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NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Changes to Some Services Provided by Scunthorpe and Grimsby Hospitals

Public consultation feedback report: FINAL

Opinion Research Services

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NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Opinion Research Services

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1. Key findings

Need for change

There was widespread recognition of the need to address identified challenges, but also some geographical differences (consultees living near Diana Princess of Wales Hospital, Grimsby (DPoW) were more likely to agree that change is needed than those living near Scunthorpe General Hospital (SGH)).

Proposed model of care

The was overall support for keeping the most urgent and emergency care services for most patients at both hospitals; but less for bringing together four specific services at one of the hospitals.

Support for proposed model of care was based on faster and better access to specialist care; overcoming long-standing recruitment and retention challenges; consolidating staff to enhance skills and competencies; and delivering more sustainable future services.

Opposition was based mainly on scepticism that the proposed model of care would address specified challenges; and potential negative implications for service users. These included more difficult access to services meaning worsening health inequalities; financial and emotional burdens for service users; and increased confusion around which hospital patients should attend for what service.

Proposed location of services

There was some support for consolidating certain services at DPoW, but more disagreement due to:

» Travel and access: relatives and loved ones unable to visit due to cost/lack of transport; difficulties for some getting home upon discharge due to lack of transport; inter-hospital transfers meaning delays accessing specialist patient care; unpleasant transfer experiences for patients/families (especially children with autism/ADHD, people with dementia, and people for whom English is a second language).

» Ambulance impacts: increased journey times negatively impacting on ambulance service performance, leading to treatment delays and poorer patient outcomes.

» Capacity and infrastructure at DPoW: insufficient beds/staff/wards at DPoW to manage additional patients; additional ambulance traffic impacting on handover times and emergency department performance.

» Staffing issues: attracting staff to work in Grimsby could be more challenging due to its 'isolated' location; 'unfair' impact on Scunthorpe-based staff of additional travel and/or reduced career progression opportunities.

» Impact on the future of SGH: proposals could impact on the skills/capabilities of clinical teams in Scunthorpe and the longer-term viability of SGH; SGH could become less attractive to potential recruits; other services could be withdrawn from SGH in future.

There were also specific concerns around particular aspects of the proposed changes:

» Trauma Unit: the system's ability to respond to major incidents (e.g. an industrial accident) could be compromised by a reduction in Trauma Units; potential impact on emergency departments in Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTH).

- Specialist Medical Inpatients: Cardiology is needed at both sites due to high levels of cardiovascular disease in both populations (though some felt specialty services e.g. emergency cardiac/respiratory care should be consolidated at 'super-specialty units' in Hull).
- Emergency Surgery: safety of out-of-hours transfers where life-or-limb emergency surgery is required (e.g. burst appendix/ruptured spleen); specific concerns relating to gynaecology patients requiring emergency surgery, and interdependencies with obstetric services.
- Inpatient Paediatrics: emotional impacts for children and young people being treated further away from home in an unfamiliar environment; risks involved in transferring very unwell children between two hospital sites (those needing long-term ventilation for example); requirement for a specialist paediatric transfer team with a higher level of training and expertise; increased distance to tertiary services at Sheffield (moving children in the 'wrong direction'); impact on children and young people with eating disorders or other mental health conditions of being moved out of area (as a result of disruption to local partnerships and ways of working); interdependencies with obstetric and neonatal provision.

Alternatives and mitigations

Many suggested alternatives were to maintain the status quo in some form:

- Continue to deliver all services at both hospitals.
- Maintain inpatient services on both sites and move clinicians around/provide on-call rotas on alternate days/alternate emergency activity between sites.
- Consolidate some services but keep Paediatrics and Trauma Units at both sites.
- Stop Hospital@Home; instead use resources to maintain inpatient Paediatrics on both sites.
- Address staffing and funding issues.

Some alternative locations were suggested: consolidating specialist services at SGH; consolidating services at a brand-new hospital between Scunthorpe and Grimsby; and consolidating some specialist services at Scunthorpe and some at Grimsby.

There was some support for a more radical consolidation of services (e.g., consolidating services in Hull, or reserving one site for elective work and minor conditions only).

The most common mitigations centred on travel and access (e.g., improved Patient Transport System; inter-hospital shuttle bus; free car parking at DPoW; accommodation for families of Paediatric inpatients); staff recruitment and retention (e.g., incentives for trainees to stay once qualified; reducing reliance on agency/bank staff; and offering more secondments, training placements, and routes into nursing.

Equalities issues

Equalities impacts mainly centred on travel and access. Several groups were considered particularly vulnerable to these impacts, including those on lower incomes and/or without access to private transport; people in Scunthorpe and surrounding areas (especially rural areas); older people; people with disabilities; people living with dementia; people living with mental health issues; carers; people with additional/complex needs (e.g., autism); single parents/parents with other children to care for; patients with long term conditions requiring repeat appointments; LGBTQ+ patients; and refugees, migrants, and people for whom English is not their first language.

2. Executive summary

Introduction

2.1 NHS Humber and North Yorkshire Integrated Care Board (ICB) is a statutory organisation accountable for NHS spend and performance, serving a population of 1.7 million. The ICB is a core member of the Humber and North Yorkshire Health and Care Partnership, alongside NHS providers, local councils, health and care providers, and voluntary, community and social enterprise (VCSE) organisations.

2.2 Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) provide a range of acute hospital services for a large region, serving patients living across Northern Lincolnshire, East Yorkshire, Hull, parts of North Yorkshire, and communities in East Lindsey and West Lindsey. The Humber area is home to just under one million people and patients also travel from further afield to access some hospital services in the region.

