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Appendix 4 Post Consultation C&E Strategy



BUILDING A SUSTAINABLE FUTURE FOR THE FRIARAGE CONSULTATION 13 SEPTEMBER 2019 TO 17 JANUARY 2020

Report on consultation process

V4 with key appendices

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Background

The consultation on Building a Sustainable Future for the Friarage commenced on 13 September 2019 and was due to end on Friday 6 December. However, in the light of the impending General Election some modifications were made to the remainder of the consultation. Due to the fact that events scheduled in late November and early December could no longer be publicised because of the pre-election period, and therefore had low attendance, two events were cancelled and the consultation was extended to 17 January 2020.

Key messages

The key messages to be shared during the consultation period were:

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

Consultation options

Two consultation options were presented:

Option 1: 24/7 Urgent Treatment Centre

A 24 hour, 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

Option 2: 16/7 Urgent Treatment Centre

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

Process

The consultation approach was multi-faceted with the aim of engaging with as much of the local population as possible. The core part of the consultation involved a number of public events, an online and on street survey, a combination of public and self-run voluntary sector focus groups and meetings with a selection of 'special interest' groups. This activity was supplemented by widespread leafleting, newspaper, online, radio and TV coverage, extensive social media messaging and targeted communications to key stakeholders.

On 24th October CCG, Trust and NECS colleagues held a mid-point review meeting to discuss progress, identify gaps and develop any process improvements to the consultation process. The meeting focussed on process rather than analysis of feedback to date.

This meeting was held at the 6 week point of what was intended to be a 12 week consultation period. It was also attended by the Deputy Director of Communications and Engagement, Health System Transformation at NHS England and NHS Improvement, who joined the meeting by phone as a critical friend.

It was not known at the time that the consultation would be extended beyond 12 weeks, as the election was not announced until 30th October. Some of the review points and suggestions could therefore not be implemented until after the 12th December.

The purdah or pre-election period impacted on the consultation but did not stop the process from continuing. The public meetings were modified, the consultation period extended, additional dates added and additional promotional materials produced.

Materials produced

A suite of consultation materials were produced. These included:

- Long consultation narrative aimed at informed stakeholders
- Shorter 'public facing' consultation narrative
- Easy read consultation narrative
- Survey
- · Focus group information guide
- Slide deck
- Video (this is the same video which is played during the public meetings)
- Communications and engagement strategy
- A5 flver
- Poster
- A5 flyer to specifically promote the two events in Catterick
- A5 flyer to specifically promote the two final events in Northallerton
- Stakeholder briefing
- Equality impact assessment
- Set of approved equality and diversity questions
- Press releases x 2
- Social media messages
- Website narrative
- Press and online adverts

Promotion

A range of methods were used to promote the consultation and encourage engagement:

Leafleting

As part of the engagement teams visited areas across the locality distributing flyers and posters - many local businesses agreed to display posters. More details of the locations and distribution can be found at Appendix 1.

