly relative had a high stroke risk.

The other way that respondents said they were impacted was that they were residents in Barnsley and were worried they would not be able to access the right care at the right time.

4.3.4 Other issues raised

There was a small number of respondents who questioned whether having just one option to consider was fair in a consultation of this type.

5 Analysis of submissions

5.1 Introduction

Whilst the majority of responses to the consultations were via the questionnaires (online and paper) and telephone survey, a number of organisations and individuals chose to make separate written submissions. In total, 13 written submissions were received during the consultation period covering both consultations and one telephone submission:

- 6 written submissions by individuals via post or e-mail
- 1 telephone submission by an individual
- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Dan Jarvis MP
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Barnsley Save Our NHS
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust

As the majority of the written submissions received do not follow the format of the questionnaire, there is insufficient quantitative data across the letters and emails to provide a numerical breakdown of support for the options which have been proposed or details as to the demographic characteristics of respondents as a whole. It has also meant that many of the responses do not necessarily fit into the same sections as the qualitative responses provided to the questionnaire. Consequently, rather than looking at responses by letter and email alongside the questionnaires, they have been analysed separately, the findings of which are covered in this section of the report.

The responses have been analysed thematically and the findings outlined in this section. Although the analysis has not inflated any single response over another, it should be noted that there were some extended or more technical responses received, addressing the viability of the proposed changes and alternative proposals.

All of the original individual letter and email submissions have been received by Commissioners Working Together, and the detail taken into account by the decision-making bodies.

5.2 Analysis of individual submissions

Consultation on children's surgery and anaesthesia services

Two e-mails were received on this consultation. Both respondents agree with option 2. One felt that although it would be preferable to keep services in Barnsley, due to the staffing issues and risk assessment they agree with the preferred option on the condition that high quality care can be guaranteed. The other agreed because they felt the 45 minutes travel for anyone to get to the right expert surgical care was fair.

Hyper acute stroke services

5 written submissions and a telephone submission were received on this consultation.

Issues raised included:

- Public transport should be tried and tested before making the decision.
- Positive personal experience with stroke unit in Rotherham.
- Is any additional resource being made available to secure the proposed reconfiguration? If not, how is the cost being met?
- Concern expressed around effect on other hospitals when beds are increasingly in short supply and staff deal with a higher workload.
- Will there be a clearly defined channel of direct communication to local non-hospital support services in out of hub areas?
- Scepticism about the causes for the proposed changes. The belief is expressed that it really is about saving money.
- It is viewed as unfair to transfer people of Rotherham and Barnsley to Sheffield or Doncaster. Concerns were expressed around increased risk on health outcomes, traveling problems and costs, the stress involved with separating families and the recruitment of specialist staff in Rotherham and Barnsley hospitals.
- Concern for residents of Barnsley who are not getting what the NHS was set up to achieve: all services available freely and locally

A view was also expressed that the evidence given for the case for change is not enough and not accurate, and that it is not demonstrated enough how the changes will impact upon the residents of the region, particularly those of Rotherham and Barnsley.

5.3 Analysis of organisational and stakeholder submissions

Submissions have been classified as being from organisations where the organisation from which the submission is being written is clearly stated, where this was not the case submissions have been classified as individual and analysed in section 5.2. Submissions from elected representatives are also summarised here.

Short summaries of each of these submissions are provided below. These summaries are not meant to act as a replacement for the full submissions which can be read in Appendix D.

5.3.1 Submissions from NHS bodies

Barnsley Hospital NHS Foundation Trust

A submission was received from Barnsley Hospital NHS Foundation Trust, giving views on both the hyper acute stroke services proposals and the children's surgery and anaesthesia proposals, with further considerations and questions raised.

Hyper acute stroke services

For hyper acute stroke services, there is strong support of the proposals. Several considerations for the eventual model were raised within the submission which cover issues around repatriation to local hospitals after admission to a HASU or a stroke 'mimic', YAS protocols when HASU admission is inappropriate, recruitment of stroke specialists across HASUs and other sites, availability of Early Supported Discharge in all areas, performance management of new HASUs to ensure better stroke outcomes and support for families on low incomes or reliant on public transport to visit relatives.

Children's surgery and anaesthesia services

For children's surgery and anaesthesia, concerns were expressed about the proposed changes. The main concerns expressed are around the impact on the anaesthetic team's competence to manage children, dependent on the overall level of reduction in activity, and on the issue of weekday surgery not being permitted should a child require an overnight stay for any reason. It is suggested that the latter point be subject to further work. Other questions and issues were raised relating to the detail of the proposals, what the proposals would mean for specific examples of surgery, the impact on developing services in Barnsley in the future and the level of expertise available at other hospitals.

Chesterfield Royal Hospital NHS Foundation Trust

A submission was received from Chesterfield Royal Hospital NHS Foundation Trust relating to the proposals for children's surgery and anaesthesia services and provides alternatives. Whilst outlining support for the principles guiding the need for change, the submission expresses concerns about the preferred option with the view that this option does not meet the aims of providing high-quality safe care and treatment for all children in the region. The particular concerns relate to the maintenance of clinical skills amongst anaesthetists, access to care close to home and the impact this would have on families if it is not available. The submission also details the limited capacity to facilitate transfers and the additional demand this would place on both ambulance and hospital staff and services and outlines the view that the proposals are not consistent with the Royal College of Surgeons of England standards for non-specialist emergency care of children.

Chesterfield Royal Hospital welcomes the opportunity to partner within a children's surgical network. An alternative is proposed within the submission of a distributed service model across all sites – with Chesterfield being well positioned to provide a full children's ENT and orthopaedic trauma in-patient services as part of a network approach.

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

A submission was received from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust regarding the proposals for hyper acute stroke services and children's surgery and anaesthesia services.

Whilst the proposal to change hyper acute stroke services is supported, the submission states that a number of risks would need to be mitigated to ensure that the current levels of care provided by the Trust are not adversely affected by increased activity and presents a risk assessment for consideration. The submission also expresses the view that the tariff structure for the proposed services needs to be agreed.

The DBH submission supports CWT's preferred option for children's surgery and anaesthesia services but states that a number of risks need to be mitigated to ensure that the current high quality care provided is not adversely affected. The submission presents a risk assessment for consideration.

The Rotherham NHS Foundation Trust

Children's surgery and anaesthesia services

A submission was received from The Rotherham NHS Foundation Trust regarding the proposals for children's surgery and anaesthesia services. The view expressed within the submission is broadly supportive of the proposals, whilst seeking further assurance and

clarification of some issues. Concern is raised around maintaining clinical skills amongst anaesthetists and clarification around some particular examples of surgery and unplanned overnight stays. Clarification is also sought regarding the impact of the proposals on the current combined ENT and OMFS surgery service provided with Doncaster and the financial consequences of the proposed approach across South Yorkshire and Bassetlaw.

Hyper acute stroke services

The Rotherham NHS Foundation Trust also made a submission regarding the proposals for hyper acute stroke services. The submission supports in principle the development of sub-regional hyper acute stroke centres and is broadly supportive of the proposals. However, it raises a number of concerns for which it seeks further clarification and assurance. These issues include: maintaining outcomes and quality of care for the population of Rotherham; recruiting, retaining and developing the workforce within stroke services; assessment of the impact of the proposed changes and the financial viability of stroke services in Rotherham; greater clarification on the sustainability of acute hospital services within Rotherham; the affordability of the reconfiguration and the potential financial pressure increase across the region; and the plans for transfers and repatriations across the region.

Sheffield Teaching Hospitals NHS Foundation Trust

A submission was received from Sheffield Teaching Hospitals NHS Foundation Trust relating to the proposed changes to hyper acute stroke services. The submission supports the proposal for change. STH's submission also states that there are issues and risks associated with the proposed changes which should be addressed as part of any implementation process. These include commissioner engagement and funding, reconfiguration of estate, regional network and pathway flow, workforce, surrounding HASUs and business continuity, and imaging requirements.

5.3.2 Elected representatives

Dan Jarvis MP

A submission was received from Dan Jarvis MP which raised concerns about the proposed changes to both hyper acute stroke services and children's surgery and anaesthesia services.

Hyper acute stroke services

The submission seeks assurance of the transfer times to other hospitals and raises concerns about recruitment of stroke specialists to all stroke units in the region as well as about the support available to families on low incomes or who are reliant on public transport.

Children's surgery and anaesthesia services

The submission expresses concerns about the maintenance of skills amongst Barnsley Hospital's anaesthetic team if activity is reduced.

5.3.3 Community and local groups

Barnsley Save our NHS

A submission was received from Barnsley Save Our NHS which rejects the proposed changes to both hyper acute stroke services and children's surgery and anaesthesia services. This rejection is based on ensuring the safety of patients travelling to other hospitals, the impact on patients and their families with regards to visiting, particularly those who are dependent on public transport, and the preference to have local services available in Barnsley.

The submission also expresses concern about the consultation process and details the two petitions (which are referenced in section 7 of this report).

6 Analysis of meetings

6.1 Introduction

Throughout the consultation period, a number of public consultation events were held at different locations across the region. The dates and details of these events are outlined in the table below. Each meeting was attended by representatives of Commissioners Working Together and clinicians.

Table 18: Public meetings overview

Date	Location / Time	Numbers in attendance
16/11/2016	Sheffield, The Circle, Rockingham Lane (hyper acute stroke) 1.30pm – 3.30pm and 5pm – 7.30pm	4 attendees
17/11/2016	Barnsley, The Core, County Way (children's and hyper acute stroke) 6pm – 8pm	35 members of the public, including staff from Barnsley Hospital and representatives from Barnsley Save our NHS
18/11/2016	Rotherham, Myplace 10am -12pm	No attendees
24/11/2016	Regional Meeting, The Source, Meadowhall Way 3pm – 8pm	No attendees
28/11/2016	North Derbyshire and Hardwick, Stroke Centre Holmewood Business Park (hyper acute stroke services)	30 patients, carers and staff, no members of the public
29/11/2016	Chesterfield, Heart Space, Chesterfield College (children's surgery and anaesthesia discussion)	No attendees
5/12/2016	Doncaster, The Trades and Labour Club, Frenchgate Centre 2-4pm and 6-8pm	17
6/12/2016	Bassetlaw, The Well, Retford 5.30pm -7.30pm	25 attendees
7/12/2016	Goldthorpe, Salvation Army Community Centre 6pm – 8pm	6 members of the public, representing Barnsley Save our NHS
8/12/2016	Matlock, County Hall, Derbyshire County Council (children's surgery and anaesthesia) 6pm – 7.30pm	1 representative from NHS National Youth Forum
11/1/2017	Penistone, St John's Community Centre 3.30pm – 5.30pm	12 members of the public, 6 representing Barnsley Save our

Date	Location / Time	Numbers in attendance
		NHS

Alongside these open events, a number of discussion groups with communities who might be particularly impacted by the potential changes to ensure their voice was heard in Barnsley, Doncaster and Rotherham attended by a total of 79 members of the public.

A number of outreach sessions and groups were also organised by CCGs. These groups are detailed in the table below.

Table 19: Outreach sessions overview

Area	Details
Doncaster	Doncaster Carers Support, Age UK Doncaster Stroke Support Group, Doncaster Carers Service Doncaster Carers Centre Doncaster Practice Managers Group Doncaster BME Settlers, Tenants and Residents Association Doncaster Mature Action Group Doncaster Engagement and Experience Meeting Doncaster Health Ambassadors Meeting Doncaster PPG Meeting Doncaster UNISON Meeting Doncaster CCG staff Meeting
North Derbyshire and Hardwick	Newbold School, Chesterfield* Highfield School, North Derbyshire* Chesterfield Royal Outpatients x11* Mother and Toddler Group, St Thomas' Centre, Chesterfield x2* Nightingale Ward, Chesterfield Royal Hospital*
Rotherham	Speak Up Self Advocacy Group* PPG Kiveton* Older People's Forum* Parent and Carer Group* Rotherham Carers Forum Rotherham CCG staff meeting Stroke café*

Area	Details
Sheffield	Carer Stroke Support Group Different Stroke Parent and Carer Forum Young Healthwatch Sheffield Children's Hospital Outpatients BMER Group

Where feedback forms and meeting notes have been submitted, these have been analysed and reported in section 6.4 and are denoted by an asterisk * against the sessions in the table above.

Whilst some sessions were not recorded using either a feedback form or meeting notes, individuals in those meetings were encouraged to complete either the online or paper consultation surveys and these have been counted separately.

This section outlines the main topics of discussion and headline findings from the discussion groups and public and stakeholder events that took place during the consultation.

6.2 Analysis of public, staff and stakeholder meetings

Barnsley, The Core – Children's surgery and anaesthesia services and hyper acute stroke services

The discussion around children's surgery and anaesthesia services focussed on the following issues:

- The effect the potential changes might have on staff competency and skills as workloads are reduced and on training for junior doctors in paediatrics.
- Questions were raised regarding specific issues with guaranteeing that a child can get an urgent operation within the time limit and also what would happen if a condition, for example appendicitis, is not immediately recognised at Barnsley Hospital.
- Some questioned the premise of the changes and suggested the consultation is about making savings and the national underfunding of the NHS is behind the shortage of doctors and nurses
- Concerns raised about the impact on visiting relatives
- Concern people who need it will not take the effort to go to Sheffield for dental surgery.

- Lack of evidence there are problems with Barnsley hospital quality of care and that they are going to give a very different treatment elsewhere.
- Some Barnsley surgeons feel they have not been consulted on pre-consultation.
- Barnsley is in none of the options.
- Distrust about the STP report and the underlying reasons for it. Some think it might be the end of Barnsley hospital.
- Bed capacities are raised as an issue.
- Some concerns exist around the impact the closure of Huddersfield A&E will have on Barnsley hospital and as well if the same is going to happen to Barnsley.
- Distrust that the ambulance services are going to be able to deliver the 45 minutes service.