2.3 For a number of years, the hospital trusts and the ICB (and formerly the relevant Clinical Commission Groups) have been working on the Humber Acute Services programme, to design potential future models of care for hospital services and improve service delivery in light of various national and local changes and challenges.

2.4 This review has culminated in a substantial public consultation to understand views on the ICB's proposal to change the way some more complex medical, urgent and emergency care, and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

The proposals

2.5 Following the options development and appraisal process, the ICB finalised their proposed model of care for certain acute services and a preferred location from where they would be delivered. In summary, the proposal is:

To bring four specific services together at Diana Princess of Wales Hospital, Grimsby (DPoW)

2.6 The four specific services that would be brought together are:

- Trauma Unit – for people with injuries requiring specialist care (typically brought by ambulance) and who might need an operation or observation by a trauma team.
- Emergency surgery (overnight) – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- Some medical specialities (inpatient) – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- Paediatric overnight (inpatient) care – for children and young people who need to stay in hospital for more than 24 hours.

2.7 Bringing these specific services together at DPoW was identified as the only viable option as it would directly impact fewer people. Specifically:

- DPoW is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport.
- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital in that fewer people would have to go to a different hospital site; and fewer people would have longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

2.8 Additionally, this option would make best use of financial resources as it is the only option that is affordable: it would cost three times as much to change the buildings at Scunthorpe General Hospital (SGH) to bring the services together there. Delivering the services at DPoW would allow the ICB to make the changes within the money available and improve services far more quickly.

2.9 Most patients would continue to be seen and treated in the same hospital they are now. Those needing treatment at a different hospital would be transferred by ambulance or free inter-hospital transport.

2.10 Urgent and emergency care for most patients would continue to be provided at both DPoW and SGH including:

- 24/7 Emergency Department (A&E), assessment unit, and short stay (up to three days).
- Emergency surgery (during the day).
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than three days).
- Paediatric (children's) Assessment Unit (admissions up to 24 hours).

2.11 Overall, the ICB believes that by changing the way hospital services are organised, they can address critical workforce shortages by organising teams more effectively, and ensuring staff with more specialist skills are always available 24/7. This would mean more patients being seen and treated more quickly and staying in hospital for less time.

The nature of public consultation

2.12 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

2.13 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

2.14 Opinion Research Services (ORS), a company that originated from Swansea University, now with a UK-wide reputation for social research and major statutory consultations, was appointed by the ICB to support particular consultation and engagement activities, and to independently analyse and report the consultation outcomes.

2.15 The ICB also commissioned a specialist marketing and communications agency, Verve Communications, to manage promotion of the consultation, and undertake some of the public events and in-depth targeted engagement activities outlined below.

2.16 All types of consultation responses are important, and this executive summary and the full consultation feedback report present an independent analysis so that all of them may be taken into account. Some contributions have been highlighted based on at least one of the following aspects:

- Relevant to and/or having implications for one or more of the proposals under consideration;
- Evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to additional information or evidence to support their perspective;
- Deliberative – based on thoughtful discussion in public meetings and other group settings;
- Representative of the general population and/or particular localities, groups or points of view;
- Focused on the views from under-represented people or equality groups; or
- 'Novel' – in the sense of raising 'different' issues from those being repeated by a number of respondents or arising from a different perspective.

2.17 This executive summary and the full report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. It is not ORS' role, however, to 'make a case' for the proposals, or to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part.

The consultation process

2.18 The 14-and-a-half-week public consultation period began on 25th September 2023 and ended on 5th January 2024, during which time service users, members of the public, NHS staff members, organisations, and other stakeholders were invited to give feedback on the proposals.

2.19 The ICB planned and delivered a comprehensive communications programme to raise awareness of the consultation and ensure residents and other stakeholders knew about the available opportunities to take part.

2.20 Consultees were provided with paper documentation or signposted to the ICB consultation website: www.betterhospitalshumber.nhs.uk. A range of information and resources was available, including the full consultation document and separate summary versions, the Pre-Consultation Business Case (PCBC), and an Integrated Impact Assessment (IIA). Documents were proactively distributed to a range of stakeholders and outlets as shown in sections 3.21 and 3.31.

2.21 Paper copies of documentation and the consultation questionnaire, including accessible Easy Read versions, were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email. Approximately 2,250 items (including leaflets, posters, questionnaires) were distributed in response to requests over the course of the consultation period.