Publicity

14 dedicated advertisements appeared in local press promoting the consultation – please see below. In addition information on the consultation featured on radio on 6 occasions, in print and online on 67 occasions and on TV twice.

```
Northern Echo - Advert 1: Monday 30<sup>th</sup> September.
Northern Echo - Advert 2: Wednesday 16th October
Northern Echo - Advert 3: Friday 3<sup>rd</sup> January
Northern Echo - Advert 4: Wednesday 8<sup>th</sup> January
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Darlington & Stockton Times - Advert 1: Friday 11<sup>th</sup> October Darlington & Stockton Times - Advert 2: Friday 25<sup>th</sup> October
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Hambleton Today Website - Bedale event advert: 24<sup>th</sup> October to 30<sup>th</sup> October Hambleton Today Website - Northallerton event advert: 3<sup>rd</sup> November to 10<sup>th</sup> November
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Hambleton Today Website - Northallerton event advert: 3rd January to 20th January Hambleton Today Website - Northallerton event advert: 11th January to 16th January

Richmondshire Today Website - Catterick event advert: 2nd October to 6th October Richmondshire Today Website - Middleham event advert: 6th October to 13th October Richmondshire Today Website - Richmond event advert: 13th October to 20th October

Richmondshire Today Website – Masham event advert: 24th November to 28th November

Social Media

Twenty four different social media messages were developed and were posted twice a day on Facebook and Twitter from the beginning of the consultation. These included generic messages encouraging involvement in the consultation and specific messages promoting the survey and the public events. In addition there were nine promoted posts on social media which are paid for advertising targeted at particular demographics.

Websites

An area dedicated to the consultation was established on both the NHS Hambleton, Richmondshire and Whitby CCG and the South Tees Hospitals NHS Foundation Trust websites.

The video used in the public meetings was embedded on the websites, and was viewed online on a total of 138 occasions.

Events

A total of thirteen public events were held in a range of locations and at different times of day and days of the week including evening and weekend. All meetings were attended by at least one senior clinician.

Event #	Date	Time	Location	Number of registered attendees
1	Friday 20 th September	10:15- 12:15	Town Hall, Upper Hall, High Street, Northallerton DL7 8QR	26
2	Wednesday 25 th September	18:15- 20:15	Stokesley School, Station Road, Stokesley TS9 5AL	9
3	Monday 7 th October	14:00- 16:00	Catterick Village Booth, 32 High Street, Catterick DL10 7LD	28
4	Monday 14 th October	14:00- 16:00	Middleham Key Centre, Park Lane, Middleham DL8 4RA	20
5	Monday 21 st October	16:15- 18:15	Richmond Town Hall, Market Place, Richmond DL10 4QL	29
6	Friday 1 st November	10:15- 12:15	Drawing Room, Bedale Hall, North End, Bedale DL8 1AA	30
7	Monday 11 th November	18:15- 20:15	The Golden Lion Hotel, Mowbray Suite, 114 High Street, Northallerton DL7 8PP	36
8	Friday 15 th November	10:00- 12:00	Wensleydale RUFC Cawkill Park, Wensley Road, Leyburn DL8 5ED	5
9	Monday 18 th November	12:30- 14:30	Catterick Leisure Centre, Gough Rd, Catterick Garrison DL9 3EL	7
10	Friday 22 nd November	10:15- 12:15	East Thirsk Community Hall, Hambleton Place, Thirsk Y07 1DN	7
11	Monday 25 th November	14:00- 16:00	Dales Countryside Museum, Station Yard, Burtersett Road, Hawes DL8 4NT	12
12	Saturday 11 th January	10:00- 12:00	Town Hall, Upper Hall, High Street, Northallerton DL7 8QR	72

13	Friday 17 th	10:15-	Town Hall, Upper Hall, High	45
	January	12:15	Street,	
	-		Northallerton DL7 8QR	

TOTAL 326

Initially these meetings were run with a video and presentation first followed by some questions from the floor. Attendees then moved into facilitated table discussions to look at the following five questions:

Question 1: What do you think about our vision?

Question 2: Are we using the right criteria when we consider the future model?

Question 3: What do you think of our options and the different UTC opening hours?

Question 4: If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

Question 5: Are there any other options we should consider?

Once we entered the pre-election period the meeting agenda was modified slightly to remove the questions from the floor element. However participants were still able to ask questions of clinicians and other facilitators as part of the round table discussions.

The original format, including the Q&A session, was reinstated for the final two events in January i.e. after the election. A copy of the presentation and meeting format can be found at Appendix 2.

Other meetings

Overview and Scrutiny Committee

The consultation was launched at the North Yorkshire Overview and Scrutiny Committee on Friday 13 September 2019 and this involved a presentation outlining the consultation aims and process to the members of the committee. The OSC were supportive of the aims of the consultation and options outlined.

Meeting organised by Snape Parish Council

The local community organised their own meeting via the Parish Council to give feedback on the consultation. It was attended by 59 members of the public and was run as a town hall style meeting with members of CCG, Trust and NECS staff in attendance. This took place on Thursday 9 January 2020 in the evening. Though there were no facilitated table discussions, feedback was recorded and all attendees were encouraged to complete a survey so their views could be captured.

Malton and Thirsk Area Constituency Meeting

This meeting took place on Friday 10 January 2020 and was attended by representatives from the CCG and from the Trust to give an update on the consultation. This meeting was rescheduled as the initial date had fallen during the pre-election period.

Meetings with special interest groups

The judicial review outcome in 2019 had mandated that the Trust engage specifically with five special interest groups. During the consultation the CCG and the Trust met with 3 of these groups – Save the Friarage, Age UK and Healthwatch. A meeting took place with Parkinson's UK but this fell out with the consultation period as it took place on 20 January 2020. The fifth group named in the Judicial Review was Headway. Between 24 September and 19 December 2019 the CCG made 7 attempts to engage with Headway by letter, email and telephone but no response was received

Save the Friarage

Two meetings with Save the Friarage took place during the consultation period. The first was on 28 October 2019 and the second was on 3 December 2019. These meetings were attended by 4 members from the Save the Friarage group and by representatives of the CCG and the Trust. Notes were taken at these meetings and all feedback was recorded.

Age UK

One meeting with Age UK took place on 7 November 2019. This was attended by 20 people and by representatives of the CCG and the Trust.

<u>Healthwatch</u>

A meeting with the Healthwatch Chief Executive and Operations Manager took place on 16 December 2019.

Parkinson's UK

Representatives from the Trust and the CCG met with Parkinson's UK in Northallerton on 20 January 2020 and twelve people were in attendance. It had not been possible to arrange the meeting within the consultation timeframe so as this meeting took place after the formal consultation period had ended feedback from this meeting will be presented separately.

Surveys

Surveys were accessed by the public in a number of ways.

Street survey

A research agency, Enventure Research, carried out surveys face-to-face with local people aged 16+ on the street in a range of locations. Quotas were set on age and sex to provide a representative sample of the local population. In total 601 surveys were completed in this way.

Sample point	Number
Leyburn	27
Masham	27
Northallerton	193
Richmond	247
Stokesley	54
Thirsk	53
TOTAL	601

Open survey

The online open survey was shared with the public via the Trust and CCG websites, in print media and on social media. In addition paper copies were shared with GP practices, the Trust and other prominent community venues including libraries. Paper surveys were also shared with attendees at public meetings. A stamped addressed envelope was included where possible to encourage those who had completed the survey to return them.

In total 1010 surveys were returned – this included 309 paper copies and 701 received online as well as the 601 completed on the street. A copy of the survey questions can be found at Appendix 3.

Focus Groups

The market research company also carried out four public focus groups which were attended by a total of 29 members of the public.

Date	Location	Attendance
14 October 2019	Northallerton Town	7
	Hall	
21 October 2019	Richmond Town	7
	Hall	
4 November 2019	Stokesley School	8
21 November 2019	Northallerton Town	7
	Hall	
	TOTAL	29

Voluntary Sector Focus Groups

170 voluntary sector groups were written to on 4 October 2019, 14 October 2019 and again on 17 December 2019 offering them the opportunity to self-run a focus group on the consultation. This was particularly to ensure that the views of those with the nine protected characteristics were captured as part of the consultation process. A focus group guide and reporting template was produced to assist with this and groups were offered a remuneration of £150 for completing a report.

Eight groups ran a session and submitted a report:

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

A copy of the focus group information can be found at Appendix 4.

Stakeholder communications

High level stakeholders and partners received a briefing on the consultation in August 2019 and a media release was shared with the press announcing the start of the consultation on 18 September 2019. Although a formal midpoint review was carried out it could not be formally reported on due to the pre-election period, although high level stakeholders did receive a briefing on a change of arrangements and the extension of the consultation due to the pre-election period on 7 November 2019.

Six stakeholder bulletins were sent during the consultation period giving information about the consultation.

In addition, after the General Election, stakeholders received an update on the consultation so far including numbers and attendance at meetings, surveys completed and emerging themes on 24 December 2019

<u>Media</u>

Seven proactive media releases and 10 reactive statements were produced. During the consultation there were 57 instances of print and online media coverage, 5 radio and 2 TV interviews. In addition 22 media enquiries were received – 4 preconsultation, x during and x post consultation.

Other feedback

Emails

Six emails were received from members of the public about the consultation and in addition 3 phone calls were received offering feedback.

Social Media

Facebook:

135 ('organic' i.e. non-paid-for) posts appeared on Facebook – these contained 57 unique messages. The frequency was 2 posts per day from 13/09/2019 to 30/10/2019 and 1 per day from 8/11/2019 to 17/01/2019. These posts reached 218,020 and 112,213 people engaged with these posts in some form (by likes, comments shares and clicks through to any links).

In addition there were 9 'promoted posts' (i.e. paid for posts targeted at particular demographics). These had a total combined reach of over 136,000 people with over 4.700 separate engagements.

Twitter:

126 posts appeared on Twitter – these contained 57 unique messages. The frequency was 2 posts per day from 13/09/2019 to 30/10/2019 and 1 per day from 8/11/2019 to 17/01/2019. These posts reached 52,264 people and generated 224 engagements (comments, likes, shares and direct messages).

Freedom of Information Requests (FOIs)

Four Freedom of Information requests were received which pertained to the consultation. All of these were sent to either South Tees or County Durham and Darlington Trusts rather than to the CCG.

Letters to editors

Two letters to editors appeared in the press.

Formal responses

Formal consultation responses were received from Richmondshire Town Council, Leyburn Medical Practice, Rishi Sunak MP, Caroline Thurlbeck, Director of Strategy, Technology and Transformation at North East Ambulance Service and Sue Jacques, Chief Executive at County Durham and Darlington NHS Foundation Trust.

Key themes

- Desire to keep A&E
- Negative perception of James Cook in comparison with Friarage

- Lack of awareness of Urgent Treatment Centre services
- Cynicism over finances and Urgent Treatment Centre seen as a cost saving
- Concern over timing of events
- · Lack of awareness of GP Out of Hours service
- Need for data (and in particular winter data) to appreciate number of attendees between midnight and 8am
- Some concern over process following press coverage in the early part of the consultation process
- Accessibility people are concerned about the distance to James Cook hospital which could be difficult for patients as well as family/friends visiting
- People asking for the Friarage to James Cook shuttle bus to be reinstated
- Lack of awareness that it is staffing (and therefore safety) that is driving the changes
- People want a choice as to which hospital they go to
- People are surprised that there are such low numbers attending between midnight and 8am
- Once people know all the facts, attitudes change, some more than others
- People feel more re-assured once they hear professionals explain the background and options
- Unsure about what services are offered at the different hospitals (and what hasn't been offered at Northallerton for past few years)

Lessons Learnt

A number of different documents were produced and loaded onto the website. However these were not initially labelled up clearly for their intended audiences. This led to criticism from the Consultation Institute that one of the documents was too technical, complicated and not accessible. The document in question was never intended to be 'public facing' but we wanted to publish everything in order to be open and transparent. A shorter public facing document was also made available at this time but the Consultation Institute chose to concentrate their critique on the longer, more technical document. Once the issue was identified the purpose of each of the documents was clarified on the website.