For hyper acute stroke services, the key issues raised included:

- On behalf of Dan Jarvis MP: constituents are distressed by the prospect of losing a service. Also clinical practitioners have criticised the case for change.
- There was some confusion about the purpose of the consultation. The report was thought to be about money, but the presentation says it is not about money.
- A question was raised whether the safety of patients coming to Barnsley hospital with a stroke can be guaranteed.
- General concerns about the travel time and safety
- Question about the logistics – what happens to a patient, where are they taken etc.
- Concerns it is the first step towards losing all services in the area. Heavy critique on central government and the cutting of public services and that the consultation has a political background.
- The belief was expressed that privatisation of care is leading to underfunding
- Fix a broken service, rather than moving patients elsewhere.
- Consultation questions are perceived to be leading, no option to keep Barnsley hospital.
- To include and to compare coronary care with stroke is false. We've never had the facility to provide angioplasty at Barnsley hospital so it's wrong that you've included in your consultation documentation.
- The impact of Huddersfield A&E closing was raised as an issue.
- It was mentioned that Diane Wake has previously stated that Barnsley stroke service has performed at least as well as other local services. This causes distrust around the case for change.
- Comparison with London cannot be made, the infrastructure in the area has no motorways.

- Some comments were expressed on the consultation process: easy read version not advertised well enough and not consulted enough people pre-consultation. (medical staff from Barnsley hospital)
- Stressful and unaffordable for many people to travel to a hospital farther away.
- Other questions raised:
- Will the nearest hospital have enough capacity to take on all stroke cases?
- What will happen when in-patients get a stroke in Barnsley hospital?
- Will more staff in Doncaster be specialised in strokes?
- Will the ambulance staff be skilled enough to take the right decision to what hospital to take the patient?
- Will the ambulance service have the capacity to get the patient to the hospital in time?

Bassetlaw – Children's surgery and anaesthesia services and Hyper acute stroke services

The discussion around children's surgery and anaesthesia services covered:

- Travel costs for low income families was raised as an issue.
- A question was raised whether there are any plans for better transport between Bassetlaw and Sheffield hospitals.
- Questions around how the specialist hospital is going to be able to cope with the increased workload.
- Questions around the vision for the workforce in the future.
- Concerns about the traumatic experience for a child to be alone in hospital if the family is not able to visit.
- Too few information in the consultation document what different areas are going to be able to offer and the capacity of each hospital.
- What will happen if Chesterfield is closed and capacity in other hospitals falls short?
- Has the option of moving around a specialist core group of staff been considered?
- Information around aftercare and rehabilitation was felt to be missing in the consultation document.
    - The discussion around hyper acute stroke services covered:
- Concerns about getting to the hospital in time to get the thrombolysis drug administered – especially for those living farthest removed.
- Questions raised to what extent research and best practice from elsewhere (including abroad) has been looked into. For example, a suggestion was made to look into video technology as used in Iceland.

- Concerns that the reliance on the ambulance service under the proposals are not future proof. A suggestion was made to see a specialist through technology who then make a decision to what hospital a patient should go.
- How much does time play a role in stroke – difference between 1/2/3 hours?
- One respondent suggested that a small amount of money should be spent on experimenting with other options and providers ought to be prepared to accept that that is part of the price if we are agreeing what is a centralised service.
- What happens to the 45 minute journey to somebody from Bassetlaw if Barnsley and Rotherham patients have filled Doncaster up?

Doncaster - children's surgery and anaesthesia services and hyper acute stroke services

The discussion around hyper acute stroke services included:

- Concerns about travel costs when visiting relatives for people on low income. Will help be available?
- Will asylum seekers have enough access to services? Will effort be put in to engage outreach to aid their interpretation of a stroke unit?
- Concerns around staffing levels in Doncaster and the specialism to deal with all cases.

The discussion around children's surgery and anaesthesia services included:

- Concerns about travelling time and visiting relatives
- Prepared to travel for better quality of care
- Suggestion: if they can make a commitment that for out of hours parking for parents and children is free
- Concern about BME health needs assessment being out of date
- Communication about plans with Doncaster residents should be improved

Goldthorpe – children's surgery and anaesthesia services and hyper acute stroke services

Key points relating to hyper acute stroke services:

- Concerns expressed about travel times to other hospitals for stroke patients and a request for a travel analysis to be published.
- Discussion around what support will be available for patients travelling home after a hospital stay and their relatives who may visit, particularly those with no access to cars and on a low income. Part of the recovery process is seeing relatives on a regular basis.

- There is a view that it should not be impossible to recruit specialists.
- Discussion around the skills and services available in the region currently, in particular thrombolysis and when this is appropriate, and national standards for activity levels.
- Question about whether the HASUs will increase the bed numbers to create capacity.
- Discussion around the process of coming closer to home after the three days in a HASU and how that process would work.
- Question on why the proposals are just looking at hyper acute stroke services, not stroke services overall.

Key points relating to children's surgery and anaesthesia services:

- Discussion around what changes are actually proposed within the consultation, which types of surgery and procedures would be affected and the reasons behind the proposed changes as well as what happens currently across the region.
- Concern that the issues are complex and confusing for people to be able to respond to the consultation.
- A view that public transport is the main issue for people.

Overall points:

- Discussion that the proposed changes, and the STP, is about the privatisation of the NHS and cuts. Followed by questions about the centralisation of back office functions for efficiency.
- A general view that services should be kept in Barnsley.
- Overarching discussion about wider use of NHS services in primary care
- Discussion about how consultations are organised and communicated, particularly in areas such as the Dearne Valley which crosses geographical boundaries.

Matlock – children's surgery and anaesthesia services

Key points from the discussion covered:

- Travel is a concern, particularly for those who can't travel easily on their own and a question was raised about transporting patients to Sheffield.
- A question was raised regarding facilities at other hospitals for overnight stays for parents.
- Concerns about delays in treatment if people attended Chesterfield first were discussed.

North Derbyshire and Hardwick, Derbyshire Stroke Centre – hyper acute stroke services

Key points from the discussion covered:

- The process of repatriation of patients to local hospitals and whether the journey through A&E would be made easier for stroke patients was discussed.
- Past experiences of delayed discharges and delays in diagnosis and treatment were raised, particularly for stroke patients who do not display typical stroke symptoms.
- Discussion around the need to join up services and consultations about services in future, and a recognition that the STP is an opportunity to help this. A general feeling that there are too many consultations was reported.
- Experiences of more complex stroke cases were described, for example when a stroke patient also has dementia. There was recognition that staff need to be able to respond to the complexities of individual patients in acute care settings.

Penistone Group 1 – Hyper acute stroke services

Key points of the discussion covered:

- There were a number of questions and issues raised about the ambulance service. People worry not enough ambulances will be available to bring people to the hospital in the 45 minute time frame.
- A more general concern was raised about services disappearing from Barnsley.
- General concerns that services are being 'robbed away' from Barnsley.
- Concerns about the 45 minute travel period by ambulance and questions if the ambulance is going to be able to deliver. Distrust around privatisation of the ambulance service and that not enough ambulances will be available at any given time, especially in a model where there is a reliance on the ambulance services.
- Comments that the consultation document is misleading – it gives the impression Barnsley is losing a service whereas the real issue seems to be directing people into the right service.
- General distrust raised in the system as a result of clinicians raising concerns in other public meetings, making members of the public scared about the changes.

Penistone Group 2 – children's surgery and anaesthesia services

Key points of the discussion covered:

- Concern the consultation is an 'exercise consultation' and the changes are already set in stone.
- Concern that the evidence of problems with Barnsley and Rotherham hospitals given is not detailed enough. Disagreement that there is a clinical case for change.
- Some clinicians are very unhappy about the consultation process. Some clinicians were negative about the proposals as they felt they had not been consulted on prior to the

consultation. It is felt that the case for change has not been communicated well enough with the clinicians on floor level, only with medical directors.

- Concerns about emergency cases coming in at night, where children have to stay overnight. Instead of coming to A&E and then being moved to the paediatric ward and coming down to theatre, they will go to Barnsley A&E and then potentially be told they need to go somewhere else for treatment, which would potentially waste crucial time.
- Concerns about clinical risk, in particular with acute appendicitis, and a point about continuity of care. Not every hospital is able to deliver the needed services on any given time of day.
- The options in the consultation document are putting off people from Barnsley, as their hospital is in none of the options.
- The questions were perceived to be leading, as the options were framed in a way that people would be led to the desired answer.
- Concern raised about the travel time (single mother without a car) in emergency situations.
- Concerns raised that the money is disappearing into private companies.
- It is felt that children in Sheffield are going to receive better service than children who live in Barnsley or Rotherham.
- Some members of the public from Barnsley feel they have not been engaged with enough.
- Comments that the plans are not saving any money – the clinicians will still be needed in the hospitals.

Penistone Group 3 – hyper acute stroke services

Key points of the discussion covered:

- Question raised if the stroke unit will eventually get shut altogether.
- Many questions answered about the allocation of resource.
- Concerns about the first 2 or 3 days when the patient has trouble speaking and relatives would not be able to visit due to the distance. Who will be there to defend their needs?
- Concerns about the journey for relatives getting there, especially for elderly who have no car.
- Concerns about the capacity of the ambulance service, will they be able to achieve the time limits?
- Question whether it would indeed be more efficient to go to Sheffield and get a quicker CT scan than in Barnsley.
- Suggestion to have stroke registrars at the hospitals with support of a consultant.
- Conviction this consultation is about saving money.

- General fright that services will get lost.

Sheffield – hyper acute stroke services

Some of the key questions posed within this discussion:

- Will cases who come to Sheffield from Barnsley/Rotherham but are not actually stroke cases return back to their hospitals and will that be taken into account in terms of pathway planning?
- How will Hallamshire cope with overload?
- Is there enough staff to support rehabilitation services?

6.3 Analysis of discussion groups

Barnsley Together AGM – Barnsley Town Hall, 11 February 2017

30 people were in attendance and The Campaign Company (TCC) presented a short introduction to the consultations during the event, followed by a brief discussion. Key issues for both consultations in discussion:

- Services being removed from Barnsley, this is unfair.
- Transport is an issue, particularly for those who do not have their own means of travel and rely on public transport and for those for whom affordability is an issue.

All attendees had the opportunity to complete individual surveys at the end of the event.

The attendees were from the following communities Georgia, India, Albania, Iran, Iraq, Syria, Dominican Republic, Poland, Pakistan, Sri Lanka, Lithuania and South Sudan.

Barnsley Mencap – drop-in group, Priory Campus, 13 February 2017

Attended a regular drop-in group, with between 10-12 participants throughout the morning. The Campaign Company (TCC) introduced the consultations to the group and then held one-to-one conversations with 5 people (a mixture of self-selecting and selected by the Mencap staff).

Key issues, pertinent for both consultations:

- Whilst some participants did not know whether they agreed with the proposals to change services, others had strong opinions both agreeing and disagreeing with the proposals:
- For those who agreed, it was mainly because this would be for the benefit of the majority of people.

- For those who disagreed, the primary reason stated was due to the distance between those in hospital and their support network, in particular those who are dependent on family members for support.
- When thinking about others options to consider, many stated that they would like to see services stay in, and indeed improve, in Barnsley, particularly with regards to hyper acute stroke services.
- And when asked about additional support that may be required, one participant noted again that access to transport was essential.

Age UK – All Sorts group, 14 February 2017 (Barnsley)

The Campaign Company (TCC) attended this regular group, which takes place at the Age UK building. Focusing on the hyper acute stroke consultation, TCC held three discussion groups with the 19 participants.

The key issues discussed:

- Mistrust of the reasons for the proposed changes, and a fear that this is the start of the closure of the stroke unit in Barnsley.
- General disagreement about services moving away from Barnsley
- Some understanding, and acceptance, of the reasons behind the proposals.
- Concern about the additional travel time and the impact this has on survival and recovery.
- Capacity in Barnsley after people have attended the hyper acute stroke unit (HASU) elsewhere.
- Access and transport is an issue, particularly for those who are reliant on public transport.
- Concern that this would mean less visitors for those in HASUs outside of Barnsley, and the impact this might have on recovery.
- A need for flexibility in visiting times/procedures when people are travelling further.
- Some participants discussed the link with primary care access and the need for this to improve.
- Many participants were appreciative of the information about the possible changes and expressed an interest in being kept informed via the group.

BME Young People and Carers Group, 13 February 2017 (Rotherham)

An organised discussion group with parents of young people with additional needs including learning and physical disabilities and also some members of the community who had been invited attended specifically to discuss issues around stroke services. There were approximately 15 attendees. There was discussion of both hyper acute stroke services and

children's surgery and anaesthesia services. The main themes discussed covered both areas of services.

Key issues:

- Large level of dissatisfaction with local services, including access to GPs. A particular frustration was expressed with getting same day GP appointments
- There was also a strong feeling that receptionists asking about why they needed an appointment did not protect their confidentiality and they were reluctant to tell them why.
- There were mixed views regarding travel to Sheffield hospital for stroke and children's services.
- Driving to and around Sheffield was a significant barrier for one of the participants as she did not have the confidence to drive on the roads there although her family members could assist her.
- Other participants were more positive about travelling to Sheffield with the distance not felt to be a significant barrier. One participant had experience of regularly travelling to Sheffield Children's Hospital and being satisfied with the journey.
- There was a general view that the standard of treatment and care at hospitals in Sheffield are superior to Rotherham Hospital.
- Poor quality care at Rotherham Hospital, particularly regarding care for elderly and the infirm where experiences of neglect were described.
- Criticism of the policy for ambulances to not allow family members in some circumstances to travel with patients was felt to be counter-productive.
- General feeling that the standard of care is superior at hospitals in Sheffield in terms of level of care they provide in general. The way that patients were treated by staff was mentioned to be more respectful.

BME discussion group, 15 February 2017 (Doncaster)

A discussion group brought together by a community activist, facilitated and organised via CWT, hosted at the Trades and Labour Club. 10 attendees, plus NHS representatives.

The group was attended by the clinical lead for stroke and two animations for each of the consultations were shown ahead of the discussion.

Key issues:

- There was an appreciation that the group was taking place, and that it was an opportunity to start a conversation about wider engagement with the BME population in Doncaster.

- Overall, there was reference that a BME health needs assessment had not been carried out in Doncaster for more than 13 years and that this should be addressed before any decisions about service changes are made.
- Commitment made to come back to the group in 4-6 months and discuss the next steps.

Hyper acute stroke services:

- Access for those who live furthest away from HASUs was highlighted as a concern.
- Visiting and the affordability of transport.
- Eligibility of some communities, particularly asylum seekers, was discussed for both emergency care and also rehabilitation and other services post-stroke.
- Access to primary care services was raised as an issue.
- Language support for people who have ESOL needs.
- The need for better understanding amongst new arrivals of how the NHS works, navigating the different services within the system.
- The need to have culturally appropriate, responsive services particularly around the end of life care.
- Capacity and staffing levels at the units that might remain was raised as a concern.