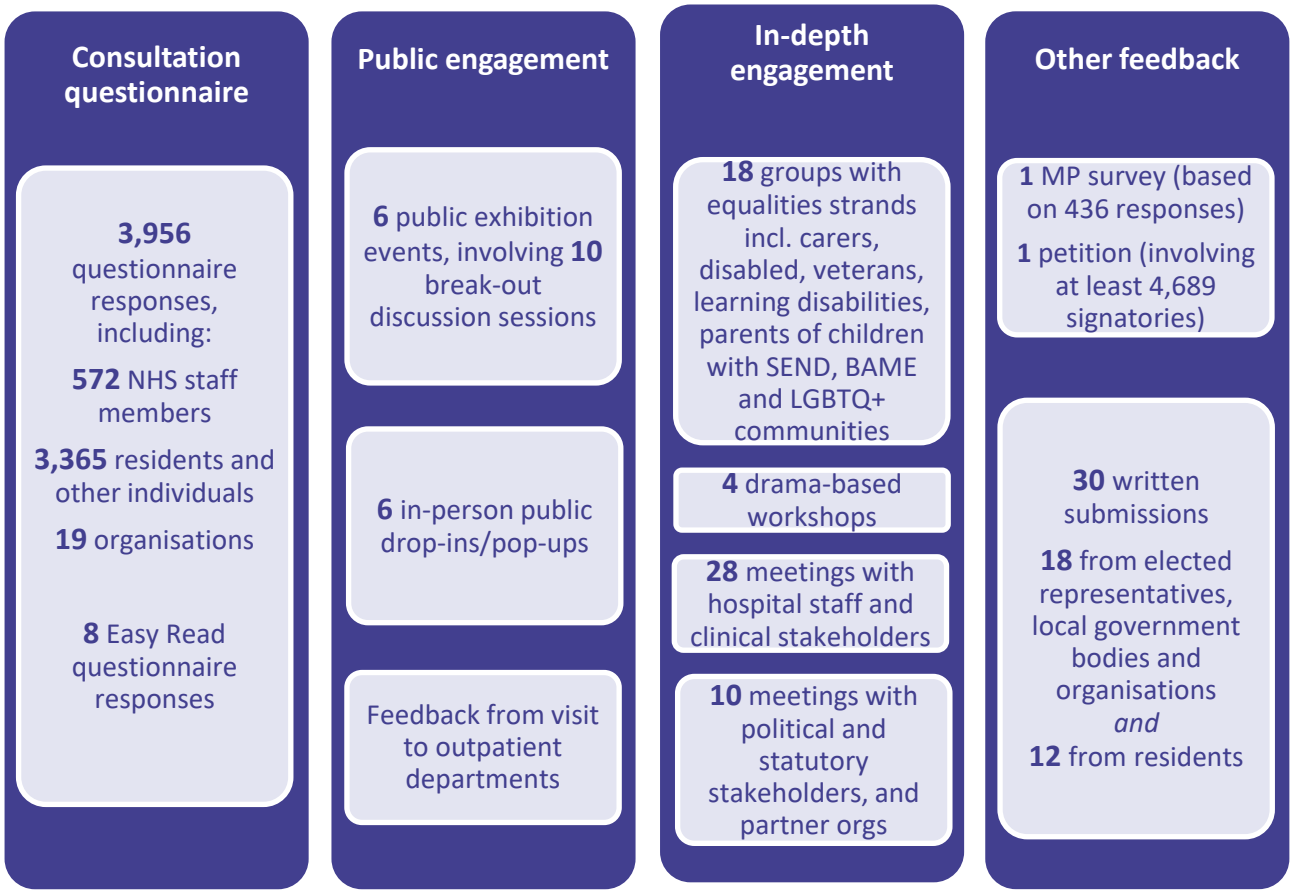
2.22 Overall, the consultation programme resulted in feedback arising from the following activities:

- A consultation questionnaire for all residents, staff members, stakeholders and organisations. This was available online (hosted by ORS) and paper questionnaires were circulated widely and available

on request. Easy Read and aphasia-friendly, translated documents, and other formats were also available on request.

- Public engagement activities undertaken by the ICB and Verve Communications, including:
  - Public exhibition events (in-person and online), some involving multiple break-out sessions in which smaller groups of participants could discuss the proposals in more detail.
  - Rural community roadshows and pop-up / drop-in activities in public and community spaces.
  - Attendance at outpatient departments to promote the consultation and capture feedback from patients.
- Independently facilitated in-depth engagement designed and conducted by Verve Communications and the NHS engagement team, including:
  - Focus groups with people from various equalities strands or otherwise potentially affected groups.
  - Drama-based workshops with young people and vulnerable groups.
  - Engagement sessions with hospital staff and their representatives.
  - Meetings with local and neighbouring health and care organisations.
  - Engagement with other stakeholders (e.g. local authorities).
- Written and email submissions from residents, stakeholders and organisations.
- Comments and feedback arising on social media.

2.23 The response from different consultation strands is summarised below.



2.24 The full consultation feedback report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the decision-making process for the ICB. This executive summary concisely reviews the full range of feedback received and brings together those common themes that have emerged.

Executive summary and consultation feedback report

2.25 Verbatim quotations are used in the full report not because ORS agrees or disagrees with them, but for their vividness in capturing recurrent points of view. ORS does not endorse the statements made but seeks only to portray them accurately and clearly.

2.26 Whereas this executive summary brings together the overall perspectives fairly quickly, the full report covers public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding.

2.27 By contrast, the full report considers the feedback from each element of the consultation in turn, which can at times be repetitive given that similar issues emerged across the different strands - but it is important that the full report provides an accurate reflection of all the feedback received. We trust that both the executive summary and full report will be helpful to all concerned.

Summary of feedback: the need for change

2.28 Responses to the consultation questionnaire indicated broad recognition of the need for change to address the challenges identified by the ICB: around three fifths (59%) of respondents who are NHS staff and nearly half (49%) of other individual respondents either strongly agreed or tended to agree that the ICB needs to make changes to respond to these challenges. More than half (55%) of those who did not specify a respondent type also agreed.

2.29 There was also some disagreement, however, with sizeable proportions (three-in-ten NHS staff (31%), just over two fifths (42%) of other individuals, and just over one third (35%) of non-specified respondents) either tending to disagree or strongly disagreeing that changes are needed to respond to the challenges faced by the NHS in the Humber area. Moreover, there were clear geographical differences: three quarters (75%) of respondents living closest to Diana Princess of Wales Hospital in Grimsby (DPoW) agreed that changes are needed, compared with just under half (47%) of those who live closest to Scunthorpe General Hospital (SGH).

2.30 Of the nineteen questionnaire responses that indicated they were on behalf of an organisation, department or in an official capacity, twelve agreed with the need for change, while five disagreed.