In addition at the time of the consultation launch modifications were still being made to the business case to take account of the new timeline for consultation and the temporary changes at the Friarage in March 2019. This led to a delay in the Business Case appearing on the website and one informed local resident did query this. In the future it would be helpful if the full Business Case was able to be made available at the same time as the other documents.

The use of respected local clinicians was essential in the process in order to give the process credibility and we were fortunate that at all but one meeting during the

process clinicians from the Friarage and the CCG were available to support the process.

The pre-election period resulted in the cancellation of an event in Masham onto which only one person had booked. Due to the low attendance it was decided that this event would not be rescheduled after the election. This resulted in a complaint by one local resident. Consideration was given to running a drop in at the Masham GP practice but this was not feasible due to the fact that the practice is not part of Hambleton, Richmondshire and Whitby Clinical Commissioning Group. This meant that the logistics to arrange would be more complicated and the timeframe before the end of the consultation did not allow for this additional complexity. In the event a senior staff member from the CCG rang the resident directly, discussed the consultation with her and noted her feedback.

Feedback was received that event times should be more accessible for working people, and as a result a Saturday morning drop in event was added, in addition to the two evening events already held. The Trust also had a stand in the reception area of the Friarage in order to maximise the opportunities to share consultation materials and surveys with the public and maximise participation.

Next Steps

All feedback from the consultation will be collated and will contribute to a final consultation report. From this a Business Case will be developed to implement the option that has been decided. It is anticipated that this will be available in March 2020.

Appendix 1

Leafleting evidence template

DATE & TIME	LOCATION	COMMENT
13/9/19 – 4.45pm	Co-op, Brompton Rd, Northallerton	One poster left
13/9/19 5.45 pm	Convenience Store, Brompton Village	One poster left
13/9/19 5:15	Boots Pharmacist (Thirsk)	One poster left
		-
13/9/19 5.30 13/9/19	Thirsk Tourist Information -Hambleton district council offices, Stonecross, Northallerton -Northallerton library, High Street, Northallerton -North Yorkshire County Council offices, Racecourse Lane, Northallerton - -Tesco, Northallerton -Northallerton Forum	One poster left -poster on public notice board -2 x A4 posters, 1 x A3 poster, A5 flyers - poster, flyers and consultation document in reception -2 x A4 posters for display on community notice board and in Costa -1 x A4 poster on display and flyers -Plus further distribution
	-Friarage Hospital – UTC and main reception	throughout the hospital
16/9/19	Swainby Village Notice Board	One poster displayed
16/9/19	Mowbray House GP Practice,	2 posters, large bundle of flyers
	Northallerton	and 30 Consultation documents left with Practice Manager for display in Waiting Room
16/9/19	Mayford House GP Practice, Northallerton	2 posters, large bundle of flyers and 30 Consultation documents left with Practice Manager for display in Waiting Room
16/9/19	Leisure centre	Leaflets and posters to staff plus
	Strikes	discussions where possible to
	Sam turners	impart additional information.
	Sainsburys superstore	
	Waterstones	Where staff were unable to
	Newsagents	display in the window they all
	Golder lion	agreed to display in their staff
	British heart foundation	area.
	Johnsons	
	The works	
	Butcher - J Thompson	
	Herriot hospice home	
	Lakeland	
	Greengrocer	
	Cancer research	
	Nags head Durham Ox	
	Blue cross	
	Wilko	

	M&Co	
	Thomas the Baker	
	Costa	
	Holland and Barrett	
	Kitsons butchers	
	Greggs	
	Cooplands	
	WHSmiths	
	Save the Children	
	Superdrug	
	Barkers	
	Town council	
	Cafe Nero	
	Lewis and cooper	
	Masons arms	
	Potting shed	
	All saints church	
	2 x solicitors	
	Cancer Research	
17/09/19	Stokesley Health Centre	Left bundle of flyers/1 poster/
		consultation documents and
		questionnaires with prepaid
		envelopes
17/09/19	Central Dales Practice	Left bundle of flyers/1 poster/
		consultation documents and
		questionnaires with prepaid
		envelopes
17/09/19	Reeth Medical Practice	Left bundle of flyers/1 poster/
		consultation documents and
		questionnaires with prepaid
		envelopes
17/09/19	Great Ayton Health Centre	Left bundle of flyers/1 poster/
		consultation documents and
		questionnaires with prepaid
		envelopes
17/09/19	Hambleton District Council	1 x poster displayed on Staff
		Noticeboard in Staff Room and
		flyers left in Staff Room
18/09/19	Swainby Parish Council	Flyers distributed to attendees
,,,	,	and Parish Councillors at local
		meeting to discuss old school
		site.
18/09/19	The Orchards, Brompton Extra Care	1 x poster
	The state of the s	
18/09/19	Notice board, Village Hall Brompton	1 x poster
15,05,15		2 A poster
18/09/19	Notice board, the bus stop, The Green,	1 x poster
15/05/15	Brompton	1 A poster
	S. S. Ilpton	
18/09/19	McColl's, Romanby (Near the green)	1 x poster
10,00,10	meeon s, nomanny (wear the green)	1 x poster

18/09/19	Kirk House, Romanby	1 x poster
	(sheltered/supported housing/)	
18/09/19	Northallerton High Street – market day	Approx 140 leaflets handed out
		to members of the public
18/09/19	Omega House, Northallerton (Base for	1 poster displayed
	Palliative Care Team/Community	
	teams)	
18/09/19	Romanby WI Hall	1 poster displayed
18/09/19	Tesco, Thirsk	1 poster displayed
18/09/19	Osmotherly	1 poster displayed – Village Shop
, ,	,	1 poster displayed – Post Office
18/09/19	Thimbleby	1 poster displayed – Village
	,	Notice Board
18/09/19	Knayton	1 poster displayed - – Village
		NoticeBoard
18/09/19	Borrowby	1 poster displayed - – Village
		NoticeBoard
18/09/19	Kepwick	1 poster displayed - – Village
		NoticeBoard
19/09/19	Appleton Wiske	1 poster displayed - – Village
		NoticeBoard
19/09/19	Whites Butchers, Morton on Swale	1 poster displayed
19/09/19	Co-op Leeming Bar	1 poster displayed
19/09/19	Braithwaite Nurseries, Leeming Bar	1 poster displayed
19/09/19	Lambert Medical Centre	1 poster displayed
19/09/19	Thirsk Health Centre	1 poster displayed
19/09/19	Glebe House Surgery	1 poster displayed
19/09/19	Aldbrough St John Surgery, Richmond	1 poster displayed
19/09/19	Quakers Lane Surgery, Richmond	1 poster displayed
19/09/19	Scorton Medical Centre, Richmond	1 poster displayed
19/09/19	Friary Surgery, Richmond	1 poster displayed
19/09/19	White Rose House Northallerton (NYCC	One poster
	Social Care Building)	
19/09/19	NY Fire Service Northallerton	One poster
	Headquarters	
19/09/19	Northallerton Police Station	One poster
19/09/19	Red Cross Northallerton Headquarters	One poster
		·
20/09/19	Stokesley Butchers (Great Ayton)	1 poster displayed
20/09/19	Village Hall (Great Ayton)	1 poster displayed
20/09/19	The Book Emporium (Great Ayton)	1 poster displayed
20/09/19	Suggitts Café (Great Ayton)	1 poster displayed
20/09/19	Library (Great Ayton)	1 poster displayed
		Flyers left

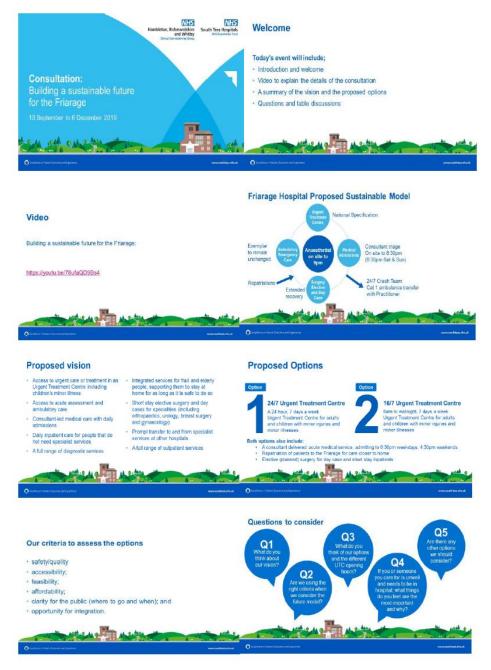
20/09/19	Great Ayton Co-Op (Great Ayton)	1 poster displayed
20/09/19	Petch's Butchers (Great Ayton)	1 poster displayed
20/09/19	Coopers Chemist (Great Ayton)	1 poster displayed
20/09/19	Thompsons Hardware (Great Ayton)	1 poster displayed
20/09/19	Worthy Pearson Newsagents (Great Ayton)	1 poster displayed
20/09/19	Great Ayton High St	25 flyers handed out to members of public
20/09/19	Herriot Hospice (Stokesley)	1 poster displayed and flyers left
20/09/19	Boots Pharmacy (Stokesley)	1 poster displayed
20/09/19	Cancer Research Charity Shop (Stokesley)	1 poster displayed and flyers left
20/09/19	Co-Op (High St Stokesley)	1 poster displayed
20/09/19	Masonic Hall (stokesley)	1 poster displayed
20/09/19	West Green Deli (Stokesley)	Flyers left on display for customers
20/09/19	Sadlers (Stokesley)	1 poster displayed
20/09/19	Mind Charity Shop (Stokesley)	1 poster displayed
20/09/19	Feet First (Key cutting/shoe repair shop) (Stokesley)	1 poster displayed
20/09/19	Age UK (Stokesley)	1 poster displayed
20/09/19	Police Station (Stokesley)	1 poster displayed Flyers Left
20/09/19	Stokesley High St	Approx 70 flyers given out to members of public
23/09/19	All of the rest of Stokesley High Street covered plus the Library and Springfield Coop store	Posters, leaflets plus some consultation documents and prepaid envelopes
23/09/19	Approximately 40 flyers handed out to shoppers on the high street, outside Boyes.	Flyers
27/09/19	Colburn Town Council	Colburn Town Council have put posters on their notice boards and circulated an email to councillors. The Catterick events poster will also be added to the website and facebook page. The town clerk completed the online survey.
30/09/19	HIVE Blog (Catterick Garrison and Army Welfare Service online blog and newsletter to 20k local army personnel and families)	(LINK)
01/10/19	Catterick Village Surgery	Poster/flyers/ consultation documents and surveys
01/10/19	Catterick Village Primary School	Flyers left in reception

01/10/19	Catterick Village Football Club	1 poster left
01/10/19	Catterick & Colburn Medical Centre	Poster/flyers/ consultation
01/10/13	cutterior & consum medical centre	documents and surveys
01/10/19	Catterick Village Co-Op	1 Poster Left
01/10/19	Catterick Village Community Facebook Page	Shared by admin to page
09/10/19	Agreement from Catterick Garrison Ladies Choir to share Catterick 18 th Nov event details with network	Poster
10/10/19	Posters and flyers to shops and businesses across the town centre area including market hall, town hall, library, shops, businesses, pharmacies, GP practice, cafes and restaurants, charity shops etc. Some leaflets also given to members of the public.	Leafletting and poster distribution in Richmond town centre on market day
21/10/19	Thea Fulton Age UK North Yorkshire and Darlington 1 Zetland Street Northallerton North Yorkshire DL6 1NB	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Hudson House Community Information Centre Reeth Richmond North Yorkshire DL11 6TB	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Masham Community Office 7 Little Market Place Masham, HG4 4DY	Pack sent – including consultation documents, easy read, surveys and posters
21/10/19	Upper Dales Community Partnership Ltd The Neukin Market Place Hawes, North Yorkshire DL8 3RA	Pack sent – including consultation documents, easy read, surveys and posters
22/10/19	Bedale Library	Poster & Flyers left
22/10/19	Bedale Slimming World Club	Flyers left
22/10/19	Bedale Town Council Notice Board	Poster
22/10/19	Costa Coffee (Bedale)	Poster
22/10/19	Co-Op (Bedale)	Poster
22/10/19	Tesco (Bedale)	Poster
	resee (Beddie)	
22/10/10	Pharmacy (x2) (Bedale)	Flyers left
	Pharmacy (x2) (Bedale)	
22/10/19	Pharmacy (x2) (Bedale) Weigh & Pay Shop (Bedale)	Flyers left
	Pharmacy (x2) (Bedale)	Flyers left Poster

16/12/19	Northallerton High Street	Posters and flyers to majority of shops and businesses on the high
		street
16/12/19	Northallerton: Sam Turners,	Posters
	Sainsburys, Tesco, Library and Strikes	
20/12/19	Brompton Village ; village shop, village notice boards	Posters
11/01/20	Northallerton High Street	Leafletting to passers by in the market to promote final event.

Appendix 2

Public Event facilitator information





Consultation on building a sustainable future for The Friarage Hospital – Public Meetings

Logistics

- · Enventure Research to bring:
 - projector (unless provided by venue)
 - laptop for video and slides with VGA and HDMI cables
 - o tea, coffee, milk, sugar and biscuits (unless provided by venue)
 - o participant name badges
 - facilitator packs for all facilitators/scribes that includes the Reporting template (Appendix 1) printed as A3
 - printed participant list (NECS to provide two working days before each event)
 - o sufficient copes of EDI questionnaire (Appendix 2) for each participant
- Slides to include:
 - o the proposed model from consultation document
 - o the two options for the future of local urgent care
 - o questions for participants to consider
 - o web address for online consultation
- Meetings to last 2 hours including 15 minutes for registration and refreshments at the start
- Enventure Research to book participants in as they arrive, provide them with a name badge and direct them to refreshments
- Participants to complete EDI questionnaire (Appendix 2) at end of meeting (optional) – facilitators to collect from tables at the end
- NECS to supply copies of the consultation document and consultation questionnaire
- . Q&A recorded as feedback and to add to FAQ
- Notes from roundtable discussions will be captured by facilitators/scribes and collated by Enventure Research at the end of the meeting

Introduction (15 mins)

(LEAD FACILITATOR) My name is......and I work for a company called Enventure Research. (INTRODUCE OTHER FACILITATORS AS APPROPRIATE)

First of all, I will explain why we are here and some housekeeping things.

Enventure Research, an independent research agency, NHS Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust are currently delivering a public consultation about building a sustainable future for The Friarage Hospital.

As part of the consultation with the public, we are conducting a series of public meetings, such as this one, in various locations in the area. As well as these meetings, we are conducting an online consultation. Details of the online consultation will be provided at the end of the meeting. If you haven't taken part online already, please ensure you do so. Enventure Research is collating all of the feedback from the consultation and will provide the CCG and the Trust with an independent report at the end.

James Dunbar / Adrian Clements is here from the Trust. He is going to take us through the background to the consultation and the details of the proposals and options shortly and there is also a short video for you to watch.

Following James' / Adrian's introduction, we will ask you to discuss four questions related to the consultation between yourselves at your tables. On each table there is a facilitator who will help focus the discussions and someone to take notes. All feedback you provide will be kept anonymous. You will have around 15 minutes to discuss each question.

This meeting will finish at (INSERT TIME). Please note that there is no planned fire drill today. If the fire alarm goes off, please evacuate in an orderly fashion and the meeting point is (INSERT LOCATION).

Toilets can be found (INSERT LOCATION)

[FACILITATOR TO HAND OVER TO JAMES/ADRIAN]

[PARTICIPANTS TO WATCH SHORT VIDEO]