Children's surgery and anaesthesia services:

- An overall preference for the options that continued to provide a service in Doncaster.
- Some expressed a view heard in the pre-consultation regarding travelling to get the best quality care.
- Support, including free parking and support for transport costs for those on low or no income, for those travelling further and visiting patients.

6.4 Analysis of engagement outreach and local groups

Feedback forms were received from a number of local groups and outreach engagement sessions coordinated by CCGs. An overview of issues discussed at each meeting is summarised below.

Kiveton Park Patient Participation Group, 19 October 2016 (Rotherham)

12 people present and both consultations discussed

Key themes raised

- Travel times was raised – it was noted that Rotherham is within relatively easy and short 'blue light' travelling times
- Travel pressures on families and carers was a concern
- Concern about staffing and potential redundancies
- Will there be enough capacity in other services?

Speak Up Self advocacy group, 24 October 2016 (Rotherham)

22 people present and both consultations discussed

Key themes raised

- Concerns expressed about increased travel times if care was urgent.
- There should be more awareness around stroke, especially targeted at children/young people
- People's experiences of different hospitals were discussed – it was noted by some who had had to access emergency care that they once had to be referred to Nottingham – going to Sheffield is not ideal but a better option

Stroke Café Drop-ins, 27 October and 10 November 2016 (Rotherham)

@5 people present and hyper acute stroke services consultation discussed

Key themes raised

- People who valued the stroke services at Rotherham were upset by the proposals
- Concerns for relatives who were visiting stroke patients in a hospital that was further away

Rotherham Older People's Forum, 9 November 2016

@30 people present and hyper acute stroke services consultation discussed

Key themes raised

- Concerns about travel times for visitors who may be elderly / frail
- Subsequent impact on other services
- Anxiety that the proposals are not sustainable

Rotherham Parents Group, 11 January 2017

@10 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Recognise the need for change and understand that Rotherham Hospital doesn't have the medical and nursing rota cover to staff round the clock emergency surgical services
- Main concerns around the time it takes to travel to Sheffield Children's Hospital and also about poor public transport, costs of parking, and not being able to get food after 7.00pm on site

Nightingale Ward, Chesterfield Royal Hospital, 7 December 2016

@13 parents, carers and inpatients completed the children's surgery and anaesthesia consultation survey with support from CCG representatives

Key themes raised

- Majority said they did not want services to move out of Chesterfield
- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost0cutting and saw this as a loss for Chesterfield Royal
- A small number appreciated why option 2 (the preferred option) was considered the best option for the region
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider and those who do not drive

The Den, Outpatients, Chesterfield Royal Hospital, 7 December

@20 parents, carers and patients present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority saw this as a loss for Chesterfield Royal because they wanted the right service for children to be delivered there and did not want to travel to Sheffield for it
- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost-cutting
- A small number appreciated why option 2 (the preferred option) was considered the best option for the region
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider.

The Den, Outpatients, Chesterfield Royal Hospital, 12 December 2016

@20 parents, carers and patients present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority said they did not want services to move out of Chesterfield
- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost-cutting and saw this as a loss for Chesterfield Royal

- A small number appreciated why option 2 (the preferred option) was considered the best option for the region
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider.

The Den, Outpatients, Chesterfield Royal Hospital, 20 December 2016

@31 parents present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority saw this as a loss for Chesterfield Royal because they wanted the right service for children to be delivered there and did not want to travel to Sheffield for it
- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost-cutting
- A small number agreed with option 2 (the preferred option) while some said they did not have a view
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider.

The Den, Outpatients, Chesterfield Royal Hospital, 21 December 2016

@20 parents, carers and patients present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority saw this as a loss for Chesterfield Royal because they wanted the right service for children to be delivered there and did not want to travel to Sheffield for it
- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost-cutting
- A small number agreed with option 2 (the preferred option) while some said they did not have a view
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider.

The Den, Outpatients, Chesterfield Royal Hospital, 29 December 2016

@12 parents present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- While some recognised the importance of the drive for specialism to get the best services for children, the majority did not want any services to be lost from Chesterfield and wanted an option that included Chesterfield.
- A small number said that they would travel to Sheffield if they had to but overnight stays would be difficult there.
- Main concern was the travel to Sheffield and difficulties in managing visits if their child had to stay in hospital for more than one day.

The Den, Outpatients, Chesterfield Royal Hospital, 3 January 2017

@26 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- An appreciation of the drive for specialism to get the best services for children, the majority did not want any services to be lost from Chesterfield. This was the view particularly amongst those with more than one child
- Of those who said they agreed with the preferred option, they were mainly those who could drive and who had one baby
- Main concern was the travel to Sheffield and difficulties in looking after other children is a child needed to stay in Sheffield

The Den, Outpatients, Chesterfield Royal Hospital, 9 January 2017

@25 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority supported option 1
- A number supported option 2 because they believed CWT's judgement
- A small number felt they did not have enough information to make a decision on the options
- Main concern was the inaccessibility of Sheffield Children's Hospital and the problem of parking there.

The Den, Outpatients, Chesterfield Royal Hospital, 13 January 2017

@20 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority saw this as a loss for Chesterfield Royal because they wanted the right service for children to be delivered there and did not want to travel to Sheffield for it

- Some understood the drive for specialism to get the best services for children but others were concerned that this was just cost-cutting
- The majority preferred option one
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider.

The Den, Outpatients, Chesterfield Royal Hospital, 20 January 2017

@20 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Majority said they did not want services to move out of Chesterfield, although many understood the drive for specialism to get the best services for children
- Some were concerned that this was just cost-cutting and saw this as a loss for Chesterfield, they wanted the right service for children delivered in Chesterfield and not some of it from Sheffield
- The majority preferred option one
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider and for those whom cost may be an issue

The Den, Outpatients, Chesterfield Royal Hospital, 27 January 2017

@20 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- All said they did not want services to move out of Chesterfield, although many understood the drive for specialism to get the best services for children
- Some were concerned that this was just cost-cutting and saw this as a loss for Chesterfield, they wanted the right service for children delivered in Chesterfield and not some of it from Sheffield
- The majority preferred option one
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider and for those whom cost may be an issue

The Den, Outpatients, Chesterfield Royal Hospital, 10 February 2017

@20 people present and children's surgery and anaesthesia services consultation discussed

Key themes raised

- All said they did not want services to move out of Chesterfield, although many understood the drive for specialism to get the best services for children

- Some were concerned that this was just cost-cutting and saw this as a loss for Chesterfield, they wanted the right service for children delivered in Chesterfield and not some of it from Sheffield
- The majority preferred option one
- Main concern was the difficulty in travelling to and from Sheffield especially for parents with more than one child to consider and for those whom cost may be an issue

St Thomas' Toddler Group, Chesterfield, 30 January 2017

@15 parents spoken to on one to one basis and children's surgery and anaesthesia services consultation discussed (first group)

Key themes raised

- All said that they wanted what was best for their children
- Some said they preferred option one and, of these, the majority only wanted the service to stay at Chesterfield if an out of hours service could be guaranteed there
- Some said they preferred option two because they wanted what was best for their children and were going along with the recommendation of CWT despite wanting a local service if it was viable
- A small number did not specify a preference and stated they would go wherever the service was, another questioned why it was necessary to change services
- Main concern was the difficulty in staying at Sheffield hospital when support networks were in Chesterfield

St Thomas' Toddler Group, Chesterfield, 30 January 2017

@20 parents spoken to on one to one basis and children's surgery and anaesthesia services consultation discussed (second group)

Key themes raised

- Majority stated that they wanted what was best for their children
- Majority said they preferred option one and this was particularly the case for those with more than one child
- Some said they preferred option two for the safety of their children
- Main concern was the difficulty in staying at Sheffield hospital especially for those with more than one child and without an extensive family network

Highfield School, Matlock, 1 February 2017

@3 students and 1 teacher attending the Health and Social Care Class and children's surgery and anaesthesia services consultation discussed

Key themes raised

- Experience of long waits at Sheffield and poor parking
- Recognition that getting the best care was important even if it meant travelling a little bit further although they recognised that travel was a concern.
- Concerned too for parents responsible for more than one child especially if you're a single parent.
- All said that they would prefer the service to be run from Chesterfield Royal Hospital but because commissioners said that option 2 was the recommended option they felt they had to listen to that and support it. This was qualified with the stipulation that implementing Option 2 must guarantee a more effective use of available resources and a more effective use of clinicians' time.

Chesterfield, Newbold School – children's surgery and anaesthesia services

Key points from the discussion included:

- Will there still be children's hospital beds in Chesterfield?
- What if someone came into Chesterfield hospital, didn't need an operation but just needed monitoring overnight – where would they go?
- If they have an operation at Sheffield will they transfer back to Chesterfield hospital after they've had it?
- Emergency situations – students concerned about delays in making decisions where to take a child – in an emergency would they go straight to Sheffield?
- Concerns about effects on services at Sheffield, will this result in longer waiting times.
- Why can't we just have a good local service? Why can't the doctors in Sheffield train up the doctors in Chesterfield. Why can't you invest more in Chesterfield?
- Some parents rely on buses. Concerns about effects on families and child care of other family members when parents have to travel to Sheffield using public transport.

7 Analysis of other responses

7.1 Introduction

Responses were received through other channels, including an online poll and petitions. These are noted below.

7.2 Online poll

A mid-point analysis of the consultation process highlighted the complexity of the narrative on the proposals and the difficulty in engaging people on the issues. A recommendation from the Consultation Institute was to create a short poll that would help with this. The poll was available on the Commissioners Working Together website and via social media and e-bulletins published via partners. At the end of the poll, respondents were directed to full details of the consultations on the CWT website.

The questions were developed to capture people's thoughts on the proposals in a different way and were checked by a market research agency. The results do not inform the main consultation survey analysis and are simply intended to provide further data on people's opinions.

Children's surgery and anaesthesia services

	# of respondents	%
Treated at a hospital by specialist staff who regularly operate on and anaesthetise children	194	75%
Treated at a hospital who look after less children and don't have as many specially trained children's staff available	10	4%
I don't mind as long as they get the treatment and care they need	55	21%
Total	259	100%

Table 20 If your child needed an operation where they are sent to sleep (with a general anaesthetic) and/or needed to stay overnight in hospital, would you rather they are:

	Treated at a hospital by specialist staff who regularly operate on and anaesthetise children	Treated at a hospital who look after less children and don't have as many specially trained children's staff available	I don't mind as long as they get the treatment and care they need	Total
% Barnsley	69%	4%	28%	100%
#	55	3	22	80
% Bassetlaw	50%	0%	50%	100%
#	1	0	1	2
% Doncaster	78%	4%	18%	100%
#	76	4	18	98
% North Derbyshire and Hardwick	69%	0%	31%	100%
#	9	0	4	13
% Rotherham	67%	22%	11%	100%
#	6	2	1	9
% Sheffield	88%	2%	12%	100%
#	29	1	4	33
% Wakefield	33%	0%	67%	100%
#	1	0	2	3

Table 21 If your child needed an operation where they are sent to sleep (with a general anaesthetic) and/or needed to stay overnight in hospital, would you rather they are: by CCG area

Respondents to the online poll were also asked if they had any further comments. Respondents used this as an opportunity to raise concerns on wider issues as well providing further information relating to the consultation. Below are the key issues raised:

- Quality of care is important, as is being treated by staff who are experienced in looking after and communicating with children. Many respondents would be happy to travel to ensure their child received the best service and care
- Services should be provided closer to home, it can be distressing when a child is in hospital and families should be able to visit easily to provide the necessary support
- An understanding that it may be better to travel for more specialised services but a preference for simpler operations to be carried out locally
- Experiences of both good and poor care at local hospitals relayed
- Support for children and parents need to be put in place as part of the proposed changes, for example ensuring public transport can be accessed easily and facilities for parents to stay overnight
- All hospitals should have enough staff to provide this service trained for children for emergency and routine operations

- Staff and services should be more deaf aware and ensure BSL interpreters are available to help with communication
- A concern that travelling to other hospitals may mean delays in treatment
- Concerns raised over the online poll being leading and not providing enough context to generate informed responses

Hyper-acute stroke services

Own care

	# of respondents	%
To be treated at a specialist unit by specialist staff and receive the latest treatments	183	75%
To be treated at a unit which sees fewer patients and where you are less likely to see an expert, undergo tests and receive urgent treatment rapidly	10	4%
I don't mind as long as I get the treatment I need	55	22%
Total	248	100%

Table 22 When you have a stroke, to reduce your chances of death or disability afterwards, some treatments need to be given within the first four hours. If you can be taken to a hospital within 45 minutes, which choice would you make for your own care?

	To be treated at a specialist unit by specialist staff and receive the latest treatments	To be treated at a unit which sees fewer patients and where you are less likely to see an expert, undergo tests and receive urgent treatment rapidly	I don't mind as long as I get the treatment I need	Total
% Barnsley	56%	10%	33%	100%
#	22	4	13	39
% Bassetlaw	50%	50%	0%	100%
#	2	2	0	4
% Doncaster	75%	2%	23%	100%
#	100	3	31	134
% North Derbyshire and Hardwick	100%	0%	0%	100%
#	8	0	0	8
% Rotherham	100%	0%	0%	100%
#	9	0	0	9
% Sheffield	78%	2%	20%	100%
#	35	1	9	45
% Wakefield	50%	0%	50%	100%
#	1	0	1	2

Table 23 When you have a stroke, to reduce your chances of death or disability afterwards, some treatments need to be given within the first four hours. If you can be taken to a hospital within 45 minutes, which choice would you make for your own care? by CCG area

Loved ones

	# of respondents	%
To be treated at a specialist centre by specialist staff and receive the latest treatments	184	74%
To be treated at a unit which sees fewer patients and where they are less likely to see an expert and undergo tests and receive urgent treatment rapidly	10	4%
I don't mind as long as they get the treatment they need	54	22%
Total	248	100%

Table 24 If one of your loved ones had to travel for treatment, what decision would you make for them?