2.31 In the public and targeted engagement events/meetings, and the written submissions, there was widespread recognition of the challenges faced by the NHS in Humber.

Reasons for agreement with the need for change

2.32 In the feedback received via the questionnaire, there were relatively few comments or views expressed around the need for change: most respondents chose to focus on the main proposals. However, there were comments (particularly from some organisations and members of staff) about the need to address staff retention issues and improve the quality and sustainability of services, as well as concerns around insufficient standards of care currently, as well as the likelihood of services deteriorating in future if more staff were to leave.

2.33 Consultees in the public and targeted engagement events, and the written submissions, particularly acknowledged the staff shortages that make it difficult to provide every service at every hospital, and the need to address long waiting times for diagnosis and treatment.

Reasons for disagreement with the need for change

2.34 Some questionnaire respondents offered positive anecdotes about current standards of care, and some rejected the need for change (either mostly or outright). Scepticism was expressed over whether the proposals have genuinely been designed to improve care and address service standards, with some responders to the questionnaire and on social media suggesting instead that their main purpose is to achieve financial savings. A few also felt that the proposals represent the culmination of a sustained period of underinvestment in SGH.

Summary of feedback: the proposed model of care

2.35 Among the questionnaire respondents, there was overall agreement with the proposal to keep most urgent and emergency care services for the majority of patients at both hospitals: around two thirds of NHS staff and other individuals (68% and 66%, respectively) agreed, as did around three quarters (76%) of the respondents who did not specify a respondent type. Around two thirds (13) of the organisations responding to the questionnaire were also in agreement.

2.36 However, only very limited proportions responding to the consultation questionnaire (20% of NHS staff, 16% of other individuals, and 26% of those who did not specify a respondent type) agreed with the main proposals to bring together four specific services at one NLaG hospital. In contrast, more than three quarters of NHS staff and other individual respondents (76% and 80%, respectively) either tended to disagree or strongly disagreed with the proposals to bring together four specific services at one NLaG hospital, as did around two thirds (68%) of those who did not specify a respondent type. The organisations responding to the questionnaire were divided (six agreed and nine disagreed).

2.37 Across other consultation methods, there was some (albeit limited) support for both aspects of the proposed model of care (keeping most urgent and emergency care services for the majority of patients at both hospitals, while bringing together four specific services at one NLaG Hospital).

Reasons for agreement with the model of care

2.38 As was the case with the need for change, relatively few questionnaire respondents commented directly on the principles underpinning the model of care. There were some supportive comments, primarily from a small number of organisations and members of NHS staff, which mainly centred on addressing staff retention issues, consolidating skills and competencies, and developing a more modern and sustainable configuration of services. It was suggested that creating 24/7 specialist teams might deliver better care and patient outcomes, as has been achieved with other specialities.

2.39 Consultees across the other consultation methods felt that the proposed model of care could help enable faster and better access to specialist care, including at weekends; overcome long-standing recruitment and retention challenges; consolidate staff to enhance their skills and competencies; and deliver more sustainable future services that meet national clinical standards.

Reasons for disagreement with/concerns about the model of care

2.40 Some questionnaire respondents stated that while they accepted the rationale behind the proposed model of care, particularly from a clinical perspective, they struggled to reconcile this with its potential negative implications for patients and their families and visitors. For example, there was concern that the proposals would exacerbate health inequalities by making it harder for some to access services and by placing an unreasonable financial and emotional burden on service users.

2.41 A few questionnaire respondents felt that the services under consideration are fairly 'core' or essential elements of healthcare provision and that they are therefore needed at both current hospital sites. Several, including some organisations (North Lincolnshire Council Senior Leadership Teams for Children and Families and Adults and Health, as well as several parish councils), suggested that the NHS should focus on providing care as close to the patient's home as possible.

2.42 While the issues and challenges raised by the ICB were recognised by many questionnaire respondents, some suggested that there might be scope to bring about improvements without making significant changes to way services are currently organised. Moreover, the problems identified were attributed by some to wider NHS budgetary, workforce, and management issues and, as such, there was scepticism that the proposed model of care could have a significant impact in addressing the current situation. This was echoed in several of the public and targeted events/meetings, and in some written submissions.

2.43 A few questionnaire respondents suggested that the proposed model of care has failed elsewhere, or that the consolidation of other services in the NLaG area, such as the ENT service, has not resulted in the desired benefits. It was also said that the proposed model is more appropriate for urban areas, and fundamentally less suitable for the NLaG catchment area because of its more dispersed population and the relatively long distances between hospitals.

2.44 The main concern raised by several attendees at the public events in particular was that the proposed model of care would exacerbate confusion or lack of knowledge around which hospital patients should attend for what service. It was said that knowledge of available pathways would need to be strengthened among healthcare staff and members of the public to mitigate against this. On a related note, having different specialist services at different hospitals was thought to carry risk as it would potentially place extra pressure on paramedics to decide who to take where.

Summary of feedback: the proposed location of services

2.45 On the question of location, *if* some services were brought together at one NLaG hospital, only a minority of questionnaire respondents agreed that it should be at DPoW: 19% of responding NHS staff, 13% of other individuals, and 20% of those who did not specify a respondent type. On the other hand, sizeable majorities disagreed with bringing some services together at DPoW: 70% of responding NHS staff members, 80% of other individual respondents, and 68% of those who did not specify a respondent type.

2.46 It is worth noting that there were stark differences in views according to location: more than four fifths (86%) of respondents living closest to SGH *disagreed* with the proposed location. On the other hand, respondents living closer to DPoW were much more positive, with around two thirds (67%) *agreeing* with the proposed location.