(LEAD FACILITATOR) Thank you James/Adrian. Here are four questions we would like you all to consider and discuss at your tables. As I mentioned earlier there are 15 minutes to discuss each question.

There are no right or wrong answers, it is just about your opinion and experiences and we want you to be as open as honest as possible. Everyone will have an opinion, but please do take time to listen to other people at your table, as well as share your own opinion. To ensure that all of the questions are covered and everyone has the chance to have their say, the facilitator on your table may have to move the conversation on from time to time. All feedback provided will be kept completely anonymous.

I also want to reassure you and emphasise that we are not looking for anyone to share information of a personal nature. We would like to know during today's discussions what you think about a proposed model and the options for local urgent care, but we are not expecting anyone to share anything of a personal nature relating to any care they may be receiving or may have received in the past.

At the end of the discussions at your tables we will ask the facilitator on your table to feedback to the room a short summary of what you have discussed. We will pause for a short comfort break at (INSERT TIME) for five minutes.

[FACILITATOR/SCRIBE ON EACH TABLE TO MAKE NOTES USING REPORTING **TEMPLATE IN APPENDIX 1]**

[FACILITATOR PROMPTS AND PROBES ARE IN ITALICS]

Question 1 (Up to 15 mins)

To what extent does the proposed vision and supporting clinical model on the slide meet your needs, those of your family and those of anyone you care for?

- How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
- What do you like about it?
- What do you dislike about it?
- · Are there any services missing?
- Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Question 2 (Up to 15 mins)

To what extent does Option 1 meet your needs, those of your family and those of anyone you care for?

- · How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
- What do you like about this option?
- What do you dislike about this option?

Question 3 (Up to 15 mins)

To what extent does Option 2 meet your needs, those of your family and those of anyone you care for?

- How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
- What do you like about this option?
- What do you dislike about this option?
- How does it compare with Option 1?

Question 4 (Up to 15 mins)

If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

- PROBE WHAT IS MOST IMPORTANT
 - o patient access
 - o quality and safety of care
 - o range of services available
 - ease for carers and family to travel
 quality of environment

- waiting times for treatment /duration of treatment
- . How does/doesn't this proposed model and Option 1 and 2 meet these?

Feedback from questions (Up to 15 mins)

(LEAD FACILITATOR) Thank you everyone. Now please can I ask the facilitator at each table to feedback to us the highlights of what was discussed at their table?

Close (15 mins)

- Facilitators on tables to hand out the EDI questionnaire (Appendix 2) to each participant on their table and ask them to complete it.
- Thank everyone for their time and input. Please fill in the forms that the facilitator
 on your table gives you and hand them back when you have finished. You do
 not have to answer all of the questions if you don't want to, you can answer
 'Prefer not to say'.
- The consultation ends on 6 December 2019/17 January 2020. Enventure Research is going to collate and review the feedback from all of the public meetings and the online consultation and we will provide a report for the CCG and the Trust. The CCG and the Trust will then review the feedback from the consultation and a decision will be taken about the future of The Friarage Hospital and local urgent care services in spring 2020.
- If you haven't done so already, please take part in the online consultation. The
 web address is shown on the slide. There are also paper copies available with
 pre-paid envelopes. If you would like a paper version, please see me before you
 leave today.
- · Thank & close the meeting.

Reporting template

Event Location:	Facilitator name:	Scribe name:	No. per table:	
Consultation on building a sustainable future for The Friarage Hospital				
1. To what extent does				
the proposed vision				
and supporting clinical				
model on the slide				
meet your needs, those				
of your family and				
those of anyone you				
care for?				
2. To what extent does				
Option 1 meet your				
needs, those of your				
family and those of				
anyone you care for?				

3. To what extent does	
Option 2 meet your	
needs, those of your	
family and those of	
anyone you care for?	
allyone you care for:	
4. If you or someone you	
care for is unwell and	
needs to be in hospital,	
what things do you feel	
are the most important	
and why?	

Appendix 3

Voluntary Sector focus group guide

Consultation on building a sustainable future for the Friarage Hospital

Focus Group Guide

This guide is to be used for focus group discussions lasting one hour. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses. Suggested timings for each section have been included. The reporting template included is to be used for making notes of the discussion.

Introduction (5 mins)

(SECTION TO BE ADAPTED AS NECESSARY FOR ORGANISATION MODERATING)

We have been asked by Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust to discuss their consultation about the future of the Friarage Hospital and the care provided there for local people. This forms part of a wider consultation that includes a large survey with local people, public meetings with local people and focus groups.

Don't worry, for this discussion you don't need any specialist knowledge about the topic for today, we just want to know what you think. There are no right or wrong answers, we have been asked to let them know our thoughts and opinions around some questions which I will ask you later.

Our contributions will help shape the future of local health services. Please listen to other participants' views and try not to speak over each other. Some people may have more to say than others, but I will try to make sure everyone gets a chance to share their opinion.

There is a lot to discuss and we only have an hour, so from time to time I may have to move the conversation on. Please don't be offended if I have to cut you off to move the conversation on or to allow someone else to have their say.

Please also turn off your mobile phone or put it on silent.

I will be writing notes about today's discussion and what you are saying. I will then send the notes to the CCG so that our thoughts and opinions can be included in the consultation. However, don't worry we won't be making a note of our names, so no-one will be identified in the feedback.

The session will finish at approximately (INSERT TIME). Do you have any questions before we begin?

(IF APPLICABLE) Can you please introduce yourselves?

Introduction to the future of the Friarage Hospital (5 mins)

- · Who here has used services or visited the Friarage Hospital before today?
 - o What services have you used?
 - o Have any friends or family used services there before?
 - Moderator to probe and prompt as necessary.

Proposed vision (20 mins, with 8 mins of video)

Please show participants the video at the following: https://youtu.be/78ufaQD9Bs4

South Tees Hospitals NHS Foundation Trust has developed a proposed vision and supporting clinical model for the future of the Friarage Hospital that will ensure its sustainability for the next 10 to 15 years, as shown in the video. This includes:

- access to acute assessment and ambulatory care
- consultant-led care with daily admissions
- access to urgent care in an Úrgent Treatment Centre including children's minor illness
- daily inpatient care for people that do not need specialist services
- diagnostic services
- integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- short stay elective surgery and day cases for specialities including orthopaedics, urology, breast surgery and gynaecology
- extended recovery in theatre to ensure safe surgery for more complex cases
- prompt transfer to and from specialist services at other hospitals
- a full range of outpatient services

This new model of hospital services would mean that 90 per cent of people who are currently cared for at the Friarage Hospital would continue to receive their care at the hospital. Therefore, nothing will change for 9 out of 10 patients.

Patients who require the expertise and facilities of an emergency department (A&E) or critical care would be directed or transferred to the James Cook University Hospital in Middlesbrough or another provider if closer.

- . What do you think about this vision and supporting clinical model?
 - How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
 - o What do you like about it?
 - o What do you dislike about it?
 - Are there any services missing?
 - Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Options for local urgent care (5 mins)

There are two proposed options for the future of local urgent care:

Option 1 - A 24 hour 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses.

Option 2 - A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 8am to midnight.

Criteria (10 mins)

South Tees Hospital Trust has considered a list of criteria when developing the proposed model for the future of the Friarage Hospital.

The criteria are: Safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when) and opportunity for integration.

- · Are these the right criteria to use when considering the future model?
 - Criteria are: safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when), and opportunity for integration
 - o Why are these / are they not the right criteria?
 - o Is there anything missing?

Important aspects of care (5 mins)

If you or someone you care for is unwell and needs to be in hospital, what things do
you feel are the most important and why?

PROBE WHAT IS MOST IMPORTANT

- patient access
- o quality and safety of care
- o range of services available
- ease for carers and family to travel
- o quality of environment
- o waiting times for treatment /duration of treatment

0

How does/doesn't this proposed model and Option 1 and 2 meet these?

EDI questionnaire (5 mins)

Now please fill in this short questionnaire about yourself. Completing it is voluntary, but it really helps us in keep tracking of who has taken part in the consultation.

Moderator to hand out questionnaires (Equality and Diversity questionnaires).

Thank and close (5 mins)

Moderator to collect up questionnaires and thank participants for their contributions to the group.

 To help summarise what we have been talking about this evening, I am going to ask each person in turn to tell me what they think the most important thing is that we have discussed.

- · Any other questions/points to raise?
- The consultation ends on 6 December 2019. If you haven't so already, please do make sure you take part in the consultation online which can be found on the CCG's website. Enventure Research is going to collate and review the feedback from all of the public meetings and the online consultation and we will provide a report for the CCG and the Trust
- Hand out the incentive payments
- Ask participants to sign record form
- Thank & close

FOCUS GROUP REPORTING TEMPLATE	Focus group name and location:	Moderator name:	Number of participants:	
What do you think about the video?				
What do you think about our vision?				
Are we using the right criteria when we consider the future model?				
What do you think of our options and the different opening hours?				Number who preferred each option:
If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?				

Appendix 4

Survey questions standard survey

Friarage consultation survey questions

1. To what extent does this proposed model meet the needs of you, your family and anyone you care for?	
0	Completely meets needs
0	Somewhat meets needs
0	Neither meets needs nor fails to meet needs
0	Somewhat fails to meet needs
0	Completely fails to meet needs
0	Don't know
2. Do	you have any comments about the proposed model?
3. Whic	ch of these two options is your preferred option?
	Option 1 - 24 hour urgent treatment centre
0	Option 2 – Urgent treatment centre open 8am – 8pm
0	Either
0	Neither
0	Don't know
	what extent do these options meet the needs of you, your family and anyone you care elect one answer for each option)
24 hou	r urgent treatment centre
0	Completely meets needs
0	Somewhat meets needs
0	Neither meets needs or fails to meet needs
0	Somewhat fails to meet needs
0	Completely fails to meet needs

Urgent treatment centre 8am – 8pm		
O Completely meets needs		
O Somewhat meets needs		
O Neither meets needs or fails to meet needs		
O Somewhat fails to meet needs		
O Completely fails to meet needs		
O Don't know		
5. Do you have any comments about Option 1? (24 hour urgent treatment centre)		
6. Do you have any comments about Option 2? (Urgent treatment centre open 8am – 8pm)		
7. If you or someone you care for is unwell and needs to be in hospital, what three things do you feel are the most important? (Select up to three options from the list below)		
you feel are the most important? (Select up to three options from the list below)		
you feel are the most important? (Select up to three options from the list below) O Access to and from hospital		
you feel are the most important? (Select up to three options from the list below) O Access to and from hospital O Quality and safety of care		
you feel are the most important? (Select up to three options from the list below) Output Access to and from hospital Quality and safety of care Range of services available		
you feel are the most important? (Select up to three options from the list below) Access to and from hospital Quality and safety of care Range of services available Easy access for family and friends		
you feel are the most important? (Select up to three options from the list below) Access to and from hospital Quality and safety of care Range of services available Easy access for family and friends Quality of the environment in hospital		
you feel are the most important? (Select up to three options from the list below) Access to and from hospital Quality and safety of care Range of services available Easy access for family and friends Quality of the environment in hospital Waiting times for treatment		