	To be treated at a specialist unit by specialist staff and receive the latest treatments	To be treated at a unit which sees fewer patients and where they are less likely to see an expert and undergo tests and receive urgent treatment rapidly	I don't mind as long as they get the treatment they need	Total
% Barnsley	62%	8%	31%	100%
#	24	3	12	39
% Bassetlaw	50%	50%	0%	100%
#	2	2	0	4
% Doncaster	74%	3%	23%	100%
#	99	4	31	134
% North Derbyshire and Hardwick	100%	0%	0%	100%
#	8	0	0	8
% Rotherham	78%	0%	22%	100%
#	7	0	2	9
% Sheffield	82%	2%	16%	100%
#	37	1	7	45
% Wakefield	50%	0%	50%	100%
#	1	0	1	2

Table 25 If one of your loved ones had to travel for treatment, what decision would you make for them? by CCG area

Respondents to the online poll were also asked if they had any further comments. Respondents used this as an opportunity to raise concerns on wider issues as well providing further information relating to the consultation. Below are the key issues raised:

- Some agreement that centres of excellence would provide better care and outcomes, but recognition that these need to be well placed so they are accessible for everyone (within the 45 minute travel time)
  Quality of care and the right treatment is more important than the distance or where the service is provided
- Local hospitals should provide these services and staff should be trained just as well as elsewhere using rotation and secondments, for example
- Visiting and family support for stroke patients is vital for recovery, therefore services would be better located closer to home
- Concerns around the travel time, potential delays on the roads in getting to the right place, as time is so vital within stroke care
- Need to ensure the beds and right skills are in place at local hospitals when patients move back from HASUs
- There is pressure on the ambulance service and staff already, these changes may increase this pressure
- Initial care should be given as fast as possible and then travel for expert care as required
- Concerns raised over the online poll being leading and not providing enough context to generate informed responses

7.3 Petitions

Two petitions were received, one on each consultation. Both petitions opposed the proposals.

Keep Children's Surgery and Anaesthesia Services at Barnsley Hospital

Number of signatures: 785

Directed to: Commissioners Working Together and Nick Balac, Chair of Barnsley Clinical Commissioning Group

Petition statement:

There is currently a proposal to close a great deal of Children's Surgery and Anaesthesia Services at Barnsley Hospital. We the undersigned call upon Dr Nick Balac and the Commissioners Working Together (CWT) to withdraw this proposal as we need to maintain safe and expert Children's Surgery Services and a hospital with a full range of services in Barnsley.

Why is this important?

We feel this closure of our Children's Surgery and Anaesthesia Services at Barnsley Hospital will be detrimental to the health and well-being of our children - very ill children will have to travel long distances to other hospitals, inevitably putting them at greater risk.

It will make it far more difficult for Barnsley parents to give crucial emotional support to their children in hospital.

We think it is a money-saving exercise and not led by a pursuit of clinical excellence and the best interests of patients.

It will have a damaging knock-on effect on other children's services at Barnsley Hospital and be one more step towards the down-grading of our local hospital.

Platform: https://you.38degrees.org.uk/petitions/keep-children-s-surgery-and-anaesthesia-services-at-barnsley-hospital

Save Barnsley's specialist stroke service

Number of signatures: 5022

Directed to: NHS England

Petition statement:

Stop the closure of Barnsley stroke unit.

Why is this important?

The first hour of a patient who has had a stroke is vital and the following days essential when looking at their recovery. If there is a delay in treatment then the outcome can be detrimental to a patients recovery. It is hard enough for a patient and their relatives at such a time but to have them many miles away and could face a long journey to visit their relative puts extra stress on the whole family. Keep services local for best patient outcome.

Platform: https://you.38degrees.org.uk/petitions/save-barnsley-s-specialist-stroke-service

Appendices

Appendix 1 – Respondent profile

Due to the self-selecting character of the online and paper surveys, the demographic profile might differ from the response to the telephone survey.

Appendix 1.1 – Children's surgery and anaesthesia services

Total response

Table 19: Children's surgery and anaesthesia services: Total response

	# of respondents
Online	405
Paper	83
Telephone	740

Age

The majority of respondents of the online and paper survey were under 44 years old (64%). A third is in the age category 35-44 (33%). The telephone survey was conducted with a larger portion of over 45s, in total 60%.

Table 20: Children's surgery and anaesthesia services: Age

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
15-19	13	3%	20	3%
20-24	20	4%	63	9%
25-34	112	24%	85	11%
35-44	156	33%	130	18%
45-54	80	17%	146	20%
55-64	54	12%	123	17%
65+	19	4%	173	23%
Prefer not to say	14	3%	0	0%
Total	468	100%	740	100%

Gender

Almost three quarters of respondents of the online and paper survey were female (73%). The telephone survey was conducted with a more balanced gender profile, with a slight female majority (56%).

Table 21: Children's surgery and anaesthesia services: Gender

	Consultation survey Respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Female	337	73%	414	56%
Male	121	26%	326	44%
Other	1	0%	0	0%
Prefer not to say	4	1%	0	0%
Total	463	100%	740	100%

CCG area

The CCG areas were determined by a postcode list provided by CWT. Almost half of respondents of the online and paper survey were from the North Derbyshire and Hardwick CCG area (47%). The second largest response number came from the Barnsley CCG area (20%).

Table 22: Children's surgery and anaesthesia services: CCG area

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Barnsley	98	20%	72	10%
Bassetlaw	14	3%	33	4%
Doncaster	57	12%	98	13%
North Derbyshire and Hardwick	227	47%	227	31%
Rotherham	52	11%	106	14%
Sheffield	31	6%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Total	485	100%	740	100%

Carer responsibility

Nearly a quarter of respondents stated they have caring responsibilities (24%), of which the largest proportion were the primary carer of a child/children.

Table 23: Children's surgery and anaesthesia services: Carer responsibility

	Consultation survey Respondents	
	# of respondents	%
Yes	109	24%
No	321	71%
Prefer not to say	20	4%
Total	450	100%

Table 24: Children's surgery and anaesthesia services: Carer role

Consultation survey respondents			
	Primary Carer Child/children	Primary Carer Disabled Child/Children	Secondary Carer
# of respondents	25	14	4
% of carers	23%	13%	4%
% of total respondents	6%	3%	1%
	Primary Carer Disabled Adult	Primary Carer Older Person	Unknown
# of respondents	12	15	40
% of carers	11%	14%	37%
% of total respondents	3%	3%	9%
Telephone survey respondents			
	Primary Carer Child/children	Primary Carer Disabled Child/Children	Secondary Carer
# of respondents	79	7	26
% of carers	42%	4%	14%
% of total respondents	11%	1%	4%
	Primary Carer Disabled Adult	Primary Carer Older Person	No
# of respondents	22	55	525
% of carers	12%	29%	
% of total respondents	3%	7%	71%

Ethnicity

Respondents were of a predominantly White British ethnic background, 92% in the online and paper survey and 94% in the telephone survey. 5% of respondents of the telephone survey were of Asian ethnicity.

Table 25: Children's surgery and anaesthesia services: Ethnicity

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Asian/Asian British: Any other Asian background	0	0%	26	4%
Asian/Asian British: Indian	6	1%	5	1%
Black/African/Caribbean/Black British: African	3	1%	0	0%
Black/African/Caribbean/Black British: Caribbean	1	0%	0	0%
Black/African/Caribbean/Black British	1	0%	0	0%
Black/African/Caribbean/Black British: Any other Black background	0	0%	3	0%
Mixed/multiple ethnic groups: White and Asian	1	0%	3	0%
Mixed/multiple ethnic groups: White and Black African	0	0%	2	0%
Mixed/multiple ethnic groups: White and Black Caribbean	2	0%	1	0%
Mixed/multiple ethnic groups: Any other Mixed background	0	0%	2	0%
Other ethnic group: Any other ethnic group	5	1%	2	0%
Other ethnic group: Arab	3	1%	1	0%
Prefer not to say	10	2%	0	0%
White: Any other White background	9	2%	0	0%
White: British	257	55%	691	94%
White: English	157	34%		
White: Irish	4	1%		
White: Scottish	4	1%		
White: Welsh	4	1%		
Total	467	100%	739	100 %

Religion

The largest proportion of respondents in online, paper and telephone surveys are Christian, followed by those who have no religion.

Table 26: Children's surgery and anaesthesia services: Religion

	Consultation survey Respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Atheist	1	0%	0	0%
Buddhist	1	0%	2	0%
Christian	208	47%	434	59%
Hindu	3	1%	2	0%
Jewish	1	0%	1	0%
Muslim	6	1%	32	4%
No religion	196	44%	217	29%
Sikh	0	0%	9	1%
Other	3	1%	0	0%
Prefer not to say	27	6%	43	6%
Total	446	100%	740	100%

Sexuality

A large majority of respondents identify as heterosexual, however there was a significant group of people who preferred not to say.

Table 27: Children's surgery and anaesthesia services: Sexuality

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Bisexual	3	1%	5	1%
Gay man	1	0%	4	1%
Heterosexual	305	80%	665	90%
Lesbian	1	0%	0	0%
Other	3	1%	2	0%
Prefer not to say	67	18%	64	9%
Total	380	100%	740	100%

Gender re-assignment

1% of respondents in the online and paper survey and 2% in the telephone survey stated their gender was now different than assigned at birth.

Table 28: Children's surgery and anaesthesia services: Gender re-assignment

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Yes	3	1%	15	2%

No	406	94%	688	93%
Prefer not to say	22	5%	37	5%
Total	431	100%	740	100%

Disability

The response options given were slightly different between online/paper and telephone survey. In total, 8% of respondents of the online and paper survey stated they consider themselves to have a disability, compared to 23% of respondents of the telephone survey.

Table 29: Children's surgery and anaesthesia services: Disability

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Yes	14	3%	173	23%
Yes, limited a little	17	4%		
Yes, limited a lot	5	1%		
No	399	88%	527	71%
Don't know	0	0%	40	5%
Prefer not to say	20	4%		
Total	455	100%	740	100%

Appendix 1.2 – Hyper acute stroke services

Total response

Table 30: Hyper acute stroke services: Total response

	# of respondents
Online	282
Paper	58
Telephone	740

Age

The respondent profile of the hyper acute stroke services consultation are largely over the age of 45 (65% in the online and paper survey and 60% in the telephone survey).

Table 31: Hyper acute stroke services: Age

	Consultation survey Respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
15-19	0	0%	20	3%
20-24	5	2%	63	9%
25-34	27	8%	85	11%
35-44	58	18%	130	18%
45-54	65	20%	146	20%
55-64	75	24%	123	17%
65+	68	21%	173	23%
Prefer not to say	21	7%	0	0%
Total	319	100%	740	100%

Gender

65% of respondents of the online and paper survey were female. The telephone survey was conducted with a more balanced gender profile, with a slight female majority (56%).

Table 32: Hyper acute stroke services: Gender

	Consultation survey Respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Female	199	65%	414	56%
Male	95	31%	326	44%
Other	0	0%	0	0%
Prefer not to say	12	4%	0	0%
Total	306	100%	740	100%

CCG area

The CCG areas were determined by a postcode list provided by CWT. The largest proportion of respondents to this consultation come from the Barnsley CCG area (39%), followed by Rotherham (22%). In the telephone survey the largest proportion came from North Derbyshire and Hardwick (31%).

Table 33: Hyper acute stroke services: CCG area

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Barnsley	132	39%	72	10%
Bassetlaw	14	4%	33	4%
Doncaster	52	15%	98	13%
North Derbyshire and Hardwick	16	5%	227	31%
Rotherham	75	22%	106	14%
Sheffield	41	12%	139	19%
Wakefield	3	1%	65	9%
Other	485	1%	0	0%
Total	336	100%	740	100%

Carer responsibility

Nearly a third of respondents stated they have caring responsibilities (31%), of which the largest proportion were the primary carer of and older person.

Table 34: Hyper acute stroke services: Carer responsibility

	# of respondents	%
Yes	96	31%
No	194	62%
Prefer not to say	21	7%
Total	311	100%

Table 35: Hyper acute stroke services: Carer role

Consultation survey respondents			
	Primary Carer Child/children	Primary Carer Disabled Child/Children	Secondary Carer
# of respondents	7	2	14
% of carers	7%	2%	15%
% of total respondents	2%	1%	5%
	Primary Carer Disabled Adult	Primary Carer Older Person	Unknown
# of respondents	12	18	43
% of carers	13%	19%	45%
% of total respondents	4%	6%	14%

Telephone survey respondents			
	Primary Carer Child/children	Primary Carer Disabled Child/Children	Secondary Carer
# of respondents	79	7	26
% of carers	42%	4%	14%
% of total respondents	11%	1%	4%
	Primary Carer Disabled Adult	Primary Carer Older Person	No
# of respondents	22	55	525
% of carers	12%	29%	
% of total respondents	3%	7%	71%

Ethnicity

Respondents were of a predominantly (White) British ethnic background, 87% in the online and paper survey and 94% in the telephone survey. 5% of respondents of the telephone survey were of Asian ethnicity.

Table 36: Hyper acute stroke services: Ethnicity

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Asian/Asian British: Any other Asian background	2	1%	26	4%
Asian/Asian British: Indian	1	0%	5	1%
Black/African/Caribbean/Black British: African	2	1%	0	0%
Black/African/Caribbean/Black British: Caribbean	1	0%	0	0%
Black/African/Caribbean/Black British: Any other Black background	1	0%	3	0%
British	107	34 %	0	0%
Mixed/multiple ethnic groups: Any other mixed/multiple ethnic background	2	1%	2	0%
Mixed/multiple ethnic groups: White and Asian	1	0%	3	0%
Mixed/multiple ethnic groups: White Black African	0	0%	2	0%
Mixed/multiple ethnic groups: White and Black Caribbean	0	0%	1	0%
Other ethnic group: Any other ethnic group	1	0%	2	0%
Other ethnic group: Arab	2	1%	1	0%
Prefer not to say	20	6%	0	0%
White: Any other White background	7	2%	4	1%
White: British	9	3%	691	94 %
White: English	157	49 %		
White: Irish	1	0%		
White: Scottish	3	1%		

White: Welsh	1	0%		
Total	318	## ##	739	100 %

Sexuality

Table 37: Hyper acute stroke services: Sexuality

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Bisexual	2	1%	5	1%
Gay man	6	2%	4	1%
Heterosexual	188	76%	665	90%
Lesbian	1	0%	0	0%
Other	1	0%	2	0%
Prefer not to say	50	20%	64	9%
Total	248	100%	740	100%

Gender re-assignment

Table 38: Hyper acute stroke services: Gender re-assignment

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Yes	5	2%	15	2%
No	261	93%	688	93%
Prefer not to say	15	5%	37	5%
Total	281	100%	740	100%

Religion

Table 39: Hyper acute stroke services: Religion

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Atheist	4	0%	0	0%
Buddhist	2	0%	2	0%
Christian	165	47%	434	59%
Hindu	1	1%	2	0%
Jewish	0	0%	1	0%
Muslim	4	1%	32	4%
No religion	94	44%	217	29%
Sikh	0	0%	9	1%
Other	7	1%	0	0%
Prefer not to say	34	6%	43	6%

Total	311	100%	740	100%

Disability

Table 40: Hyper acute stroke services: Disability

	Consultation survey respondents		Telephone survey respondents	
	# of respondents	%	# of respondents	%
Yes	9	3%	173	23%
Yes, limited a little	28	9%	0	0%
Yes, limited a lot	10	3%	0	0%
No	245	79%	527	71%
Don't know	0	0%	40	5%

Appendix 2 - Telephone survey – Service use and consultation awareness

The tables in this section only represent the response to the telephone survey. The questions were not presented to the respondents of the online and paper survey.