2.47 Again, organisations responding to the questionnaire were largely divided in their views around the proposal to consolidate services at DPoW (six agreed and eight disagreed).

Reasons for agreement with the proposed location of services

2.48 A few participants at both the public and targeted events/meetings, as well as several written submissions, supported DPoW as the most appropriate location for the proposed service consolidation. They (along with questionnaire respondents who agreed that DPoW was the most appropriate location) considered the proposals logical both geographically, and because DPoW has more room for expansion and is more modern than SGH.

Reasons for disagreement with/concerns about the proposed location of services: general

2.49 However, a greater number of consultees across all consultation strands disagreed with the logic of consolidating services in DPoW, arguing that SGH is more centrally situated and accessible. Others argued that SGH should retain services because of its size and growing population, high deprivation, and because it has a number of large industrial sites with an associated higher risk of major incidents.

Reasons for disagreement with/concerns about the proposed location of services: travel and access

2.50 The most common concerns raised across all consultation methods related to travel and access. In particular, longer journeys to hospital were said to result in financial burdens due to increased fuel costs; parking was said to be difficult and costly at DPoW; and the distance of DPoW from bus stops and train stations was said to necessitate expensive taxi rides for those travelling by public transport. Moreover, transport infrastructure to and around DPoW was considered poor and insufficient to cope with the anticipated increase in patient numbers.

2.51 Other travel and access factors included difficulties for some patients in getting home from a more distant hospital on discharge, and difficult and costly journeys (especially by public transport) for patients and visitors from Scunthorpe and surrounding areas. In this context, the importance of visitors for patient recovery and outcomes was frequently emphasised, and travel constraints could, it was felt, hinder the ability of loved ones to provide this essential support.

2.52 It was also noted that SGH serves patients in rural areas (the Isle of Axholme, for example) who might be particularly disadvantaged or inconvenienced if they had to travel to DPoW to receive treatment or visit loved ones. Similarly, it was noted that the proposed location is particularly far for residents of Goole and surrounding areas, who might find it easier to access services outside of the NLaG area. There was, though, some concern about the accessibility of medical records across Trust boundaries.

2.53 Concerns were also voiced about the Patient Transport Service, which was said to already be oversubscribed and under considerable pressure.

Reasons for disagreement with/concerns about the proposed location of services: ambulance availability

2.54 Many consultees across the different consultation methods noted current challenges within the ambulance service, and there was a sense that these might be exacerbated by the proposed consolidation of services at DPoW due to ambulances undertaking longer journeys and being required to carry out more inter-hospital transfers, further tying up resources.

2.55 Questions were therefore raised about the potential impact of the proposals on ambulance availability and response times. Many people were concerned about the possible implications for patients in emergency

situations, suggesting that the proposals could lead to increasingly unacceptable delays to treatment and poorer outcomes.

Reasons for disagreement with/concerns about the proposed location of services: transfers between hospitals

2.56 Many questionnaire respondents understood that the proposals would lead to some additional patients needing to be transferred between hospitals. There was concern that this would lead to delays in patients being seen by specialists, and that this might negatively impact safety and outcomes, especially if no ambulance is available quickly. A small number of staff also stated that transfers occurring out-of-hours are considered less safe for patients.

2.57 Elsewhere, it was suggested that the proposals would lead to a dilution or reduction in skills among the workforce at SGH. This fed into concerns about whether SGH would retain the necessary expertise to assess patients presenting at the hospital and to stabilise and care for them while awaiting onward transfer.

2.58 There was also concern that moving some inpatients from SGH to DPoW after three days could disrupt continuity of care and place pressure on clinical staff to discharge patients prematurely if, for example, there was severe pressure on bed spaces, or if the patient was reluctant to be moved to another hospital further from home.

2.59 Additionally, there were some reservations about the proposals on the basis of disjointed working or cross-boundary issues when patients have been transferred to a different hospital outside their usual local authority or Trust. Of particular concern were potential discharge delays, and difficulties accessing mental health support.

Reasons for disagreement with/concerns about the proposed location of services: capacity and infrastructure at DPoW

2.60 There was some concern around capacity levels at DPoW in general, and its ability to absorb additional patients. It was noted, for example, that the Emergency Department (A&E) at DPoW has previously gone 'on divert' to SGH due to the pressures it experiences. It was also suggested that there is (and will likely continue to be) insufficient bed space at DPoW to manage the proposed changes.

Reasons for disagreement with/concerns about the proposed location of services: potential future impacts

2.61 There was concern among consultees that the proposals would have a detrimental effect on the long-term sustainability of SGH through a loss of specialist staff and services. Specifically, it was suggested that the changes to paediatric services might impact on the longer-term viability of obstetrics and neonatology services at SGH, while others raised questions about the future implications for elective surgery across both sites. Furthermore, although Goole and District Hospital is not directly impacted by the proposals, there was significant concern among the area's residents about the long-term impact on services there.

2.62 A particular concern raised in some written submissions was around the impact of the proposed changes on acute activity within neighbouring Trusts, who themselves are under existing pressure (though it should be noted that concerns were typically raised on behalf of neighbouring Trusts, who themselves were largely happy with the proposed changes).

Reasons for disagreement with/concerns about the proposed location of services: staffing issues

2.63 As previously noted, there was some scepticism that the proposals would successfully address NLaG's recruitment and retention challenges. For example, it was suggested that some SGH staff may choose to work outside NLaG's catchment (or even outside the NHS) in future rather than commute to DPoW, while others thought the proposals might increase the pressure and demands on those working at DPoW to an intolerable level.