you feel are the most important? (Select up to three options from the list below) Access to and from hospital Quality and safety of care Range of services available Easy access for family and friends Quality of the environment in hospital Waiting times for treatment Duration of treatment		

If other please specify:		
8. How easy or difficult would you find it to travel to the following places during the day? (Select one answer for each)		
The Friarage Hospital		
O Very easy		
O Fairly easy		
O Neither easy nor difficult		
O Fairly difficult		
O Very difficult		
O Don't know/not applicable		
James Cook University Hospital		
○ Very easy		
○ Fairly easy		
O Neither easy nor difficult		
O Fairly difficult		
O Very difficult		
O Don't know/not applicable		
Darlington Memorial Hospital		
O Very easy		
○ Fairly easy		
O Neither easy nor difficult		
O Fairly difficult		
O Very difficult		
O Don't know/not applicable		
9. How would you travel to the following places during the day? (Select as many as apply for each)		
The Friarage Hospital		
○ Walk		

0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	Taxi
0	Bus
0	Train
0	Don't know/not applicable
James	Cook University Hospital
0	Walk
0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	Taxi
0	Bus
0	Train
0	Don't know/not applicable
Darling	gton Memorial Hospital
	Walk
	Cycle
	Drive my own car/in car with my spouse or partner
	With a friend or relative in their car (other than spouse or partner)
	Taxi
	Bus
	Train Partition and the first
0	Don't know/not applicable
	w easy or difficult would you find it to travel to the following places at night? (Select one r for each)
The Fr	iarage Hospital
0	Very easy
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult

O	Very difficult
	Don't know/not applicable Cook University Hospital
0	Very easy
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult
0	Very difficult
0	Don't know/not applicable
Darling	nton Memorial Hospital
0	Very easy
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult
0	Very difficult
0	Don't know/not applicable
	w would you travel to the following places at night? (Select as many as apply for each)
The Fri	
The Fri	iarage Hospital
The Fr	iarage Hospital Walk
The Fri	iarage Hospital Walk Cycle
The Fri	iarage Hospital Walk Cycle Drive my own car/in car with my spouse or partner
The Fri	iarage Hospital Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner)
The Fri	iarage Hospital Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi
The Fr	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus
The Fr	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus Train
The Fr	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus Train Don't know/not applicable
The Fr	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus Train Don't know/not applicable Cook University Hospital
The Fri	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus Train Don't know/not applicable Cook University Hospital Walk
The Fri	Walk Cycle Drive my own car/in car with my spouse or partner With a friend or relative in their car (other than spouse or partner) Taxi Bus Train Don't know/not applicable Cook University Hospital Walk Cycle

O	Bus
0	Train
0	Don't know/not applicable
Darling	gton Memorial Hospital
0	Walk
0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	Тахі
0	Bus
0	Train
0	Don't know/not applicable
12. Ho	w far away do you live from the Friarage Hospital?
0	0-5 miles
0	6-10 miles
0	11-20 miles
0	21-30 miles
0	More than 30 miles
0	Don't know
0	Prefer not to say
	at is the first half of your postcode? (We only need the first part e.g. YO1 so individual holds cannot be identified)
14 Ho	w old are you?
14. 110	w old are you?
0	16 – 17
0	18 - 24
0	25 – 34
	35 – 44
0	45 - 54
0	55 – 64
0	65 – 74

0	75 or older
	Prefer not to say at is your gender?
0	Male
0	Female
0	Other
0	Prefer not to say
16. Doe	es your gender identity match your sex as registered at birth?
0	Yes
0	No
0	Prefer not to say
17. Are	you currently pregnant or have you been pregnant in the last year?
0	Yes
0	No
0	Prefer not to say
0	Not applicable
18. Are	you currently?
0	Single (never married or in a civil partnership)
0	Cohabiting
0	Married
0	In a civil partnership
0	Separated (but still legally married or in a civil
0	partnership)
0	Divorced or civil partnership dissolved
0	Widowed or a surviving partner from a civil
0	partnership
0	Prefer not to say
19. Do	you have a disability, long-term illness, or health condition?
0	Yes
0	No
0	Prefer not to say

	ase can you tell us what your disability, long-term illness or health condition relates to? all that apply)
0	A long standing illness or health condition
0	(e.g. cancer, HIV, diabetes, chronic heart
0	disease, or epilepsy)
0	A mental health difficulty (e.g. depression,
0	schizophrenia or anxiety disorder)
0	A physical impairment or mobility issues (e.g.
0	difficulty using your arms or using a
0	wheelchair or crutches)
0	A social / communication impairment (e.g. a
0	speech and language impairment or
0	Asperger's syndrome / other autistic spectrum
0	disorder)
0	A specific learning difficulty (e.g. dyslexia,
0	dyspraxia or AD(H)D)
0	Blind or have a visual impairment uncorrected
0	by glasses
0	Deaf or have a hearing impairment
0	An impairment, health condition or learning
0	difference that is not listed above
0	Prefer not to say
21 . Do	you have any caring responsibilities? (Select all that apply)
0	None
0	Primary carer of a child or children (under 2
0	years)
0	Primary carer of a child or children (between
0	2 and 18 years)
0	Primary carer of a disabled child or children
0	Primary carer or assistant for a disabled adult
0	(18 years and over)
0	Primary carer or assistant for an older person
0	or people (65 years and over)
0	Secondary carer (another person carries out

0	
	Prefer not to say
22. Wh	ich race or ethnicity best describes you? (Select one only)
0	Asian/British Asian: Bangladeshi
0	Asian/British Asian: Chinese
0	Asian/British Asian: Indian
0	Asian/British Asian: Pakistani
0	White: British
0	White: Irish
0	White: European
0	Black/British Black: African
0	Black/British Black: Caribbean
0	Mixed Race: Black & White
0	Mixed race: Asian & White
0	Gypsy or traveller
0	Prefer not to say
Other	Race or ethnicity, please specify:
Other	Race or ethnicity, please specify:
23. W h	
23. Wh	nich of the following terms best describes your sexual orientation
23. Wh	nich of the following terms best describes your sexual orientation? Heterosexual/Straight
23. Wh	nich of the following terms best describes your sexual orientation? Heterosexual/Straight Gay man
23. Wh	nich of the following terms best describes your sexual orientation? Heterosexual/Straight Gay man Gay woman or lesbian
23. Wh	hich of the following terms best describes your sexual orientation. Heterosexual/Straight Gay man Gay woman or lesbian Bisexual
23. Wh	ich of the following terms best describes your sexual orientation Heterosexual/Straight Gay man Gay woman or lesbian Bisexual Asexual
23. Wh	hich of the following terms best describes your sexual orientation. Heterosexual/Straight Gay man Gay woman or lesbian Bisexual Asexual Prefer not to say
23. Wh	Heterosexual/Straight Gay man Gay woman or lesbian Bisexual Asexual Prefer not to say Other
23. Wh	Heterosexual/Straight Gay man Gay woman or lesbian Bisexual Asexual Prefer not to say Other at do you consider your religion to be? (Select one only) No religion
23. Wh	Heterosexual/Straight Gay man Gay woman or lesbian Bisexual Asexual Prefer not to say Other at do you consider your religion to be? (Select one only) No religion

0	Jewish
0	Muslim
0	Sikh
0	Prefer not to say
0	Other religion
	you or a member of your immediate family currently serve, or have previously served, armed forces?
0	Yes
0	No
0	Prefer not to say

Appendix 5: Stakeholder mapping

Audience	Stakeholder	Stakeholder	Activity	Lead
type	group			
Key player	Internal (CCG)	Council of Members	Face to face meetingsBriefings	AO
Key player	Internal (CCG)	Governing Body	 Face to face meetings Briefings Newsletter 	AO
Key player	Internal (CCG)	Staff	Face to face meetingsBriefingsNewsletter	LP
Key player	Internal (CCG)	HRW GPs	Face to face meetingsBriefingsNewsletter	LP
Key player	Internal (Trust)	Board of Directors	Briefings Face to face meetings	CEO
Key player	Internal (Trust)	Council of Governors (particularly H&R)	 Face to face meetings Briefings Newsletter 	CEO
Key player	Internal (Trust)	Staff potentially affected by changes	Team and individual briefings/ meetings with line managers/ Q&As/ existing internal comms channels Ensure two-way dialogue and regular ongoing communication Newsletter	CEO/AC/ HE
Key player	Internal (Trust)	Trust staff and Foundation Trust members	 Face to face meetings Briefings Ensure ongoing regular communication through existing communications channels Newsletter 	CEO/AC/ HE

Key player	Partners (NHS)	Other Trusts: TEWV CDDFT HDFT YFT YAS		Face to face meetings Briefings	CEO/AC
Key player	Partners (NHS)	Other CCGs: STees HaRD S&R AW&C DDES		Face to face meetings Briefings	AO/LP
Key player	Partners	ICS/ICP		Face to face meetings Briefings	AO
Key player	Political/ partners	North Yorkshire County Council	•	Face to face meetings Briefings Engagement and consultation docs Invitation to stakeholder events Share high level communication and engagement strategy Newsletter	AO/LP/ AC
Key player	Political/ partners	Health & Wellbeing Boards	•	Face to face meetings Letters Attend meetings as appropriate	AO
Key player	Political/ partners	Local authorities/ district councils – Darlington, Hambleton, Richmondshire	•	Face to face meetings Briefings Consultation documents Invitation to stakeholder events Newsletter	LP
Key player	Political	NY Scrutiny and Joint Scrutiny	•	Mid-cycle and full cycle meetings Briefings Invitation to stakeholder events Letters Meetings with Chairs to discuss proposals, consultation/	AO/LP/ AC

			engagement plan
Key player	Political	Local MPs	 Face to face meetings Briefings Letters Invitation to stakeholder events Newsletter
	Political	Local Councillors	Briefings AO/LP/ ACNewsletter

Key player	Regulators	NHS England	 Formal meetings Briefings Consultation documents
Key player	Regulators	NHSI	 Formal meetings Briefings Consultation documents
Involve and engage	Partner organisation	Macmillan	 Briefings Meetings and briefings/engage ment events and activities CEO/HE
Involve and engage	Partner organisation	Local Medical Committee	 Face to face meetings Letters Consultation docs
Involve and engage	Partner organisation	The Patients Association	 Briefings Letters Offer of meeting to discuss
Involve and engage	Patients & Public/ Influencers	Healthwatch NY	 Face to face meetings Meetings and presentations/ong oing briefings and updates/ consultation and engagement documents Share high level communication/e ngagement plan Invitation to stakeholder events
Involve and	Patients & Public	Health Engagement	Briefings via regular meetings

engage		Network Representative s (CCG)	with CCG Invitation to stakeholder and consultation events
Involve and engage	Patients & Public	Health Engagement Network Members (CCG)	 Briefings Invitation to stakeholder and consultation events Newsletters
Involve and engage	Patients & Public	Patient Participation Groups	 Briefings Invitation to stakeholder and consultation events Newsletters
Involve and engage	Patients & Public	Voluntary and community groups, third sector (including community transport)	 Meetings with identified groups/ engagement events/ consultation events Offer of 'by invitation only' events during purdah
Involve and engage	Patients & Public	Hard to reach/ yet to reach groups	 Meetings with identified groups/ engagement events/ consultation events Offer of 'by invitation only' events during purdah Accessible materials
Involve and engage	Professional bodies	Royal College of Anaesthetists BMA/RCN Royal College of Intensive Care Medicine	 Letters Offer of meeting to discuss
Involve and engage	Trade Unions	Staffside, RCN, Unite, Unison	 Briefings Newsletter Offer of meeting to discuss
Involve & engage	Media	Local, regional and national media (including	Pro-active/re- active press releases and statements/ HE

		trade)	interviews / briefings/ paid-for advertorials and supplements Invitation to meetings/ events
Keep informed	Wider community	Parish councils etc	Consultation HE materials
Keep informed	Health opinion formers	Pressure groups, social media groups	 Consultation HE materials Digital materials

Key local groups

Age UK	Phoenix Group
Friends of the Friarage	Parents4Parents
Hambleton over 50s Forum	Mental Health Forum
Disability Action Group	Alzheimer's Society
Osmotherley Community Group	Army Welfare Service
Gurkha Company Infantry Training Centre/ Veterans Group	Leyburn Women's Institute
Community First Yorkshire	Carers Resource
Citizen's Advice Bureau H&R	Farming and community network

Friarage Breast Cancer Care Group	Hambleton and Richmondshire
	Carers Centre
MENCAP	Mind
National Farmers Union	NCT Hambleton and
	Richmondshire
Stronger Communities	Thirsk Community Care
Yorkshire MESMAC	Rotaries/WIs
Broadacres	Northallerton Area Over 50s
	Forum

Transport specific

Appleton Wiske Minibus	Bedale Community Minibus
Breathing Space	Hambleton Community Action
Osmotherley Trust	Stokesley Community Care Association
Thirsk Community Care	Thirsk District Community Minibus Association
Wheels 2 Work	Reeth & District Community Transport
The Bridge	Richmondshire Volunteer Care Scheme
The Little White Bus	

Five Reconfiguration Tests' Self-assessment

Version 1.0	Draft – to be updated post-consultation to
September 2019	inform final decision

Introduction and purpose

A number of "reconfiguration tests" must be applied to all service change proposals, as specified in national policy and guidance. This document sets out the 'Building a Sustainable Future for the Friarage Hospital' programme's (BSF) self-assessment of compliance with these tests in relation to the Phase 1a service change proposals.

The reconfiguration tests

NHS England guidance on service change is intended to support commissioners and partner organisations in navigating a clear path from inception to implementation. It aims to assist organisations in taking forward their proposals, enabling them to reach robust decisions on change in the best interests of patients. National guidance is set out in 'Planning, assuring and delivering service change for patients' (NHS England, 2018).

The guidance includes four tests that must be satisfied. The tests are set out in the Government's annual mandate to NHS England. The four tests are:

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

In addition, any service change proposals that result in 'significant hospital bed closures' have to satisfy one of the following three conditions in order for NHS England support for the proposals to:

- demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- show that specific new treatments or therapies, such as new anticoagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The following sections set out how the CCG and the 'Building a Sustainable Future for the Friarage Hospital' programme has responded to each of these tests.

2.0 The four reconfiguration tests

2.1 Strong public and patient engagement

The healthcare organisations across North Yorkshire are committed to ensuring that they fulfil all of their statutory requirements in relation to involvement and consultation as well as recognising the tremendous value that comes from listening to service users in terms of informing the development of service change proposals.

As such, engagement to inform phase 1 of the 'Building a Sustainable Future for the Friarage Hospital' proposals took place from 2017 to 2019 with the core engagement phase taking place in Autumn of 2017. The engagement programme explained some of the key challenges facing the Friarage Hospital to hospital staff, the public and stakeholders. The challenges described included recruitment difficulties and changes to medical training which are impacting on some key service areas such as critical care, overnight anaesthetic cover and accident and emergency. It also reassured people that the Northallerton hospital would not be closing and invited them to help develop what a sustainable future could look like, developing a vision for next 10 to 15 years.

It was clear from the responses received that people are passionate about the Friarage and about maintaining local services. People said they wanted as many services as possible to be as close to home as possible, but the majority agreed that quality of care and safety was a top priority. The main issues highlighted were:

- Travelling and distance including parking issues, taxi costs and the practical challenges of having to get to hospital for an early morning appointment
- Ambulance provision including response times and the impact on the service if patients had to travel further afield
- More communications needed to dispel myths about the Friarage and promote services
- Value of local services including providing services as close to home as possible and concerns about more services being lost
- Quality of care and importance of receiving the right care in an emergency a significant number of people ranked this as their top priority and many agreed that while expert care cannot always be provided locally, rehabilitation and planned follow-up should be accessible
- Impact of potential changes to emergency care services at the Friarage including fears that this could have a knock-on effect on other services at the hospital
- Impact of population growth due to increasing numbers at Catterick
 Garrison and new housing developments

 Meeting the needs of specific communities - including difficulties with language barriers and improving experiences for children with special needs

The Trust and the CCG used these views, suggestions and concerns to develop its long term vision for the Friarage and the options for consultation.

Further detail on the engagement activity undertaken can be found in chapter 3 of the pre-consultation business case (PCBC) and at appendix 7.

Across the HRW system key engagement activity can be summarised as:

2013

- Launch of Fit 4 the Future with a number of local focus groups to scope a vision for Hambleton and Richmondshire and Whitby.
- Vision documents shared with members of the public and used as a further discussion document to seek further views

2014

- Stakeholder and patient engagement to develop an understanding of strengths and weaknesses and explore opportunities, forming a direction of travel for community services
- Stakeholder and public engagement informed the launch of a procurement exercise in Whitby for a new community service provider, linking in the vision for Whitby locality

2015

- Testing the direction of travel with members of the public and local stakeholders
- Launch of the Dales Project to undertake detailed scoping with clinical teams with a view to piloting new models of care
- Clinical summit attended by over 200 stakeholders

2016

- 'Transforming our Communities' consultation
- Better Health Programme

2017

- Transforming Mental Health consultation
- Building a sustainable future for the Friarage engagement
- 2.2 Consistency with current and prospective need for patient choice

Patients' right to choice is embedded in both NHS statute and policy, through both the NHS Constitution (2015) and The NHS Choice Framework (2016). Choice has therefore been assessed as part of the scenario shortlisting process as part of the quality, safety and care considerations.

Choice is less applicable for emergency care as it lies outside of the requirement for patient choice, with the exception that every patient must be made aware of their right to refuse treatment.

Non-acute services are arguably open to greater patient choice and the proposals within the BSF programme have paid due regard to patients' choice rights particularly in the consideration of repatriation scenarios. The model of post critical care outlined in the PCBC would see Hambleton and Richmondshire patients transferred back to the Friarage for the sub-acute or non-acute parts of their care i.e. after 72 hours or 7 days depending on the cause of their admission.

The NHS Constitutional right to be involved in decisions about treatment and to be given information to help choose the right treatment will continue to apply for all services within the scope of the proposed changes. This will be available to patients under proposed new service configurations through the delivery of public-facing communications and marketing materials to support patients and families in accessing care aligned to whichever scenarios are approved for implementation. This will be particularly important to ensure prompt access to paediatric urgent, or emergency care.

All of the proposals set out in the PCBC, are intended to drive up clinical quality and safety. While, at face value, the choice patients will have if the potential changes are implemented will reduce, in particular with regard to planned care procedures and those requiring complex surgery, the service scenarios proposed maximise the opportunity for patients to choose between high quality services (delivering the right care in the right place), higher quality critical care and improved clinical outcomes -within the available resources.

With all scenarios, this balance between locally accessible choice and a choice of safe, high quality care will continue to be tested by clinicians and informed by feedback from public and patients, prior to any final decision on future service configurations being made.

In summary the proposed model of care will seek to ensure that:

- Care closer to home is achieved whilst also commissioning safe and sustainable services which are fit for the future.
- The ability for patients to have a wider range of options in relation to the services delivered at the Friarage, retaining the ability to remain in their own community.

The clinical case for change outlining the service-specific clinical rationale for the proposed change is contained within chapter 4 of the PCBC.

Service sustainability is a core driver for change with workforce challenges forming a key element of the clinical evidence base. As noted in the PCBC, as far back as 2016, workforce sustainability concerns were beginning to impact on service delivery at the Friarage Hospital, Northallerton in a number of clinical areas and specifically relating to:

- Anaesthetics
- · Critical care; and
- A&E

These issues, coupled with the ever-growing number of publications from Royal Colleges, the Department of Health and other bodies in relation to minimum population size that a clinical speciality is recommended to cater for, brought increasing pressures to bear upon the operating model at the Friarage Hospital which resulted in the genesis of the BSF programme in 2017.

Clinical leadership has been at the centre of the BSF from the outset, ensuring that the work has been clinically led and locally appropriate. A clinical services review group (CSRG) – composed of clinicians from each directorate alongside primary care clinicians, ambulance clinicians, mental health and clinical CCG colleagues - oversaw the development of the PCBC proposals. Clinical service review teams comprising nursing and medical representation across services have developed the change scenarios.

The original business case model was developed in 2018 before the need to close the A&E and institute the temporary urgent care model in March 2019. The clinical modelling included assessment of the previously existing service. This included review reports provided by national health bodies, such as Royal Colleges. In their report, the Royal College of Emergency Medicine (RCEM) highlighted concerns that the Friarage A&E is badged to the public as a Type 1 A&E Department but actually offers a more limited A&E service. The workforce challenges were recognised by the RCEM, particularly as this means there is no current prospect of achieving the 24/7 A&E consultant cover.

The RCEM concluded that the A&E model reviewed at the time of their report was not considered sustainable due to medical and nursing workforce recruitment difficulties, essential co-dependencies (critical care) and reducing volume of demand.

The assessment of all partners, including all clinical groups was that:

- Providing any form of an emergency department model requires on-site provision of critical care, including 24/7 on site senior anaesthetic and airway management support
- Recruitment to support a sustainable rota for the Friarage critical care unit
 - had been repeatedly unsuccessful over a significant period of time
- Continued support to the Friarage Critical Care Unit from James Cook Hospital could not be guaranteed without significantly undermining the Critical Care service at James Cook, with a wider patient impact than that of the Friarage

In addition, external clinical assurance has been applied through NHS England's service change assurance process and through consultation with the Yorkshire and Humber Clinical Senate.

2.4 Evidence base for the proposed model

The starting point in developing the proposed models was to explore whether the status quo could be maintained and with what resource implications. Feedback received during all of the engagement activity, and the advice and opinions of the Royal College independent review teams, the CQC and the Critical Care Network, were also taken into account.

The clinical teams were then asked to explore best practice locally and further afield and to consider current and emerging national guidance in a bid to develop alternative scenarios. The brief to the Clinical Steering Group was to develop a model/options that is sustainable, which includes financial sustainability, but not driven by financial agenda. Where it was felt that there were options to commit more cost in order to sustain the service (e.g. premium pay packages to secure workforce) these were explored and not ruled out on financial grounds.

A literature search was conducted to identify solutions previously implemented elsewhere where service change had derived from workforce challenges. In particular, Lymington Hospital, Hampshire (Southern Healthcare NHS Trust) was used as a model for effective acute care delivered in a setting with no critical care support on site. Urgent care/treatment centres were researched, including those at East Riding of Yorkshire, University Hospital of North Tees and University Hospital of Hartlepool, and examples of the Post Anaesthetic Care Unit model, such as delivered at Hartlepool and at Royal Victoria Infirmary, Newcastle.

Clinicians met in a workshop format and also informally as required to progress this work. A fourth work stream was added, recognising the impact of changes in these domains on surgical services at the Friarage. Finally, a clinical group has met to understand the impacts on ambulance services. The clinician reported back to the Clinical Steering Group (CSG) on their progress, and for ratification of their conclusions and recommendations.

In order to ensure all proposed models were scrutinised appropriately, service triumvirate teams consisting of the clinical director, matron and service manager in conjunction with the business partners for human resources, finance and informatics then reviewed the models and pathways with the clinical teams to bring forward proposals that were clinically safe, operationally feasible and sustainable.

The impact on the wider health economy was then modelled to provide an overview of the anticipated impacts of patient flows moving to neighbouring acute providers and into community services as well as the impact this will have on partners such as the Yorkshire Ambulance Service.

Models of care were discussed and challenged in meetings with the medical director and at the Clinical Steering Group which included CCG, GP and Trust Governor representatives until a consensus on the clinically preferred model was achieved. Alternative scenarios were subject to detailed testing and analysis of the workforce, activity and financial assumptions, impacts and implications.

The conclusions of these clinical conversations and the evidence outlined in the PCBC was that the most sustainable future for the Friarage results in there being a single option for the "back of house' services comprising of;

- A consultant-delivered acute medical take, daily, with Anaesthetic support on site, meeting needs of 54% of current patients admitted as an emergency (medical or surgical)
- A Post Anaesthetic Care Unit to support safe surgery for more complex patients
- Short stay elective surgery
- Relocation of activity to the Friarage for:
- Paediatric illness and primary care ailments,
- Medical patients repatriated for care closer to home after their initial assessment and treatment at JCUH: and
- Surgical day case, 23-hour and short stay inpatients in specialties such as orthopaedics, ENT and plastics.

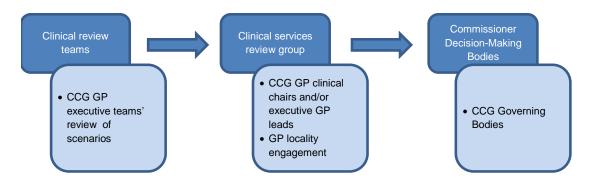
And two options for the 'front of house' - the preferred option for the "Front of House" is an Urgent Treatment Centre open 24/7. However there are significant primary care workforce challenges which may mean that an adapted model of either reduced opening hours or a nurse-led model must also be considered.