Service use

The largest proportion, 41%, of respondents had not used any of the given healthcare institutions in the past 12 months. The number of people who had used a service was spread over different institutions. Most of them had used the Royal Hallamshire Hospital in Sheffield, followed by Chesterfield Royal Hospital (13%) and Doncaster Royal Infirmary (11%).

Table 41: 'Have you had experience of using any of the following healthcare institutions in the past 12 months?'

	# of respondents	%
Barnsley District General Hospital	60	8%
Doncaster Royal Infirmary	80	11%
Rotherham Hospital	61	8%
Pinderfields General Hospital	43	6%
Chesterfield Royal Hospital	94	13%
The Royal Hallamshire Hospital, Sheffield	101	14%
Sheffield Children's Hospital	24	3%
Other(s)	97	13%
None of the above	301	41%

4% of respondents said they have had experience of children's surgery and anaesthesia services in the last 12 months.

Table 42: 'Have you had experience of children's surgery and anaesthesia services in the last 12 months?'

	# of respondents	%
Yes	33	4%
No	707	96%
Total	740	100%

3% of respondents said they have had experience of hyper acute stroke services in the last 12 months.

Table 43: 'Have you had experience of hyper acute stroke services in the last 12 months?'

	# of respondents	%
Yes	20	3%
No	720	97%

Total	740	100%

Consultation awareness

7% of respondents had heard of the Children's surgery and anaesthesia services consultation, and 6% of the hyper acute stroke services consultation.

Table 44: 'Have you heard of the consultations to change any of the following local health services?'

	# of respondents	%
Children's surgery and anaesthesia services	55	7%
Hyper Acute Stroke services	43	6%
None of these	669	90%

More than a quarter of those who had heard of the children's surgery and anaesthesia services consultation had heard about it through information in a healthcare setting (27%), followed by word of mouth and the local newspapers.

Table 45: 'Where did you hear about the children's surgery consultation?'

	# of respondents	% of n=55
Staff information	5	10%
Local newspapers	11	20%
Radio	6	11%
Information in healthcare setting (eg. GP/hospital waiting room)	15	27%
Newsletters/leaflets in community	3	5%
Public meetings	1	2%
Community noticeboards	1	2%
Word of mouth	12	22%
Social media	9	16%
Other	4	7%

Word of mouth was the most important channel of finding out about the hyper acute stroke services consultation (30%), followed by information in a healthcare setting (21%).

Table 46: 'Where did you hear about the hyper acute stroke services consultation?'

	# of respondents	% of n=43
Staff information	8	19%
Local newspapers	8	19%
Radio	0	0%
Information in healthcare setting (eg. GP/hospital waiting room)	9	21%
Newsletters/leaflets in community	1	2%
Public meetings	0	0%
Community noticeboards	0	0%

Word of mouth	13	30%
Social media	4	9%
Other	7	16%

5% of respondents had read at least one of the consultation documents before responding to the questionnaire.

Table 47: 'Have you read the consultation documents that explains the consultation/s?'

	# of respondents	%
Yes – for children's surgery	11	1%
Yes – for hyper acute stroke services	8	1%
Yes – for both	23	3%
No – for neither	698	94%
Total	740	100%

Appendix 3 - Consultation survey questionnaire

Hyper acute stroke services

Proposals to change the way hyper acute stroke services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Let us know what you think

If you would like this form in an alternative format, or would like help in completing the form, please let us know at helloworkingtogether@nhs.net or call 0114 305 4487.

Postcode: ☐

Do you agree or disagree with our proposal to change the way we provide hyper acute stroke services?

Agree ☐

Disagree ☐

Don't know ☐

Please let us know why?

Do you think there is another option we should consider?

Yes ☐

No ☐

Don’t know ☐

If you answered yes, please describe this below and say why you would prefer this option.

Please complete the following questionnaire. We ask these questions because we have a legal duty to do so and need to understand how our proposals affect all sections of the community. It is not a legal obligation for you to complete the questionnaire but it will help if you do. The information you provide will be protected and stored securely in line with data protection laws. We will keep the information confidential and will not release any of your personal data. If you would like help to complete this form or would like a form in a different format (such as large print) please call 0114 305 4487 or email helloworkingtogether@nhs.net Thank you.

Please provide the first half of your postcode ……

What is your age? _____Prefer not to say ☐

Where were you born? _____Prefer not to say ☐

What is your sex? Female ☐ Male ☐ Transgender ☐ Prefer not to say ☐

What do you consider to be your ethnicity/race?

Prefer not to say ☐

Asian/British Asian: Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐

Other (please specify)_____

Black/British Black: African ☐ Caribbean ☐ Other (please specify)_____

White: British ☐ Irish ☐ European ☐ Gypsy/Traveller ☐ Other (please specify)_____

Mixed race: Black & White ☐ Asian & White ☐ Other (please specify)_____

Other ethnicity/race (please specify)_____

What do you consider your religion to be?

Buddhism ☐ Christianity ☐ Islam ☐ Judaism ☐ Sikhism ☐ No religion ☐

Prefer not to say ☐

Other_____

Are you disabled? Yes ☐ No ☐ Prefer not to say ☐

If you have answered 'yes', please explain the type of disability:

_____

Are you a carer or do you look after/give help and support to family members, friends, neighbours or others due to poor health, disabilities or age?

Yes ☐ No ☐ Prefer not to say ☐

What is your sexual orientation?

Heterosexual/straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other_____

Prefer not to say ☐

Is your gender different to that assigned at birth? Yes ☐ No ☐ Prefer not to say ☐

Are you pregnant? Yes ☐ No ☐ Prefer not to say ☐

Do you have a child of less than 24 months old? Yes ☐ No ☐ Prefer not to say ☐

Can you envisage any way in which the proposals discussed in this consultation will affect you, whether positively or negatively, more than other people? Yes ☐ No ☐

If you have answered ‘yes’, please explain how and why?

Proposals to change the way children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Let us know what you think

If you would like this form in an alternative format, or would like help in completing the form, please let us know at helloworkingtogether@nhs.net or call 0114 305 4487.

Postcode: ☐

Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?

Agree ☐

Disagree ☐

Don't know ☐

Please let us know why?

At the moment, some people have better experiences, better and faster treatment and better access to services than others – and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation. Which of our proposed options do you prefer?

Option 1 ☐

Option 2 ☐

Option 3 ☐

Why do you think this is best option?

Do you think there is another option we should consider?

Yes ☐

No ☐

Don’t know ☐

If you answered yes, please describe this below and say why you would prefer this option.

Please complete the following questionnaire. We ask these questions because we have a legal duty to do so and need to understand how our proposals affect all sections of the community. It is not a legal obligation for you to complete the questionnaire but it will help if you do. The information you provide will be protected and stored securely in line with data protection laws. We will keep the information confidential and will not release any of your personal data. If you would like help to complete this form or would like a form in a different format (such as large print) please call 0114 305 4487 or email helloworkingtogether@nhs.net Thank you.

Please provide the first half of your postcode ……

What is your age? _____Prefer not to say ☐

Where were you born? _____Prefer not to say ☐

What is your sex? Female ☐ Male ☐ Transgender ☐ Prefer not to say ☐

What do you consider to be your ethnicity/race?

Prefer not to say ☐

Asian/British Asian: Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐

Other (please specify)_____

Black/British Black: African ☐ Caribbean ☐ Other (please specify)_____

White: British ☐ Irish ☐ European ☐ Gypsy/Traveller ☐ Other (please specify)_____

Mixed race: Black & White ☐ Asian & White ☐ Other (please specify)_____

Other ethnicity/race (please specify)_____

What do you consider your religion to be?

Buddhism ☐ Christianity ☐ Islam ☐ Judaism ☐ Sikhism ☐ No religion ☐

Prefer not to say ☐

Other_____

Are you disabled? Yes ☐ No ☐ Prefer not to say ☐

If you have answered 'yes', please explain the type of disability:

_____

Are you a carer or do you look after/give help and support to family members, friends, neighbours or others due to poor health, disabilities or age?

Yes ☐ No ☐ Prefer not to say ☐

What is your sexual orientation?

Heterosexual/straight ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Other_____

Prefer not to say ☐

Is your gender different to that assigned at birth? Yes ☐ No ☐ Prefer not to say ☐

Are you pregnant? Yes ☐ No ☐ Prefer not to say ☐

Do you have a child of less than 24 months old? Yes ☐ No ☐ Prefer not to say ☐

Can you envisage any way in which the proposals discussed in this consultation will affect you, whether positively or negatively, more than other people? Yes ☐ No ☐

If you have answered 'yes', please explain how and why?

Appendix 4 - Telephone survey script

Hi _____, I am calling on behalf of the local NHS. We are conducting a survey as part of a consultation around the future of healthcare across South and Mid Yorkshire, Bassetlaw and North Derbyshire, which includes some proposed changes to the way that hyper acute stroke and some children's surgery services are delivered and we'd like to hear your views on these proposals.

The call will take between 10-15 minutes and all your views will be recorded anonymously.

Use of services

1. Have you had experience of using any of the following healthcare institutions in the past 12 months? (Select all that apply)

Barnsley District General Hospital	Chesterfield Royal Hospital
Doncaster Royal Infirmary	The Royal Hallamshire Hospital, Sheffield
Rotherham Hospital	Sheffield Children's Hospital
Pinderfields General Hospital	
Other(s) (please state):	

Awareness

2. a) Have you heard of the consultations to change local health services? (select all that apply

Children's surgery and anaesthesia services	Hyper Acute Stroke services	None of these

b) If you have heard of the children's surgery consultation, where did you hear about this?

Staff information	Local newspapers	Radio	Information in healthcare setting (eg. GP/hospital waiting room)	Newsletters/leaflets in community
Public meetings	Community noticeboards	Word of mouth	Social media	Other (please state)

c) If you have heard of the hyper acute stroke services consultation, where did you hear about this?

Staff information	Local newspapers	Radio	Information in healthcare setting (eg. GP/hospital waiting room)	Newsletters/leaflets in community
Public meetings	Community noticeboards	Word of mouth	Social media	Other (please state)

Background information

(Introductory text) At the moment, depending on where you live in the area you would have a different experience and receive different standards of care if you had a stroke or your child needed an operation. Our doctors, nurses, healthcare staff and clinical experts all agree that this isn't fair. Both

these services were reviewed last year and as part of that we asked you – patients and the public – what would matter to you if you or a loved one had a stroke or your child needed an operation.

All feedback has been used to develop the options and proposals for the future of these services.

With this in mind, we now want to know what you think about the proposals we have developed.

Hyper acute stroke services

We are proposing to change hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield.

A hyper acute stroke unit brings together expert clinicians and hi-tech equipment to ensure early assessment and rapid treatment for stroke patients in the first 72 hours after having a stroke, when you need more specialist care. It operates 24 hours a day, seven days a week.

Currently, hyper acute stroke services are provided at five centres across our region – Barnsley, Chesterfield, Doncaster, Rotherham and Sheffield.

3 A) Have you had experience of stroke services in the last 12 months?

Yes	No

B) If yes, where have you experienced hyper acute stroke services

Not all of these units see enough patients to meet national best practice, because of this, the doctors and nurses there don't get as many opportunities to practise their skills – meaning you may not get the best possible or safest care in the future. We also don't have enough doctors and nurses to run the existing services, so sometimes we have temporary closures of services. There are also sometimes delays in the necessary tests being done, which can mean a delay in some treatments being given after having a stroke.

We are proposing to have three hyper acute stroke units in our region at Chesterfield Royal Hospital, Doncaster Royal Infirmary and The Royal Hallamshire Hospital, Sheffield.

For people in Barnsley or Rotherham, this would mean they would go to Doncaster or Sheffield for the first 72 hours of care. If you live in the north of Barnsley, you may also be taken to Wakefield for these few days.

4. A) Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?

Agree	Disagree	Don't know

B) Please tell us why you think this?

5. A) Do you think there is another option we could consider?

Yes	No	Don't know

B) If yes, please describe this and tell us why

Children's surgery and anaesthesia services

We are proposing to change a small number of services to improve the care of children needing operations in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, Sheffield and Wakefield.

6. A) Have you had experience of children's surgery and anaesthesia services in the last 12 months?

Yes	No

B) If yes, where?

For most services, most of the time, nothing will change but for a small number of unplanned operations, at night, at weekends or when children need to stay overnight in hospital, we are proposing they are done differently. This would be for the following services:

- Ear, nose and throat
- General surgery
- Opthalmology
- Oral surgery
- Orthopaedics
- Urology

Currently, some children have better experiences, better and faster treatment and better access to services than others. Some of our hospital doctors and nurses don't treat as many children as others do, and it is better and safer to be seen by a surgeon who is trained to and regularly operates on children. Nationally, there aren't enough healthcare professionals qualified to treat the amount of children who need surgery each year. So we need to look at the best way to provide children's surgery and anaesthesia services for everyone in the region in the future.

7. A) Do you agree or disagree with the proposal to change the way we provide children's surgery and anaesthesia services?

Agree	Disagree	Don't know

B) Please tell us why you think this?