2.64 Some were concerned that the proposals would lead to SGH becoming a less attractive career option for medical graduates and other potential recruits in future (for example, due to the 'deskilling' concerns noted above and a perception that the hospital has been 'downgraded'), while others assumed that DPoW would remain difficult to recruit to both in general and in terms of attracting enough staff with the requisite level and mix of skills to deliver the consolidated services, based on its location and distance from major population centres in the region.

2.65 Therefore, there was some concern that, in terms of staffing, the proposals might in fact exacerbate the problems they had been designed to address.

Reasons for disagreement with/concerns about the proposed location of services: Trauma Unit

2.66 There was some concern around the potential impact on the ambulance service of having one 24/7 Trauma Unit, specifically in terms of increased waiting times and treatment delays. Moreover, in several stakeholder meetings, the potential impacts of consolidating the Trauma Unit at DPoW on Doncaster Royal Infirmary (DRI) were raised. Representatives from East Midlands Ambulance Service and Yorkshire Ambulance Service were, however, content with the proposals.

2.67 Some participants within the targeted events and groups (armed forces veterans, representatives of VCSE organisations, and some local councils, for example) felt that a Trauma Unit should be retained at SGH due to the local steelworks and other industry, a concern also echoed by a few questionnaire respondents.

Reasons for disagreement with/concerns about the proposed location of services: overnight emergency surgery

2.68 Further to the general concerns expressed above (around inter-hospital transfers and capacity at DPoW), specific questions were raised about what could happen in future to SGH patients requiring emergency out-of-hours surgery, in the event of there being no bed or theatre available in DPoW to accommodate them, or no available ambulance to undertake the transfer. Linked to this, concerns were again raised around whether staff at SGH would retain the skills and knowledge to care for patients who would need to spend time at the hospital before being transferred. On this basis, some questioned whether the proposals could lead to unacceptable treatment delays for some patients requiring overnight emergency surgery.

2.69 It was again suggested by some of those responding as NHS staff, that conducting out-of-hours emergency transfers is less safe for patients. Some gave specific examples of where they felt a transfer would be dangerous, including a burst appendix or ruptured spleen, certain types of emergencies in obstetrics or gynaecology (such as ectopic pregnancies and ovarian torsion), and other scenarios which carry an increased risk of haemorrhage.

2.70 It should be noted, though, that the rationale for consolidating operating teams at DPoW was supported by some participants in the targeted engagement sessions from a staffing point of view, as doing so would ensure more staff to provide cover and would reduce the number of staff moving between sites.

Reasons for disagreement with/concerns about the location of services: Paediatric overnight (inpatient) care

2.71 Some of the strongest reservations were expressed in relation to the proposed consolidation of inpatient Paediatric services at DPoW. There were specific concerns around the risks involved in transferring very unwell children between the two hospital sites, particularly those with certain requirements (young patients needing long-term ventilation for example).

2.72 Linked to this, a small number of respondents doubted NLaG's ability to either commission or develop a paediatric transfer service with the required skills and experience to convey children safely between the two sites (based on their understanding that Embrace[1] would be unable to conduct inter-hospital transfers between SGH and DPoW under the proposals).

2.73 A few respondents also doubted that DPoW is suitably equipped to provide a consolidated inpatient Paediatric service and suggested that the proposals might lead to additional pressures on tertiary services, as well as more out-of-area transfers. Furthermore, transferring children and young people from SGH to DPoW, then back west to Sheffield Children's Hospital if they require specialist care could, it was felt, pose additional risks to outcomes.

2.74 Other concerns about the centralisation of inpatient Paediatric services at DPoW were that:

- Longer journey times would result in children having to be taken out of school for longer periods, and difficulties for parents in getting time off work to accompany them.
- Longer-stay paediatric patients and their families, especially single parent families and those with multiple children to consider and care for, would face particular challenges.
- There would be significant emotional impacts for children and young people being treated further away from their home and families in an unfamiliar environment.

2.75 Finally, the broad concerns noted above regarding continuity of care and disruptions to joint working arrangements were also raised with specific reference to the Paediatric inpatient service, relating to, for example: services supporting young people with mental health and eating disorders, social services, and other services based in the community.

Reasons for disagreement with/concerns about the location of services: medical specialties (inpatient)

2.76 Relatively few consultees commented directly on the proposals to consolidate inpatient medical specialties (including cardiology, respiratory, and gastroenterology services) at DPoW. However, a small number of questionnaire respondents had reservations about moving one or more of the services from SGH, citing (for example) high cardiovascular rates in the region; and one respondent highlighted possible overlaps between the identified medical specialties and general medicine, and queried how they might be demarcated.

[1] Embrace is a highly specialist, round-the-clock transport service for critically ill infants and children in Yorkshire and the Humber who require care in another hospital in the region or further afield.

2.77 Moreover, participants in one of the break-out sessions at the Scunthorpe exhibition event objected to the removal of Cardiology services from SGH due to the need for co-location with the stroke services provided there. The two services were thought to be inextricably linked and thus not appropriate for separation.

Some misunderstandings and misconceptions

2.78 It should be noted that some comments made in response to the consultation questionnaire, in the various events, and in a couple of the petitions suggested some misconceptions and misunderstandings among respondents/participants, including that most hospital services (including A&E) were relocating to DPoW; and that patients from elsewhere would be expected to travel there for routine follow-up appointments as opposed to their local hospital.