2.5 Support for proposals from commissioners

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

It is important that CCGs are able to demonstrate attempts to involve all member practices and enable them to tangibly influence the development of any change proposals, prior to any final decision being made. An overview of GP commissioner involvement in BSF is at figure 1.

Figure 1: GP commissioner involvement as part of scenario development and approval process.



The CCG has also inputted into a range of GP engagement events such as "chapter 3" and council of members and have specifically discussed the BSF programme and underpinning case for change.

Clinically-led discussions have since been held on a monthly basis through the CCG's executive groups and the CCG had senior GP commissioner representation at the Clinical Services Review Group overseeing the programme and providing critical challenge to support the scenario development process.

GP engagement has been undertaken and support obtained in line with the CCG's constitutional arrangements. GP engagement will continue as part of a comprehensive clinical and staff engagement programme that will run as a concurrent part of the public consultation process. GP support in those areas most impacted by the proposed service changes will be tested as part of this.

We have also worked to gain support of the wider system for our proposals and have been assured of the support of our neighbouring CCGs and conditional support from our ICP/ICS colleagues in Cumbria and the North

East. Formal written support will be requested from each of these bodies as part of the consultation exercise.

The 'fifth test'

A high-level analysis has been undertaken against the set of conditions which NHS England recently announced must be applied to any service change proposals that involve significant hospital bed closures.

The fifth test applies to any proposal to significantly reduce hospital bed numbers, requiring commissioners to demonstrate that alternative provision is in place or the capacity is no longer required.

The modelled impact of the preferred clinical model was no net reduction in hospital beds available to the local health economy in relation to demand and the Friarage urgent temporary change since March 2019 has led to no net reduction in the Trust bed capacity.

3.1 Self-assessment against the 5th test

The document *Planning, assuring and delivering service change for patients* (NHS England, March 2018) sets out the "five tests of service change".

The fifth test 'requires that in any proposal to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to demonstrate that they can meet one of the following three conditions:

- i. Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- ii. Show that specific new treatments or therapies, such as new anticoagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- iii. Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).'

3.2 Business case bed modelling

The modelling (2018) to inform the pre-consultation business case estimated that a reduction in bed base at the Friarage of 20 beds could be delivered

sustainably from the outset, working to the Trust standard 92% occupancy (85% in critical care). This was from a baseline of 95 beds (from May 2018).

It was modelled that this reduction in bed base would be achieved through:

- No new acute admissions overnight
- No acute admissions outside of the site clinical criteria
- No emergency surgery on site
- Closure of critical care unit (average bed occupancy 2.4 critical care beds)
- Reducing underutilised bed capacity (providing additional contingency to the above figures)

It was envisaged the capacity would be re-provided in the acute hospital setting reflecting the modelled flow of patients to each site. We estimated that 60% of work would go to JCUH, 35% to Darlington Memorial Hospital, 5% other.

This was mitigated by repatriation of appropriate patients after assessment and initial treatment, and by redistribution of suitable surgical activity to continue to utilise theatre capacity at the Friarage Hospital.

The net re-provision of beds required to meet displaced demand was modelled as 29 ward beds:

- JCUH 12 ward beds (7 medical and 5 surgical; primarily acute assessment) and 3 critical care beds equivalent capacity
- Darlington Memorial Hospital 17 ward beds (13 medical, 4 surgical), 1 critical care bed

Given that the modelled impact was no net reduction in hospital beds available to the local health economy in relation to demand, the commissioner and trust view was that the 5th assurance test was therefore not applicable.

3.3 Urgent temporary change

In implementing the urgent temporary changes against a background of increasing demand, a precautionary approach was taken to the re-provision of bed capacity.

The bed reduction at Friarage Hospital from 27 March 2019 was:

18 ward beds

Closure of critical care unit (average bed occupancy 2.4 beds)

The additional capacity opened at JCUH from 27 March 2019 was:

- Acute assessment 6 ward beds
- Surgical assessment 4 spaces
- Surgical inpatients 16 ward beds
- High dependency unit 1 critical care bed
- Intensive care 3 flex beds within HDU to respond to demand
- Post anaesthetic care unit providing 5 beds (deferred to end September 2019 to enable safe staffing levels)

Actual midnight inpatient bed occupancy Friarage Hospital 1 April 2019 to 18 August 2019 (week 20) is 67 out of 77 ward beds, 87% of core capacity (76% of total capacity 88 ward and post-operative unit beds). Friarage target bed occupancy has been reduced to 85% to reflect the need to accommodate peaks in local demand within a smaller overall bed base (77 beds). This has demonstrated that the Friarage urgent temporary change has led to no net reduction in the Trust bed capacity.

3.4 Impact on County Durham and Darlington NHS FT

Review meetings into the impact of the temporary changes at the Friarage Hospital have continued with colleagues from County Durham & Darlington FT (CDDFT) and other system partners since 27th March 2019.

Planned increases in activity, as a consequence of the Friarage changes, were expected to be between 3 and 5 additional ambulance A&E attendances per day with the anticipated conversion rate to hospital admissions and bed utilisation.

Activity data and feedback from colleagues at CDDFT suggests that these initial estimates were accurate and that the Trust would have been able to cope with the additional activity levels generated.

The impact of the Friarage changes, particularly on the Darlington hospital site, has been exaggerated due a general increase in A&E demand from all post code areas including from Richmondshire. This has placed additional activity demands on Darlington, both in terms of A&E, admissions to the site and patient transport capacity to support discharges back into North Yorkshire. This issue is currently being addressed.

However, both Trusts have been – and are confident they can continue to – absorb the activity levels and we will gain written support from both Trusts as part of the consultation process.

3.5 Public consultation options

The hospital inpatient model to be presented to the public in the consultation process reflects the current configuration as described above. There is no net reduction in bed capacity as a result of the proposed future model or changes made to date.

Appendix 7 - Standard survey questions

	what extent does this proposed vision meet the needs of you, your family and anyone
you ca	are for?
0	Completely meets needs
0	Somewhat meets needs
0	Neither meets needs nor fails to meet needs
0	Somewhat fails to meet needs
0	Completely fails to meet needs
0	<u>Don't know</u>
2. Do	you have any comments about the proposed vision?
	/
	ch of these two options is your preferred option?
_	Option 1 – 24 hour Urgent Treatment Centre
0	Option 2 – Urgent Treatment Centre open 8am to midnight
0	<u>Either</u>
0	<u>Neither</u>
0	Don't know
<u>4. To v</u>	what extent do these options meet the needs of you, your family and anyone you care
for? (S	Select one answer for each option)
<u>24 hou</u>	ur Urgent Treatment Centre
0	Completely meets needs
0	Somewhat meets needs
0	Neither meets needs nor fails to meet needs
0	Somewhat fails to meet needs
0	Completely fails to meet needs
0	<u>Don't know</u>
Urgen	t Treatment Centre open 8am to midnight
0	Completely meets needs
0	Somewhat meets needs
0	Neither meets needs nor fails to meet needs
0	Somewhat fails to meet needs

O Completely fails to meet needs
O <u>Don't know</u>
5. Do you agree the criteria we have used to arrive at our proposed options are the right ones? The criteria are: Safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when) and opportunity for integration.
O Strongly agree
O Agree
O Neither agree nor disagree
O <u>Disagree</u>
O Strongly disagree
6. Do you have any comments on the criteria?
7. Do you have any comments about Option 1? (24 hour Urgent Treatment Centre)
8. Do you have any comments about Option 2? (Urgent Treatment Centre open 8am to midnight)

9. Are t	here other options we should consider?
10. If yo	ou or someone you care for is unwell and needs to be in hospital, what three things do I are the most important? (Select up to three options from the list below)
	Access to and from hospital
0	Quality and safety of care
0	Range of services available
0	Easy access for family and friends
0	Quality of the environment in hospital
0	Waiting times for treatment
0	<u>Duration of treatment</u>
0	<u>Other</u>
0	Don't know
	v easy or difficult would you find it to travel to the following places during the day? one answer for each)
<u>Friarag</u>	e Hospital
0	Very easy
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult
0	Very difficult
0	Don't know
0	Not applicable
The Jai	mes Cook University Hospital
0	Very easy
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult
0	Very difficult
0	Don't know
0	Not applicable

<u>Darling</u>	gton Memorial Hospital
0	<u>Very easy</u>
0	Fairly easy
0	Neither easy nor difficult
0	Fairly difficult
0	Very difficult
0	<u>Don't know</u>
0	Not applicable
12. Ho	w would you travel to the following places during the day? (Select as many as apply for
each)	
<u>Friaraç</u>	ge Hospital
0	<u>Walk</u>
0	<u>Cycle</u>
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	<u>Taxi</u>
0	<u>Bus</u>
0	<u>Train</u>
0	<u>Don't know</u>
0	Not applicable
The Ja	mes Cook University Hospital
0	<u>Walk</u>
0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	<u>Taxi</u>
0	<u>Bus</u>
0	<u>Train</u>
0	Don't know
0	Not applicable
<u>Darling</u>	gton Memorial Hospital
_	<u>Walk</u>
0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	Taxi

0	Bus	
0	<u>Train</u>	
0	Don't know	
0	Not applicable	
	w easy or difficult would you find it to travel to the following places at night? (Select one for each)	
Friarag	ne Hospital	
0	<u>Very easy</u>	
0	Fairly easy	
0	Neither easy nor difficult	
0	Fairly difficult	
0	Very difficult	
0	Don't know	
0	Not applicable	
The Ja	mes Cook University Hospital	
0	<u>Very easy</u>	
0	Fairly easy	
0	Neither easy nor difficult	
0	Fairly difficult	
0	<u>Very difficult</u>	
0	<u>Don't know</u>	
0	Not applicable	
<u>Darling</u>	gton Memorial Hospital	
0	<u>Very easy</u>	
0	Fairly easy	
0	Neither easy nor difficult	
0	Fairly difficult	
0	Very difficult	
0	Don't know	
0	Not applicable	
14. How would you travel to the following places at night? (Select as many as apply for each)		
<u>Friaraç</u>	ne Hospital	
0	<u>Walk</u>	
0	Cycle	
0	Drive my own car/in car with my spouse or partner	

0	With a friend or relative in their car (other than spouse or partner)
0	<u>Taxi</u>
0	Bus
0	<u>Train</u>
0	Don't know
0	Not applicable
The Ja	mes Cook University Hospital
0	Walk
0	Cycle
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	<u>Taxi</u>
0	Bus
0	<u>Train</u>
0	<u>Don't know</u>
0	Not applicable
<u>Darling</u>	gton Memorial Hospital
0	Walk
0	<u>Cycle</u>
0	Drive my own car/in car with my spouse or partner
0	With a friend or relative in their car (other than spouse or partner)
0	<u>Taxi</u>
0	<u>Bus</u>
0	<u>Train</u>
0	<u>Don't know</u>
0	Not applicable
15. Ho	w far away do you live from the Friarage Hospital?
0	<u>0-5 miles</u>
0	<u>6-10 miles</u>
0	<u>11-20 miles</u>
0	<u>21-30 miles</u>
0	More than 30 miles
0	Don't know
0	Prefer not to say

16. What are the first 4 or 5 digits of your home postcode? We only need the first 4 or 5 digits 'DL7 0' so individual households cannot be identified	<u>e.g.</u>
DE7 0 SO Individual nousenolus cannot be identined	
17. How old are you?	
O <u>16 – 17</u>	
O <u>18 – 24</u>	
O <u>25 – 34</u>	
O <u>35 – 44</u>	
O <u>45 – 54</u>	
O <u>55 – 64</u>	
O <u>65 – 74</u>	
O <u>75 or older</u>	
O Prefer not to say	
18. What is your gender?	
O <u>Male</u>	
O <u>Female</u>	
O Other	
O Prefer not to say	
19. Does your gender identity match your sex as registered at birth?	
O <u>Yes</u>	
O <u>No</u>	
O Prefer not to say	
20. Are you currently pregnant or have you been pregnant in the last year?	
O Yes	
O <u>No</u>	
O Prefer not to say	
O Not applicable	
21. Are you currently?	
O Single (never married or in a civil partnership)	
O Cohabiting	
O Married	
O In a civil partnership	
O Separated (but still legally married or in a civil partnership)	
O Divorced or civil partnership dissolved	

O Widowed or a surviving partner from a civil partnership

	0	Prefer not to say
<u>22.</u>	Do	you have a disability, long-term illness, or health condition?
	0	<u>Yes</u>
	0	<u>No</u>
	0	Prefer not to say
23.	Ple	ase can you tell us what your disability, long-term illness or health condition relates to?
		all that apply)
	0	A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
	0	A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder)
	0	A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
	0	A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder)
	0	A specific learning difficulty (e.g. dyslexia, dyspraxia or ADHD)
	0	Blind or have a visual impairment uncorrected by glasses
	0	Deaf or have a hearing impairment
	0	An impairment, health condition or learning difference that is not listed above
	0	Prefer not to say
<u>24.</u>	Do	you have any caring responsibilities? (Select all that apply)
	0	<u>None</u>
	0	Primary carer of a child or children (under 2 years)
	0	Primary carer of a child or children (between 2 and 18 years)
	0	Primary carer of a disabled child or children
	0	Primary carer or assistant for a disabled adult (18 years and over)
	0	Primary carer or assistant for an older person or people (65 years and over)