We are recommending three options for the future of children's surgery and anaesthesia services. For all options, children would be taken to the next nearest hospital.

OPTION ONE

In Option One, for the kinds of surgery described earlier, children would go to Chesterfield Royal Hospital, Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

Children's operations for these services would no longer be provided in Barnsley or Rotherham.

OPTION TWO

In Option Two, for the kinds of surgery described earlier, children would go to Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

Children's operations for these services would no longer be provided in Barnsley, Chesterfield and Rotherham.

OPTION THREE

In Option Three, for the kinds of surgery described earlier, children would go to Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

Children's operations for these services would no longer be provided in Barnsley, Chesterfield, Doncaster and Rotherham.

We prefer option two because, with care planning to ensure there are the right staff in each hospital, and to make sure patients could get to one of the hospitals within 45 minutes, we believe that option two would give all patients the same quality and standard of children's surgery services.

8. A) Which of our proposed options do you prefer?

Option one (children's surgery and anaesthesia services in Chesterfield, Doncaster, Wakefield and Sheffield)	Option two (children's surgery and anaesthesia services in Doncaster, Wakefield and Sheffield)	Option three (children's surgery and anaesthesia services in Wakefield and Sheffield)	None of these options

B) (If selected option 1-3 above) Why do you think this is the best option?

9. A) Do you think there is another option we could consider?

Yes	No	Don't know

B) If yes, please describe this and tell us why

About you

1. Have you read the consultation documents that explains the consultation/s?

Yes – for hyper acute stroke services	Yes – for children's surgery	Yes – for both	No – for neither

2. What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

White			
English	Welsh	Scottish	Northern Irish
Irish	Gypsy or Irish Traveller	Any other white background (please state)	Prefer not to say
Mixed/multiple ethnic groups			
White and Black Caribbean	White and Black African	White and Asian	Any other mixed background (please state)
Prefer not to say			
Asian/Asian British			
Indian	Pakistani	Bangladeshi	Chinese
Any other Asian background (please state)	Prefer not to say		
Black/ African/ Caribbean/ Black British			
African	Caribbean	Any other Black/African/Caribbean background (please state)	Prefer not to say
Other (please state)			
Prefer not to say			

3. What is your age?

15-19	20-24	25-34	35-44
45-54	55-64	65+	Rather not say

4. What is your gender?

Male	Female	Prefer not to say

5. What is your sexual orientation?

Heterosexual	Gay woman/lesbian	Gay man	Bisexual
Other (please state):	Prefer not to say		

6. Is your gender different to that assigned to you at birth?

Yes	No	Prefer not to say

7. What is your religion or belief?

No religion or belief	Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	Other religion or	Prefer not to say	

		belief (please state)		

8. Do you consider yourself to have a disability or health condition?

Yes	No	Prefer not to say
If you wish to give further information please do so here:		

9. Do you have caring responsibilities? If yes, select all that apply

None	Primary carer of a child/children (under 18)	Primary carer of disabled child/children	Primary carer of disabled adult (18 and over)
Primary carer of older person	Secondary carer (another person carries out the main caring role)	Prefer not to say	

Are you married or in a civil partnership?

Yes	No	Prefer not to say

Are you currently pregnant?

Yes	No	Prefer not to say

Do you have a child under 24 months?

Yes	No	Prefer not to say

How would you normally travel to your local NHS hospital? (choose one – the main way you would travel)

Own car	On foot	Public transport
Taken by friend	Taken by relative	Other

What is your postcode?

Thank you for your time. Your response to this survey will be analysed anonymously and the overall results of this survey reported alongside other consultation feedback.

You can also make a submission to the consultation by completing the consultation questionnaires online at www.smybndccgs.nhs.uk.

Appendix 5 - Organisational submissions

Barnsley Hospital NHS Foundation Trust

Re: Response to Consultation on Hyperacute Stroke and Children's Anaesthesia and Surgery

I am writing on behalf of Barnsley Hospital NHS Foundation Trust in response to the ongoing consultations on changes to hyperacute stroke and children's anaesthesia and surgery in South Yorkshire and Bassetlaw. Our teams had the opportunity to help shape the proposed services prior to the consultation but during the consultation some important issues have been raised by the wider clinical workforce who have considered the intended and unintended consequences of the proposed changes.

Hyperacute Stroke Services

There is strong support for the proposed reconfiguration to three HASUs based in Sheffield, Doncaster and Wakefield. Most patients that currently attend the Barnsley unit would go to Wakefield or Sheffield based on shortest travel times. We have seen data from YAS that indicate that the travel time to these other units would be well within the 45 minutes required. Currently, Barnsley is unable to provide thrombolysis treatment due to both of our previous consultants leaving the Trust, one is due to return next summer. This unplanned reduction in service demonstrates the vulnerability of small HASUs and supports the argument for a smaller number of higher volume units as a means to improve stroke outcomes. For the proposed service to be a success we would like to see the eventual model consider the following:

- Rapid repatriation to local Acute Stroke Units 48-72 hours after the HASU admission.
- Early repatriation of stroke 'mimics' to local hospitals if safe to do so.
- Consideration of YAS protocols to directly admit to local hospitals if HASU care inappropriate e.g. end of life care complicated by stroke.
- Joint consultant appointments between HASU units and other sites to ensure all stroke units are able to recruit good quality stroke specialists to provide ASU care.
- Availability of Early Supported Discharge from all HASUs and ASUs in all areas so all patients can benefit.
- Post implementation performance management to ensure the new HASUs are resulting in better stroke outcomes e.g. SSNAP performance.
- Consideration should be made as to how families on low incomes or who are dependent on public transport could be supported to visit their relative in a HASU.

Paediatric Anaesthesia and Surgery

Clinical staff from anaesthetics, paediatrics and surgical specialties have expressed concerns about the proposed changes. Whilst there is recognition of the theoretical risk that comes from not meeting all the Royal College standards, a strong view has been expressed

that there is no evidence that current arrangements are unsafe or resulting in inferior outcomes.

The consultation documents suggest that the proposals may reduce surgical activity in Barnsley by 10% but, as has been raised through the consultation meetings, there were some initial data that suggested the impact could be up to 40%. The WTP team have been reviewing this to better understand the figures and we have had feedback that the latest position is that the impact would be 20% at most and probably closer to 10%. If the total is a 20-40% reduction then the Trust would not be able to support the proposals as there would be a detrimental impact on our anaesthetic team's competence to manage children if their opportunities to do so under the controlled conditions of planned surgery are reduced by that much. It is essential that anaesthetists maintain these competencies so that they are able to provide emergency care to critically ill children presenting to our Emergency Department. A 10% reduction in activity would not have a significant impact on maintenance of consultant skills. This risk would also be mitigated if the future service configuration ensured local work is done locally rather than in regional centres, where it is safe to do so.

There is also concern particularly about the proposal that weekday surgery, whether planned or unplanned, would not be permitted if the child needed an overnight stay regardless of the reason for the stay e.g. analgesia or post-operative monitoring. We suggest that this criterion is subject to further work to produce a more nuanced proposal based on clinical scenarios. For example, a child having a tonsillectomy but needing an overnight stay could continue to have this done in Barnsley however a child needing much more major surgery or for whom there may not be out of hours surgical expertise in case of complications would likely benefit from having their surgery in a regional centre. In our view, such an approach, would preserve the best intentions behind the consultation but will also safeguard anaesthetic skills in Barnsley and minimise inconvenience to children and their families. This would maximise the benefits to children intended by the consultation whilst avoiding unnecessary transfers.

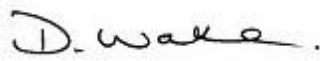
Some other issues highlighted by our clinicians are:

- Surgeons and anaesthetists have highlighted that a consequence of the proposals would be that they would be judged safe to operate on a Monday daytime but not to do the same surgery on a Monday evening or a Saturday morning.
- Would the proposals allow planned elective surgery to be done at a weekend?
- What about the relatively high volume trauma surgery that is currently done in Barnsley at weekends, for example manipulation of a broken arm?
- What about relatively common emergencies such as a nasal foreign body needing removal under GA at a weekend?
- Urology in Barnsley is a developing service and historical analysis of activity will be misleading. There are aspects of urology surgery for children that we may wish to develop in the future which would clearly be limited to what can be safely delivered locally.
- For children that under the proposals would go to the Sheffield Children's Hospital rather than Barnsley, it is clear that the receiving staff would have greater

expertise at children's surgery and anaesthesia but if a child, for example that lives north of Barnsley, was to go to Pinderfields Hospital there is no certainty that the staff treating that child would have any greater expertise than is available in Barnsley. This would also apply to other receiving DGHs.

We hope that the consultation receives a good response from the public, NHS staff and NHS organisations and look forward to working with you to ensure these consultations result in improvements to the care received by people in Barnsley.

Yours sincerely



Diane Wake

CHIEF EXECUTIVE

Cc: Lesley Smith, Chief Officer, Barnsley CCG.

Chesterfield Royal Hospital NHS Foundation Trust

Dear colleagues

Consultation to change children's surgery and anaesthesia services in South Yorkshire and Mid-Yorkshire, Bassetlaw and North Derbyshire

Thank you for the opportunity to comment on proposals contained within the consultation document. This response is sent on behalf of the Board of Directors at Chesterfield Royal Hospital and incorporates feedback from our Council of Governors. It also takes into account the views of our clinical staff, including anaesthetists, children's surgeons, children's nurses and paediatricians.

As interested parties in their own right, we have encouraged individual members of staff, along with our foundation trust governors and members, to reply separately, to put forward their own thoughts and concerns. We have also shared the consultation with our youngest patients, their parents, carers and the public, and hope that our contribution to the engagement process will enable a broad range of responses for consideration before any final decision is taken. We note that the consultation has now been extended to February 14th 2017 to offer more time after the Christmas break for additional contributions. We welcome this decision and will continue to encourage participation.

Our strategy for paediatric services

For context, in appraising each of the proposals, we have taken into account our current clinical strategy for children's services. It is our intention to retain a 24/7 children's in-patient service on site, and one which (by the summer of 2017) complies with standards set out by the Royal College of Paediatrics and Child Health (RCPCH)[1].

Consultation preferred option

We note that option 2 is the preferred way-forward for the Commissioners Working Together partnership.
This choice impacts the hospital services we provide now, and has implications for families living in the North Derbyshire area. It means all children requiring an overnight stay, or who present 'out of hours' would have to travel outside of their local community for surgical care and treatment (in all specialities).

Our response to the consultation

Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?

We wish to provide as full a range of safe, high-quality and sustainable services as possible for the 400,000 people we serve across North Derbyshire's communities. We completely agree that every child across South and Mid-Yorkshire, Bassetlaw and North Derbyshire is entitled to receive a consistent and equal service that provides high-quality safe care and treatment, and an exceptional child (and family) centred experience. We also agree that the staff providing children's surgery and anaesthesia must be competent and appropriately skilled. We are concerned that option 2 in the consultation does not necessarily enable achievement of these aims:

Skills

The inability to maintain their comprehensive clinical skills is a key concern for our clinicians under the option 2 proposals. An anaesthetist undertaking both emergency and routine procedures in children's specialties retains and grows their skills - and is therefore enabled to provide full support to a paediatric team - for example intubating an acutely unwell child who requires immediate stabilisation and transfer for intensive care. Therefore, reducing anaesthetists' exposure to surgical anaesthesia will lessen the experience they can bring to a mix of other clinical scenarios - including the management and care of the acutely unwell child. This could potentially have a negative impact in respect of clinical confidence and the immediate decision making often required when responding to the needs of an acutely unwell child.

Access

As part of the programme's pre-consultation engagement, young patients, parents and carers said what was important to them. Alongside the qualities we all strive for – high-quality, safe care and treatment – access to specialist care, to be seen as soon as possible, and care close to home were also their priorities. Whilst people said they were willing to travel for their child's specialist care (although it is unclear what people understood this would actually mean in reality) they also say they value local services where they have more ready access to the support of their own family and friends network. This is especially important for families balancing the needs of one child in hospital, with the demands of work, caring for other children and any further carer responsibilities.

We are concerned therefore that option 2 does not meet these important criteria because it increases demand on services that are already stretched, potentially lengthens access times and means travelling elsewhere for care and treatment.

Transfers

In occasional emergency situations our current experience of transferring local children is that there is limited capacity. Increasing numbers of transfers could complicate the pathway for children – and taking them by ambulance, even further afield will also create additional demand on both ambulance and hospital staff and services. Along with ambulance transportation, a children's nurse would need to accompany any child being transferred, increasing workforce requirements at a time when there is limited capacity within children's nursing.

R**oyal College of Surgeons (RCS) of England guidelines**

We are also apprehensive about centralising children's services in a way that is not consistent with the latest RCS standards[2] for non-specialist emergency care of children. These standards, published in 2015, are aimed at all non-specialist services that accept children with emergency presentations in the UK. They are a collation of standards developed over the last ten years and endorsed by most specialist associations linked to children's surgical care.

Whilst the RCS endorses the principle that *'surgical services for children should aim to work within a regional network made up of specialist and local services'* it also advocates the principle of locally delivered care in emergency situations – *'children presenting with common emergency surgical conditions should be treated locally and not transferred to specialist centres, unless this is necessary for safe treatment*'. In its summary the RCS document also states that *'the planning of care should recognise that the needs of the child are paramount and services should ensure that they always act in the best interest of the child'.* We are concerned that proposals in option 2 do not fully meet these Royal College standards and principles.

Equality of service

Taking all of the above into consideration we are not persuaded that option 2 resolves the concern in the consultation that currently *'if a child needs an operation, they will have a different experience and receive different standards of care depending on where they live'*.

Overall

Chesterfield Royal Hospital welcomes the opportunity to partner within a children's surgical network that works to agreed standards and protocols. National evidence supports adopting a network approach, but not, we believe, at the expense of locally delivered services. Local services enable clinicians to maintain and develop their skills to ensure our youngest patients are cared for and treated by doctors and nurses with the right clinical expertise. The preferences of families - and the value they place on access to local services - should be also be recognised and supported.

We agree that an option for 'no change' is not realistic or tenable, but we do not fully support the preferred way-forward as currently set out in option 2 of this consultation.

We propose a distributed service model across all sites. This would offer a workable solution that shares expertise and skills, capacity, sustains local children's specialities, reduces the need for families to travel and will ensure a more equitable quality of service and patient experience. Chesterfield would be well positioned to provide full children's ENT and orthopaedic trauma in-patient services – as part of a network approach.