Equalities issues

2.79 The analysis of the questionnaire responses did not indicate particularly strong differences in views on the proposals, or specific additional concerns being expressed by respondents from groups with protected characteristics under the Equalities Act 2010 (e.g., age, ethnicity, gender) or other demographic groups. Questionnaire respondents living in the *most deprived* parts of the NLaG catchment area, had similar views compared to other residents living elsewhere within NlaG (i.e. less deprived parts). On this basis, it appears to be primarily local concerns and issues that account for the main differences in views.

2.80 Nonetheless, over the course of the consultation concerns were identified in relation to equalities impacts, most of which centred on travel and access, focusing on the ease with which patients are able to travel to access care, especially inpatient Paediatric care, at DPoW. Several groups were highlighted as being particularly vulnerable to these impacts, including:

- People and families on lower incomes and/or without access to private transport.
- People living in rural isolation.
- Older people.
- People with disabilities.
- People living with dementia.
- People living with mental health issues.
- Carers.
- People living in particular geographies (like Scunthorpe and surrounding areas, and north Lincolnshire)
- Single parents, especially those with no support network.
- Parents, especially single parents, with other children to care for.
- Patients with longer term conditions requiring repeat appointments.
- People (especially children and young people) with additional/complex needs like autism and their families.

2.81 Indeed, the specific challenges faced by people with additional or complex needs were frequently highlighted: they can struggle to adapt to new and unfamiliar environments and may thus disengage with services unless their needs are taken into consideration. Moreover, longer ambulance journeys were thought to have the potential to be overstimulating and unsettling for autistic patients during an already stressful time.

2.82 A few participants also suggested that the LGBTQ+ community faces barriers when accessing NHS hospital services, mainly around continuity of care. It was said that if patients were treated by staff that did not already know them, those staff may be less aware of a patient's needs e.g. using correct pronouns, not using 'dead names', and being mindful of the specific needs of transgender patients for example.

2.83 There was some discussion in the targeted engagement around whether some people would feel reluctant to use services as a result of the proposed changes, for example families with social services involvement who would not want to travel further to a hospital out of the area where their needs are not known; and refugees, migrants, and people for whom English is not their first language, who are already reluctant to use services, but would be even more so for fear of the unknown.

Alternatives and mitigations

Alternatives

2.84 Many of those who disagreed with the proposals felt that some resolution could be achieved without reconfiguring services, for example through better renumeration and benefits for staff (including allowing staff to work overtime etc.) as well as working with universities and research programmes to provide more appealing work opportunities.

2.85 The most frequently suggested alternative service configurations included consolidating services at SGH instead of DPoW; and consolidating some services at DPoW and others at SGH. Others proposed that services should instead be consolidated at a completely new centre, to be built somewhere between SGH and DPoW (Barnetby Top for example). Another suggestion was to alternate the on-call rotas for overnight emergency surgery between the two sites, as a possible alternative to consolidating it at just one location.

2.86 There was occasional support among questionnaire respondents for greater centralisation or a more 'radical' solution than is being proposed (for example consolidating services at Hull Royal Infirmary or reserving one site for elective work and minor conditions only). However, it should be emphasised that these comments were very small in number.

Mitigations and other suggestions

2.87 The most common mitigations centred on travel and access: across all the consultation methods, consultees suggested an improved Patient Transport System (particularly in terms of widening eligibility and allowing carers and family members to travel with patients); a shuttle bus between hospital sites; expanding the voluntary driver service; free car parking at DPoW; simplifying the process of reclaiming travel expenses; and providing accommodation for the families of Paediatric inpatients. There were a few suggestions, however, that travel times would still be unacceptably long, even if these kinds of mitigations were in place.

2.88 Other frequently proposed mitigations were around staff recruitment and retention, and included offering incentives for those who train in the area to stay for a period of time once qualified; encouraging more staff to join the NHS on a permanent basis, rather than working through an agency; offering more local secondments and training placements; and removing the degree requirement for nursing and opening up alternative routes into the profession for local residents.

2.89 With specific regard to inpatient Paediatric services, it was said that making better use of virtual appointments where applicable would be an important mitigation, particularly for children with autism and ADHD who struggle with the sensory experience of a hospital environment; as was making hospitals more welcoming and less daunting, especially for children.

2.90 Some respondents suggested that services at Goole and District Hospital should be improved; or indeed considered as part the proposals based on the hospital's accessibility and better proximity to major centres such as Sheffield and Hull. Others suggested that there should be a broader review of how NHS services are organised across the wider area, and that Goole and District Hospital should be 'decoupled' from hospitals in northern Lincolnshire altogether, given it is closer to hospitals belonging to other Trusts.

The consultation process

2.91 Many consultees said they had found the drop-in event or meeting they attended helpful, and in some cases reassuring, in terms of clarification and aiding their understanding of the proposals. Some public exhibition and pop-up event attendees even stated that their views had changed having been reassured by explanations from clinicians or through watching the consultation video.

2.92 Several others, though, suggested there was/had been a widespread lack of knowledge about the consultation process and proposals; poor promotion of the opportunities available to engage; and inadequate communication of the benefits of the proposals. These views were most often expressed at the public exhibition and pop-up events or via social media[2].

2.93 Furthermore, some questionnaire respondents were of the view that the process is about saving money rather than improving service provision, while the consultation questionnaire also received some criticism for 'leading' respondents to agree with the proposals.

2.94 There was also some feeling among public engagement event attendees and on social media that the consultation is a 'fait accompli' and that proposed changes will be made regardless of its outcomes.