	0	Secondary carer (another person carries out main caring role)
	0	Prefer not to say
<u>25.</u>	Wh	ich race or ethnicity best describes you? (Select one only)
	0	Asian/British Asian: Bangladeshi
	0	Asian/British Asian: Chinese
	0	Asian/British Asian: Indian
	0	Asian/British Asian: Pakistani
	0	White: British
	0	White: Irish
	0	White: European
	0	Black/British Black: African

0	Black/British Black: Caribbean					
0	Mixed Race: Black & White					
0	Mixed race: Asian & White					
0	Gypsy or traveller					
0	Prefer not to say					
0	Another race or ethnicity - write in box below					
26. Which of the following terms best describes your sexual orientation?						
0	Heterosexual/Straight					
0	Gay man					
0	Gay woman or lesbian					
0	<u>Bisexual</u>					
0	Asexual					
0	Prefer not to say					
0	<u>Other</u>					
27. Wh	at do you consider your religion to be? (Select one only)					
0	No religion					
0	Christianity					
0	<u>Buddhist</u>					
0	<u>Hindu</u>					
0	<u>Jewish</u>					
0	<u>Muslim</u>					
0	<u>Sikh</u>					
0	Prefer not to say					
0	Other religion					
28. Do you or a member of your immediate family currently serve, or have previously served, in the armed forces?						
	Yes					
_	<u>No</u>					
	Prefer not to say					
_						

Appendix 8: Public focus group guide

This guide is to be used for focus group discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.

Introduction

My name is.....and I work for a company called Enventure Research.

We are currently working with Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust.

We have been commissioned by Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust to undertake research with residents of the local area to find out what they think about local health services. Don't worry, you don't need any specialist knowledge about the topic for today, we just want to know what you think.

IMPORTANT: Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the CCG or the Trust and therefore will not be offended by your views. Enventure Research works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and your comments will remain anonymous with nothing linked to you by name.

All views and opinions of all present are valid and your contributions will help shape the future of local health services. Please listen to other participants' views and try not to speak over each other. Some people may have more to say than others, but I will try to make sure everyone gets a chance to share their opinion.

There is a lot to discuss and we only have an hour, so from time to time I may have to move the conversation on. Please don't be offended if I have to cut you off to move the conversation on or to allow someone else to have their say.

Please also turn off your mobile phone or put it on silent.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used, and is not passed on to any third parties. Please sign this consent form to indicate you are happy to be recorded today.

The session will finish at approximately (INSERT TIME). Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Where you live
- How long you have lived in the local area

Introduction to the future of the Friarage Hospital

- Who here has used services or visited the Friarage Hospital before today?
 - O What services have you used?
 - o Have any friends or family used services there before?
 - o Moderator to probe and prompt as necessary.

Please now watch this video about the challenges at the Friarage Hospital and the options for the future.

Moderator to show video

- What is your initial reaction to this video?
 - O What do you think about the points discussed?
 - O What did you like about what is said?
 - O What did you not like about what is said?
- What are the main points raised in the video?
 - Moderator to probe understanding of the challenges, the proposed changes, the reasons for change etc.
- Have you got any concerns about what has been said in this video?
 - o If yes, what are they and why are you concerned?

Proposed vision

I'm now going to show you the proposed vision for the future for the future.

Moderator to show vision slide.

- What do you think about this vision?
 - How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
 - o What do you like about it?
 - O What do you dislike about it?
 - o Are there any services missing?
 - Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Options for local urgent care

Now please look at these two options for the local urgent care services based at the Friarage. The first option is the one that is currently in operation at the side and there is an alternative – option 2.

Moderator to show options slide.

- What do you think of our options and the different opening hours?
 - How do they / do they not meet your needs or those of your family and those you care for? Why?
 - o What do you like and dislike about Option 1?
 - O What do you like and dislike about Option 2?
 - O How do the options compare to each other?
 - O Which is your preferred option? Why?

Criteria

Now please look at this list of criteria that has been considered when developing the proposed model for the future of the Friarage Hospital.

Moderator to show criteria slide.

- Are these the right criteria to use when considering the future model?
 - Criteria are: safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when), and opportunity for integration
 - O Why are these / are they not the right criteria?
 - o Is there anything missing?

Important aspects of care

 If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

PROBE WHAT IS MOST IMPORTANT

- patient access
- quality and safety of care
- o range of services available
- o ease for carers and family to travel
- o quality of environment
- waiting times for treatment /duration of treatment
- How does/doesn't this proposed model and Option 1 and 2 meet these?

EDI questionnaire

Now please fill in this short questionnaire about yourself. Completing it is voluntary, but it really helps us in keep tracking of who has taken part in the consultation.

Moderator to hand out questionnaires.

Thank and close

Moderator to collect up questionnaires and thank participants for their contributions to the group.

 To help summarise what we have been talking about this evening, I am going to ask each person in turn to tell me what they think the most important thing is that we have discussed.

- Any other questions/points to raise?
- The consultation ends on 6 December 2019. If you haven't so already, please do
 make sure you take part in the consultation online which can be found on the CCG's
 website. Enventure Research is going to collate and review the feedback from all of
 the public meetings and the online consultation and we will provide a report for the
 CCG and the Trust.
- Thank & close

Appendix 9: VCSO focus group guide

This guide is to be used for focus group discussions lasting one hour. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses. Suggested timings for each section have been included. The reporting template included is to be used for making notes of the discussion.

Introduction

(SECTION TO BE ADAPTED AS NECESSARY FOR ORGANISATION MODERATING)

We have been asked by Hambleton, Richmondshire and Whitby CCG and South Tees Hospitals NHS Foundation Trust to discuss their consultation about the future of the Friarage Hospital and the care provided there for local people. This forms part of a wider consultation that includes a large survey with local people, public meetings with local people and focus groups.

Don't worry, for this discussion you don't need any specialist knowledge about the topic for today, we just want to know what you think. There are no right or wrong answers, we have been asked to let them know our thoughts and opinions around some questions which I will ask you later.

Our contributions will help shape the future of local health services. Please listen to other participants' views and try not to speak over each other. Some people may have more to say than others, but I will try to make sure everyone gets a chance to share their opinion.

There is a lot to discuss and we only have an hour, so from time to time I may have to move the conversation on. Please don't be offended if I have to cut you off to move the conversation on or to allow someone else to have their say.

Please also turn off your mobile phone or put it on silent.

I will be writing notes about today's discussion and what you are saying. I will then send the notes to the CCG so that our thoughts and opinions can be included in the consultation. However, don't worry we won't be making a note of our names, so no-one will be identified in the feedback.

The session will finish at approximately (INSERT TIME). Do you have any questions before we begin?

(IF APPLICABLE) Can you please introduce yourselves?

Introduction to the future of the Friarage Hospital (5 mins)

- Who here has used services or visited the Friarage Hospital before today?
 - O What services have you used?

- Have any friends or family used services there before?
- o Moderator to probe and prompt as necessary.

Proposed vision

Please show participants the video at the following: https://youtu.be/78ufaQD9Bs4 South Tees Hospitals NHS Foundation Trust has developed a proposed vision and supporting clinical model for the future of the Friarage Hospital that will ensure its sustainability for the next 10 to 15 years, as shown in the video. This includes:

- access to acute assessment and ambulatory care
- consultant-led care with daily admissions
- access to urgent care in an Urgent Treatment Centre including children's minor illness
- daily inpatient care for people that do not need specialist services
- diagnostic services
- integrated services for frail and elderly people, supporting them to stay at home for as long as it is safe to do so
- short stay elective surgery and day cases for specialities including orthopaedics, urology, breast surgery and gynaecology
- extended recovery in theatre to ensure safe surgery for more complex cases
- prompt transfer to and from specialist services at other hospitals
- a full range of outpatient services

This new model of hospital services would mean that 90 per cent of people who are currently cared for at the Friarage Hospital would continue to receive their care at the hospital. Therefore, nothing will change for 9 out of 10 patients.

Patients who require the expertise and facilities of an emergency department (A&E) or critical care would be directed or transferred to the James Cook University Hospital in Middlesbrough or another provider if closer.

- What do you think about this vision and supporting clinical model?
 - How does/doesn't it meet your needs or those of your family and those you care for? Why does/doesn't it?
 - o What do you like about it?
 - O What do you dislike about it?
 - o Are there any services missing?
 - Do you think this vision/model will ensure the hospital's sustainability for the next 10 to 15 years? Why? Why not?

Options for local urgent care

There are two proposed options for the future of local urgent care:

Option 1 - A 24 hour 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses.

Option 2 - A 16 hour Urgent Treatment Centre for adults and children with minor injuries and minor illnesses open 7 days a week, 8am to midnight.

Criteria

South Tees Hospital Trust has considered a list of criteria when developing the proposed model for the future of the Friarage Hospital.

The criteria are: Safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when) and opportunity for integration.

- Are these the right criteria to use when considering the future model?
 - Criteria are: safety/quality, accessibility, feasibility, affordability, clarity for the public (where to go and when), and opportunity for integration
 - O Why are these / are they not the right criteria?
 - o Is there anything missing?

Important aspects of care

• If you or someone you care for is unwell and needs to be in hospital, what things do you feel are the most important and why?

PROBE WHAT IS MOST IMPORTANT

- patient access
- quality and safety of care
- o range of services available
- o ease for carers and family to travel
- o quality of environment
- waiting times for treatment /duration of treatment
- How does/doesn't this proposed model and Option 1 and 2 meet these?

EDI questionnaire

Now please fill in this short questionnaire about yourself. Completing it is voluntary, but it really helps us in keep tracking of who has taken part in the consultation.

Moderator to hand out questionnaires (Equality and Diversity questionnaires).

Thank and close

Moderator to collect up questionnaires and thank participants for their contributions to the group.

- To help summarise what we have been talking about this evening, I am going to ask each person in turn to tell me what they think the most important thing is that we have discussed.
- Any other questions/points to raise?
- The consultation ends on 6 December 2019. If you haven't so already, please
 do make sure you take part in the consultation online which can be found on
 the CCG's website. Enventure Research is going to collate and review the

feedback from all of the public meetings and the online consultation and we will provide a report for the CCG and the Trust.

• Thank & close

Appendix 10: Public consultation event presentation slides





Proposed vision

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

Proposed Options

24/7 Urgent Treatment Centre A 24 hour, 7 days a week
Urgent Treatment Centre for adults
and children with minor injuries and minor illnesses

16/7 Urgent Treatment Centre 8am to midnight, 7 days a week Urgent Treatment Centre for adults and children with minor injuries and minor illnesses

- Both options also include:

 A consultant delivered acute medical service, admitting to 6:30pm weekdays, 4:30pm weekends

 Repatriation of patients to the Friarage for care closer to home

 Elective (planned) surgery for day case and short stay inpatients







- Led by HRW CCG and South Tees Hospitals Foundation Trust (STHFT)
- Supported clinically by STHFT
- Positioned with Partners
- Close public & service user involvement

Action	End Date	
NHSE check point 1	November 2017	
Scrutiny of Health committee	Quarterly update 2017-2019	
Pre-consultation engagement	October - December 2017	
Organisational approval of potential options	June 2019	
NHSE check point 2	July 2019	
Formal consultation on options	September – December 2019	
NHSE check point 3	February 2020	
Consultation feedback & recommended outcome	March 2020	
Service change & mobilisation	April 2020	