We hope that in considering responses to the consultation you will give consideration to this type of model before any final decisions are taken, and we would welcome the opportunity to discuss our thoughts and ideas with you.

Yours sincerely

Dr Gail Collins
Medical Director

On behalf of the Board of Directors

C.C
Council of Governors
Hospital Leadership Team
NHS North Derbyshire Clinical Commissioning Group
NHS Hardwick Clinical Commissioning Group

References

[1]**Royal College of Paediatrics & Child Health:** Facing the Future: Standards for Acute General Paediatric Services
http://www.rcpch.ac.uk/improving-child-health/better-nhs-children/service-standards-and-planning/facing-future-standards-ac

[2]**Royal College of Surgeons of England:** Standards for Non-Specialist Emergency Care of Children:
https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/childrens-surgery/

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Please find attached the responses to Hyper Acute Stroke Services and Tier 2 Children's Surgery from Doncaster and Bassetlaw NHS Foundation Trust.

The documents have been discussed by the Board with the agreements in place.

HASU

DBH staff have participated fully in the Working Together review of stroke services, have been actively involved in the option appraisal process, and are committed to providing high quality stroke care. Option 3 is supported by DBHFT but a number of risks need to be mitigated to ensure that the current levels of care provided by the Trust are not adversely affected by the increased activity onto the HASU. The attached risk assessment needs to be considered before a decision is made to change the pathways for patients.

Commissioners need to agree the tariff or local payment structure that will apply to the proposed service, if this is not agreed the service will be financially unsustainable.

Tier 2 Children's Surgery and Anaesthesia

DBH staff have participated fully in the Working Together Review of Children's Surgery and Anaesthesia, and are committed to providing high level care. Option 2 is supported by DBHFT but a number of risks need to be mitigated to ensure that the current high quality care provided is not adversely affected.

We would like feedback on the risk assessments prior to any formal decisions being made to the pathways.

David Purdue

Chief Operating Officer

DBHFT

HASU risk assessment

		Current Risk Rating			Proposed actions to mitigate risk
Risk	**Category**	**Likelihood**	**Consequence**	**Rating**	
Inability to recruit workforce to meet demands of additional stroke patients at HASUs	patient safety reputation compliance/regulatory	4	4	16	Agreement of Rotherham and Barnsley to provide staff from their existing HASUs to support DBH and STH (unlikely to achieve?). Funding needs to be agreed ASAP so can start recuitment processes. Agreement and introduction of competency assessment and training programmes to upskill staff Need agreement that reconfiguration will not go ahead if unable to recruit
No agreed tariff/payment model for proposed pathway. Risk that HASU will lose even more money than before. Risk of adverse impact on HASU SSNAP performance and hence on best practice tariff	financial	5	4	20	Need CCGs to agree local tariff (including review of BPT elements). Need increased investment (as did London and Manchester) Need CCGs to agree penalty payments to support movement of patients through pathway
Insufficient transport to move patients through pathway at/within required timescales (risk of missing thrombolysis treatment window) and of blocking ED, stroke and medical beds	patient safety reputation compliance/regulatory	4	4	16	Need CCGs to confirm if ambulance resource has been increased to provide additional capacity Need agreed protocols with ambulance services for transport of stroke and stroke mimics to and from HASUs Could mitigate risk with investment in stand-by vehicle(s) for HASU service?
Lack of capacity in ASU and rehabilitation services will block movement of patients through the pathway	patient safety compliance/regulatory	4	4	16	Need CCGs to agree penalty payments to support movement of patients through pathway Need CCGs to commission ESD and rehab services to regional specification so that HASUs can access appropriate care for all patients at the required time Need increase in social care provision
Staff will be unable to electronically access care records of patients transferring between services	patient safety	5	3	15	Manual processes will need to be agreed and implemented as proposals to improve electronic access across STP may not be achievable and will certainly not deliver in time for proposed stroke reconfiguration. Manual processes increase risk and will require investment in admin staff time
Resilience of stroke service will be adversely affected	patient safety business continuity	3	4	12	Agreement of Rotherham and Barnsley to provide staff from their existing HASUs to support DBH and STH (unlikely to achieve?). Need agreed protocols with ambulance services for day to day patient transfer and to address business continuity events Need increased investment
Limited capacity of support/competing services may delay/prevent proposed stroke reconfiguration	patient safety strategic	4	4	16	Need investment in HASUs for medical imaging (CT scanner, MRI scanner and staff), estates and electricity supply, ED (physical capacity and staff) and beds BEFORE stroke reconfiguration - or will adversely affect patient safety and performance
Quality of HASU service and SSNAP performance will be adversely affected, particularly at DRI	patient safety reputation compliance/regulatory	4	4	16	Need to agree actions to mitigate all other identified risks

Children's surgery and anaesthesia services risk assessment

		Current Risk Rating			Proposed actions to mitigate risk
Risk	**Category**	**Likelihood**	**Consequence**	**Rating**	
Inability to recruit workforce to meet the needs for paediatric general surgeons and anaesthetists to deliver GI surgery to under 10 year olds	patient safety reputation compliance/regulatory	4	4	16	Agreement of Rotherham and Barnsley to provide staff from their services or transfer of staff on a sessional basis from SCH Funding needs to be agreed ASAP so can start recuitment processes. Need agreement that reconfiguration will not go ahead if unable to recruit
Insufficient transport to move children to the correct centre if they attend their local ED	patient safety reputation compliance/regulatory	4	4	16	Need CCGs to confirm if ambulance resource has been increased to provide additional capacity Need agreed protocols with ambulance services to by-pass local hospital within set criteria
Lack of bed capacity with other pathway changes to childrens services	patient safety compliance/regulatory	4	4	16	Review of current pathways to increase bed base capacity
Staff will be unable to electronically access care records of patients transferring between services	patient safety	5	3	15	Manual processes will need to be agreed and implemented as proposals to improve electronic access across STP may not be achievable and will certainly not deliver in time for proposed stroke reconfiguration. Manual processes increase risk and will require investment in admin staff time

The Rotherham NHS Foundation Trust

TO WHOM IT MAY CONCERN

We are writing this letter on behalf of The Rotherham NHS Foundation Trust as a formal response to the Commissioners Working Together consultation on proposals to change the way services are provided across South and Mid Yorkshire, Bassetlaw and North Derbyshire for Children's Surgery and Anaesthesia services

This response is the view of the Trust Board as a whole and has been developed in conjunction with a number of our clinical and non-clinical leaders within the organisation. We have also tried to reflect within our response the interests and concerns of the patients and community of Rotherham and feedback which we have been able to collect informally through various discussions.

The conclusion of these discussions is that as a Trust Board, we are broadly supportive of the proposals and recognise the complexity of providing a quality paediatric elective surgical service and the difficulty in maintaining an adequate appropriately skilled and experience to do so.

There are, however, some outstanding issues not explicitly dealt with in the consultation document which we would like to be further considered as part of this consultation process.

1. It is inevitable that any hospital with an emergency service will be presented with paediatric emergencies. As many paediatric emergencies arrive independently of the emergency services (e.g. the parent's car) a Trust can have no significant control over this. Therefore, there will need to be a plan for this eventuality and to ensure staff have the key set of skills to be effective. One element of this is to ensure that anaesthetists have good paediatric airway skills as the severely ill child (pneumonia, meningitis, etc.) is likely to need this urgently whilst awaiting retrieval. Maintaining day case paediatric surgery in each Trust goes some way toward this, however there needs to be clearer recognition of the solution to consequential problems of this nature. There also needs to be consideration given as to how professional skills can be maintained and a mechanism for up-skilling new practitioners.

2. Some planned day case surgery can result in an unplanned overnight admission (not specifically in paediatrics but rates of up to 5% are not unknown) and this is usually due to pain and / or vomiting. It is not clear from the paper what the plan would be to manage such cases as we would consider it a potential risk for them to remain in the hospital where the day surgery happened and where there may not be the appropriate services to care for paediatric surgical inpatients. Alternatively, if these cases are to be transferred to another hospital there would need to be investment and development of transfer pathways and protocols as well as understanding who will manage the inpatient care of a potentially different surgeon. Furthermore, with emergency demand pressures seeing continual year on year increases, we would like further clarification on how this will be managed during times of extreme demand i.e. winter months, when demand for beds and ambulance transfers can be at their highest.

3. Although TRFT is not a trauma centre, trauma cases are still presented on a regular basis and we believe it is a reasonable assumption that a similar scenario will occur with paediatric cases. When this does (e.g. a displaced forearm fracture in a school age child who is well other than needing a manipulation under anaesthetic), further clarification is required as to whether such patients will be transferred for surgery or whether they would have their surgery at TRFT, and then the ongoing arrangements for care, as per the day case surgery scenario in point 2.

4. Currently Rotherham and Doncaster collaborate to run a combined service for ENT and OMFS surgery. Inpatients of all ages for ENT are only managed on the Rotherham site, and this is a stable and effective partnership which has been in place for a number of years. The proposal in the consultation document would mean this arrangement would likely have to cease, and the impact of this therefore requires greater clarity as we do not believe Doncaster have the capacity to take this service over from Rotherham and to do so would require a potential financial investment.

5. Whilst we fully support reconfiguration to improve patient outcomes it is also necessary that decisions are balanced against sound financial planning and affordability assessments and we are concerned that the level of investment required to implement the proposed changes, along with the additional costs that will need to be incurred within the proposed configuration and the inability to remove the full costs from those hospitals that do not retain the services will lead to a considerable financial pressure increase across the South Yorkshire and Bassetlaw footprint. This is at a time when it is acknowledged the significant efficiencies are required around the provision of health and social care services. We would therefore require greater certainty around the financial consequences of the proposed approach.

In conclusion our position is that as a Trust Board we support the proposals in principle. However, there are a number of issues that require further assurance and clarification before we can agree to support the proposals in full, and we look forward to working with partners and stakeholders across SY&B to seek greater clarification and assurance against the points raised in this letter.

Yours sincerely

Chris Holt
Chief Operating Officer

TO WHOM IT MAY CONCERN

To whom it may concern

We are writing this letter on behalf of The Rotherham NHS Foundation Trust as a formal response to the Commissioners Working Together consultation on proposals to change the way services are provided across South and Mid Yorkshire, Bassetlaw and North Derbyshire for Hyper Acute Stroke services

The Trust is very proud of its Stroke service and current level of care that is provided. We believe we have a fantastic team, with excellent skills across a broad range of disciplines and individuals and this has been fundamental in achieving the standards that are currently being delivered. The team have worked extremely hard over the years to develop and build the stroke pathway within Rotherham, and are currently one of the few teams within the country that are providing a full end-to-end service, from hyper acute care through to rehabilitation in the home, all from a single team. The retention of this team and the further development of their skills as individuals and as a team is key to supporting the Trust going forward as well as the patients of Rotherham.

With regards to the consultation proposals, after discussions with a number clinical colleagues, patients and other key stakeholders both within and outside of the trust, the Trust does however support in principle, the development of sub-regional Hyper Acute Stroke Centres in South Yorkshire and Bassetlaw. The Working Together Programme Board has produced a strong case for change. Within South Yorkshire and Bassetlaw it was outlined that three Stroke Units admit fewer than 600 patients a year, which is significantly lower than the best practice minimum of 900. There is a shortage of medical and nursing staff leading to problems with cover in our local hospitals and delays in scanning and tests are also potentially having an impact on patient outcomes. It has been noted by the Trust Board however, that this situation has in fact changed since the consultation was launched, with a high number of Barnsley patients now coming to TRFT meaning the numbers to TRFT are >600 (but still less than 900).

In coming to this conclusion however, we believe there are a number of issues that the Working Together Programme Board, as part of this consultation, should consider before making final recommendations on the new service model.

1. Maintaining patient outcomes and quality of care

1.1. We are passionate and committed to the delivery of high quality stroke services within Rotherham, and are clear around the importance of stroke services in the overall strategy for the Trust, and the need to ensure high quality provision of care for the Rotherham population. Over the last two years there has been a significant improvement in performance on the local Stroke care pathway. The Trust is on target to achieve 8 of the 10 stroke indicators for this year, and benchmarks well when compared to all the Trusts in the sub-region. Our stroke pathway is fully integrated from Hyper Acute through to acute, rehabilitation and community support, and in Rotherham Stroke patients are able to retain the same therapist from admission right through to their 6 month review in the community. All patients are treated by the same therapy team from admission to discharge, providing a level of continuity that we believe is unique to Rotherham.

1.2. TRFT has also seen a rise in its SSNAP results. In April'16 to July'16 the Trust's rating rose from a D to C, and our provisional results for August'16 to November'16 have seen TRFT rise to a B rating, which is a fantastic achievement and testament to the service being provided.

1.3. We would therefore be looking to secure assurance that the outcomes for the population of Rotherham who receive stroke services going forward are at least as good if not better than those currently received.

2. Workforce

2.1. We have a very strong stroke team, which we value very highly and who have raised outcome standards to among the best in the region. The retention of stroke services within Rotherham and the teams that provide it are vital to the strategy and sustainability of the Trust.

2.2. We also need to ensure that we are able to provide a really effective service that people want to work within so we can attract, recruit and retain people and provide opportunities for development, which would also include working with the HASU's to develop skills and competences that would strengthen the local care for local patients, and have individuals who would be able to therefore work across the full pathway from hospital to home. We would also look to align the services with the place based care and integration model being developed.

2.3. We therefore have a significant concern is that without appropriate assurances and clarification of future workforce plans and opportunities it will become increasingly difficult to attract and retain staff at those units which do not have a Hyper Acute Service. We are already seeing the beginnings of this through current vacancy levels whereby the current uncertainty is referenced as one of the key points in individual's decision making.

3. Financial viability of Stroke Services in Rotherham

3.1. Removing the Trust's HASU capability and therefore access to the Best Practice Tariff will lead to a financial loss of income of £1.4m. It would be extremely difficult to take out these costs in full across the local care pathway without compromising the quality of patient care and the viability of the acute and rehabilitation pathways.

3.2. We therefore need further clarification on the full financial impact the changes would have and that an assessment be carried out to establish the affect the new service model will have on the financial viability of acute and rehabilitation pathways at Barnsley and Rotherham.

4. Long term sustainability of acute hospital services within Rotherham

4.1. We are fully supportive of the principles of service and hospital reconfiguration in order to protect the long term future sustainability of acute hospital based services for the local population, and collaboration with partners around clinical and non-clinical services has been a declared strategy of TRFT for a number of years.

4.2. However, we do not support a 'piecemeal' approach to service reconfiguration and believe that this does not allow or support effective long term planning for patients or our workforce. There are a significant number of highly committed, passionate individuals and teams who work within the Trust who could become destabilised if they see services being moved without us being able to provide the reassurance of the configuration of the services which remain and / or those that will be moving in the opposite direction.

4.3. We strongly believe that service reconfiguration decisions of this nature need to be taken in the context of the sustainable hospital review, which is soon to be launched and which will provide greater clarification as to the services that could be provided from TRFT to support the overall service reconfiguration whilst also supporting the longer term sustainability of the Trust.

5. Affordability of the reconfiguration

5.1. Whilst we fully support reconfiguration to improve patient outcomes it is also necessary that decisions are balanced against sound financial planning and affordability assessments and we are concerned that the level of investment required to implement the changes, the additional costs that will need to be incurred within the proposed HASU's and the inability to remove the full costs from those hospitals that do not retain a HASU, will lead to a considerable financial pressure increase across the South Yorkshire and Bassetlaw footprint. This is at a time when it is acknowledged the significant efficiencies are required around the provision of health and social care services.

6. Transfers and repatriations across

6.1. The Trust is concerned that the proposal will clearly require a greater degree of repatriation of patients across the region, and this is within a context that such working arrangements can often be far from effective.

6.2. There are also considerable pressures on the ambulance services already, and the additional travel times incurred will have an impact (and this has been proven in other areas that have undertaken stroke reconfiguration). There will also be additional repatriation activity.

6.3. We would therefore need to ensure there are effective plans in place to support the additional conveyancing miles and that appropriate repatriation plans are in place for Rotherham patients to ensure that care is provided as close to the home location as soon as possible.

Conclusion

Overall, the Trust Board is broadly supportive of the proposals and the need for service and acute hospital based reconfiguration and collaboration. However, there remain a number of concerns with each of the proposals, against which we will be seeking further clarity and assurance around in order to provide full support. We are committed to working with partners to get that clarity.

Yours sincerely

Chris Holt
Chief Operating Officer

Sheffield Teaching Hospitals NHS Foundation Trust

To Whom It May Concern

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) submits the following response to the Consultation to Change Hyper Acute Stroke Services in South Yorkshire, Bassetlaw and North Derbyshire.

We have been engaged in shaping the proposal and are very supportive of a change that will improve the quality of care and services provided to patients who suffer a stroke in our region. We are therefore supportive of the proposal as set out. We believe the benefits have been well described and articulated by the commissioners' case and see no reason to re-rehearse these here.

There are however a number of significant issues and risks associated with the changes proposed which should be recognised formally and will require plans to address through any implementation process. These are set out below.

STH would also want to ensure that commissioners are aware that our longer term strategic response to this commissioner led reconfiguration would be to locate the hyper acute stroke pathway at the Northern General campus which we believe would provide even more potential benefits. This will however require very significant reorganisation of services where planning and implementation would take some considerable time following a reconfiguration decision.

Commissioner Engagement and Funding

· Not all CCG Commissioners across the region have identified the HASU reconfiguration in their commissioning intentions for the 2017/18 contract negotiations. Clear intentions and plans are required on a co-ordinated basis across all commissioners.

· Services will need to be reshaped and appropriately funded to accommodate stroke patients and associated stroke mimics, which usually match true strokes on a 1:1 ratio, otherwise this will put undue pressure on STHFT emergency admissions in both Neurology and Emergency Medicine. An appropriate set of stroke tariffs will need to be developed and agreed.

· There are fundamental underlying issues with the stroke tariff, it is insufficient to support a service consistent with SSNAP standards. When stroke hyper acute services have been reconfigured in other areas of the country, namely London and Manchester, this funding shortfall was addressed with an uplifted local tariff. This will be needed for the South Yorkshire & Bassetlaw reconfiguration to make the service financially viable and deliver the quality standards set out in SSNAP. Stroke services currently represent a significant financial loss to STH and in the current financial climate it is an impossible proposition for us to see this grow. Lack of an appropriate funding model will mean that the anticipated clinical benefits will not materialise from centralisation.

Reconfiguration of Estate

· At STHFT the HASU and admissions area will need to be reconfigured to safely accommodate the increased volume of patients. This will involve capital investment and an estates scheme that will take time to complete. We believe it will be virtually impossible to agree funding with commissioners and complete this work by September 2017.

Regional Network and Pathway Flow

· An additional 250 stroke patients per year will require transfer to local DGHs and local community stroke service teams. An additional 250 stroke mimic patients are expected to be seen in STHFT many of whom will require transfer to local DGH Emergency Medical wards. This introduces a significant risk if transfer/repatriation policies are not robust and binding contractually. A detailed process and approach will need to be developed in advance of the new model, including adequate and suitable patient transport capacity with appropriate levels of responsiveness.

· The lack of transfer/repatriation of strokes and associated mimics to DGHs when the HASU period is completed would ultimately lead to a significant failure of the stroke pathway.

· Ambulance protocols and training will need to be robust to ensure patients are identified, categorised and taken to the correct location.

· There is recognition that a regional model for stroke services will require a Regional Operational Delivery Network (ODN) approach. Funding support will be required to set up and maintain a Stroke ODN infrastructure for the region.

· Smooth transfer of clinical information between different elements of the stroke pathway will

not only require regional co-ordination but will also require shared IT systems and information flow.

Workforce

· Recruitment of additional medical and nursing staffing will be challenging for Stroke services as both areas suffer from acute staffing shortages nationally. It is unlikely that large numbers of nursing staff will be released from the Trusts losing their HASUs.

· A regional approach to stroke care will require flexible staffing models for specialist posts, this is likely to apply to the medical, nursing and therapy workforce and will be challenging given organisational boundaries. A move to 2 HASUs without recruiting sufficient specialist staff will lead to a fragile service unable to cope with peaks in demand and at risk of collapse.

· It is unlikely that the existing Stroke Consultants who need to continue to run local ASUs will want to work on a rotational basis in to Sheffield or Doncaster HASUs. This applies to the Rotherham consultants as there are currently no Consultant Stroke Physicians in Barnsley. New posts will need to be recruited, possibly with a new regional recruitment model.

Surrounding HASUs and Business Continuity

· There is uncertainty about the future sustainability of service provision in both Chesterfield Hospital and Pinderfields. Closure of the HASU in either of these Trusts would add a further activity pressure to the South Yorkshire HASUs in Sheffield and Doncaster.

· Robust business continuity plans will need to be in place if there are only two HASUs in South Yorkshire. One HASU would be unable to accommodate the volume of patients should the other Unit close. Business continuity plans would need to be agreed with neighbouring areas.

Imaging requirements

· Both confirmed stroke and stroke mimic patients will require multiple imaging studies standard CT, CXR, Doppler US and MRI. In addition there will be an increasing number of requests for more complex examinations such as CT angiography and CT perfusion that are time consuming for radiography and radiology alike although the Medical Imaging Department should be able to accommodate the additional capacity into existing resource at STHFT.

· STHFT is in the early stages of developing a thrombectomy service, development of this service needs to be factored into plans for expanding the STHFT HASU. A shortage of interventional radiologists will limit the ability to provide a 24/7 thrombectomy service. At the moment STHFT has 2 interventional neuroradiologists, rising to 3 in March but this is an unstable workforce in a national shortage area. If thrombectomy cases rise to 2-4 per week services and job plan changes would be required to avoid the displacement of elective angiography cases, on the day cancellations and longer waiting times for other patient groups. Waiting time targets will be difficult to manage without extended working day rotas which could farther impact on the ability to recruit Radiologists. Emergency thrombectomy cases will create previously unaccounted activity for nursing, radiography, radiology and will require urgent access to Angiography and an IV thrombolysis facility within the Radiology department. We do note the current national debate on the role of vascular

radiology alongside neuroradiology interventionalists in respect of who will undertake thrombectomy and this debate will be important to service development in the future.

It will be important that the above risks and issues are taken into account to ensure this proposal delivers the tangible improvements in stroke care that have been delivered elsewhere in the country. We are committed to working with commissioners and other providers to contribute to solution to overcome these challenges and ensure we can deliver collectively a reconfigured service with real patient benefit.

We would be grateful if you could acknowledge our formal contribution to the consultation process and would obviously be very happy to clarify or discuss further any aspect of our response.

Kind regards

Kirsten

Kirsten Major
Director of Strategy & Operations

Sheffield Teaching Hospitals NHS Foundation Trust

Dan Jarvis MP

Dear Helen,

I am writing to you in response to the current consultation on proposed changes to the hyper- acute stroke services and Children's Anaesthesia and Surgery in South Yorkshire and Bassettlaw.

A number of constituent s have contacted me raising serious concerns regarding the potential impact of the closure of the **Hyperacute Stroke Unit (HASU)** at Barnsley Hospital. Many are concerned that stroke patients from Barnsley will have to wait longer to receive the urgent
thrombolysis treatment required in the immediate aftermath of a stroke due to the time it will take to travel to the remaining HASU in either Sheffield, Doncaster or Wakefield.

Having looked at the proposals in detail, and discussed these with both the Chief Executive of Barnsley Hospital, Diane Wake, and the Chair of Barnsley Clinical Commissioning Group, Dr Nic Balac, I can appreciate the rationale behind the proposals to reconfigure hyper-acute stroke
services in the region. However, I would to put forward the following concerns in response to the consultation:

- It is clearly vital that Yorkshire Ambulance Service (VAS) are able to transfer Barnsley patients to the nearest available HASU within 45 minutes. What reassurances can Commissioners Working Together give that VAS will be able to meet this requirement ensuring that outcomes for Barnsley patients are not affected due to time taken from them to reach one of the three HASU in the region?
- I share concerns raised by Diane Wake that consideration needs to be given to ensuring **all**

stroke units are able to continue to recruit high performing stroke specialists to provide acute stroke care. I also very much support her view that consideration must be given to how families on low incomes or who are reliant on public transport could be supported to visit their relative in a HASU.

In reference to **Children's Anaesthesia and Surgery,** I am aware that significant concerns have been raised by clinicians about the potentially detrimental impact on the anaesthetic team's competencies if the amount of paediatric surgical activity at Barnsley Hospital is reduced. I very much share this view and trust that Commissioners Working Together will respond carefully to all the concerns raised by clinicians before moving forward with the proposed changes.

I look forward to reading the response to the public consultation in due course.

With very best wishes,

Dan Jarvis MBE
MP Barnsley
Central

Barnsley Save our NHS

Dear Commissioners Working Together, Barnsley Save Our NHS would like to respond in its own right and on behalf of all the people who have signed petitions to the consultations on hyperacute stroke and children's surgery and anaesthesia services. This is a response to both consultations. Barnsley Save Our NHS rejects the proposed changes because: There are insufficient guarantees of the safety of Barnsley patients transferred to distant hospitals, especially with ambulance services being unable to meet current targets. In spite of repeated requests, no information has been provided to us to demonstrate that the ambulance service will be able to meet critical response times. Contact between patients and their relatives will be more difficult/ limited. This will particularly affect relatives dependent on public transport as public transport services between Barnsley and surrounding cities/ towns have been decimated in recent years. Government funding should be put in place for properly resourced, fully staffed local hospital services. This should go along with workforce planning to make sure that specialist staff are available. We do not accept that the proposed changes in stroke and children's surgery services are not about saving money, particularly as these services feature in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and the budget for the STP has not been made public. We do not accept the need for cuts in health service funding: health service funding in fact needs to be increased. The proposed changes represent a further step towards the downgrading of our local hospital. The loss of specialist services will make Barnsley Hospital less attractive to work at, and will pave the way for further cuts in supposedly "unviable" services in future.

The "official" consultation has been carried out by a body (Commissioners Working Together (CWT)) which has no legal authority, has failed to actively involve the public and has limited people's ability to comment to a closed list of pre-determined options. It emerged at consultation events organised by CWT that clinical and other staff at Barnsley Hospital had not been involved in the development of the consultation proposals, and did not support them. The official consultation has therefore failed to meet the legal requirement on CCGs to meaningfully involve the public, patients and staff. The "unofficial" consultation carried out by Barnsley Save Our NHS shows that the people of Barnsley reject the proposed changes. Barnsley Save Our NHS would like to respond further on behalf of all the people who signed the petitions on stroke and children's surgery services: 5,022 people signed the petition against the changes in stroke services. They endorsed the following statement:

"Save Barnsley's Specialist Stroke Service. Stop the closure of Barnsley stroke unit. Why is this important? The first hour of a patient who has had a stroke is vital and the following days essential when looking at their recovery. If there is a delay in treatment then the outcome can be detrimental to a patients recovery. It is hard enough for a patient and their relatives at such a time but to have them many miles away and could face a long journey to visit their relative puts extra stress on the whole family. Keep services local for best patient outcome."

768 people signed the petition against the changes in children's surgery and anaesthesia services (numbers were smaller because this petition started much later). They endorsed the following statement: "Keep Children's Surgery and Anaesthesia services at Barnsley Hospital. There is currently a proposal to close a great deal of Children's Surgery and Anaesthesia Services at Barnsley Hospital. We the undersigned call upon Dr Nick Balac and the Commissioners Working Together (CWT) to withdraw this proposal as we need to maintain safe and expert Children's Surgery Services and a hospital with a full range of services in Barnsley. Why is this important? We feel this closure of our Children's Surgery and Anaesthesia Services at Barnsley Hospital will be detrimental to the health and well-being of our children - very ill children will have to travel long distances to other hospitals, inevitably putting them at greater risk. It will make it far more difficult for Barnsley parents to give crucial emotional support to their children in hospital. We think it is a money-saving exercise and not led by a pursuit of clinical excellence and the best interests of patients. It will have a damaging knock-on effect on other

children's services at Barnsley Hospital and be one more step towards the down-grading of our local hospital. "

Barnsley Save Our NHS believes that the response to the petitions shows that people locally are overwhelmingly against the proposed changes in stroke and children's surgery services and trusts that the weight of local opinion will be respected.

Submitted on behalf of Barnsley Save our NHS.