[2] It should be noted that criticisms such as these were noted and acted upon throughout the consultation process. For example, events/meetings were added to the programme in response to comments about the lack of engagement opportunities in certain areas or for certain groups; additional exhibition events were held in Scunthorpe to mitigate the impact of stormy weather on attendance at the first event; and suggested improvements to the way feedback was gathered at the exhibition events were taken on board and implemented at future events.

3. Consultation overview

Commission and methodology

Introduction

3.1 NHS Humber and North Yorkshire ICB is a statutory organisation accountable for NHS spend and performance, serving a population of 1.7 million. The ICB is a core member of the Humber and North Yorkshire Health and Care Partnership, alongside NHS providers, local councils, health and care providers, and voluntary, community and social enterprise (VCSE) organisations.

3.2 Hull University Teaching Hospitals NHS Trust (HUTHT) and Northern Lincolnshire and Goole NHS Foundation Trust (NlaG) provide a range of acute hospital services for a large region, serving patients living across Northern Lincolnshire, East Yorkshire, Hull, parts of North Yorkshire, and communities in East Lindsey and West Lindsey. The Humber area is home to just under one million people and patients also travel from further afield to access some hospital services in the region.

3.3 For a number of years, the hospital trusts and the ICB (and formerly the relevant Clinical Commission Groups) have been working on the Humber Acute Services programme, to design potential future models of care for hospital services and improve service delivery in light of various national and local changes and challenges. This review has culminated in a substantial public consultation to understand views on the ICB's proposal to change the way some more complex medical, urgent and emergency care, and paediatric (children's) services are delivered at hospitals in Scunthorpe and Grimsby (Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby).

The challenges facing services in Humber

3.4 The ICB aims to provide services so people get the very best care, in the best place, when they need it. Doctors, nurses, and hospital staff work hard to provide the best care possible, but challenges have been identified that the ICB believes need to be addressed. These are:

- **Ensuring the future quality and safety of some hospital services:** some services fail to meet national standards, senior clinicians are not always available 24/7, and some patients are waiting too long for expert emergency diagnosis and treatment.
- **Having the right workforce, in the right place, to meet demand:** attracting and keeping enough doctors, nurses, and specialist staff with the right skills and expertise is extremely difficult. This means some specialists are not available every day, because they are spread across multiple hospitals. There is also too much reliance on temporary staff to fill gaps.
- **Providing the right care for the population:** the number of older people in the area is rising, which can mean more complex health needs and increasing demand for some services. Some communities have much poorer health and need hospital care more often or have difficulty accessing healthcare services.
- **Investing in buildings:** some hospital buildings are old and there is limited access to the investment needed to improve or replace them.
- **Using financial resources in the most efficient way:** the limited finances available need to be spent in the most sensible way and on the most appropriate services.

Developing the options

3.5 A significant options development and appraisal process was undertaken by the ICB working in partnership with HUTHT and NLaG over two years. It involved extensive engagement with more than 12,000 people including clinicians, staff, patients, the public, and other stakeholders.

3.6 The appraisal process yielded an initial long list of 120 possible ideas for change, all of which were scrutinised. Various approaches, including making no changes, were discounted because they are not viable solutions to address the identified challenges.

3.7 The detail of this process is described in the pre-consultation business case (PCBC) which was available throughout the consultation, along with other key documents.

The proposals

3.8 Following the options development and appraisal process, the ICB finalised their proposed model of care for certain acute services and a preferred location from where they would be delivered. In summary, the proposal is:

To bring four specific services together at Diana Princess of Wales Hospital, Grimsby (DPoW)

3.9 The four specific services that would be brought together are:

- **Trauma Unit** – for people with injuries requiring specialist care (typically brought by ambulance) and who might need an operation or observation by a trauma team.
- **Emergency surgery (overnight)** – for people who need an operation in the middle of the night or who need to stay in hospital overnight and be looked after by teams with surgical expertise.
- **Some medical specialities (inpatient)** – for people who need a longer stay in hospital (more than 3 days) and to be looked after by a specialist team for their heart, lung or stomach condition.
- **Paediatric overnight (inpatient) care** – for children and young people who need to stay in hospital for more than 24 hours.

3.10 Bringing these specific services together at DPoW was identified as the only viable option as it would directly impact fewer people. Specifically:

- DPoW is closer to more patients who have poorer health outcomes, who would otherwise have to travel further and may not have access to transport.
- It would have the least impact on ambulance services.
- Overall, it would have a lower impact on journeys to and from hospital in that fewer people would have to go to a different hospital site; and fewer people would have longer journeys to and from hospital.
- Fewer patients would have to be transferred between sites if they needed to stay in hospital overnight.

3.11 Additionally, this option would make best use of financial resources as it is the only option that is affordable: it would cost three times as much to change the buildings at SGH to bring the services together there. Delivering the services at DPoW would allow the ICB to make the changes within the money available and improve services far more quickly.

3.12 Most patients would continue to be seen and treated in the same hospital they are now. Those needing treatment at a different hospital would be transferred by ambulance or free inter-hospital transport.

3.13 Urgent and emergency care for most patients would continue to be provided at both DPoW and SGH including:

- 24/7 Emergency Department (A&E), assessment unit, and short stay (up to three days).
- Emergency surgery (during the day).
- Overnight (inpatient) care for elderly and general medical patients (for stays longer than three days).
- Paediatric (children's) Assessment Unit (admissions up to 24 hours).

3.14 Overall, the ICB believes that by changing the way hospital services are organised, they can address critical workforce shortages by organising teams more effectively, and ensuring staff with more specialist skills are always available 24/7. This would mean more patients being seen and treated more quickly and staying in hospital for less time.

The commission

3.15 Opinion Research Services (ORS), a company that originated from Swansea University, now with a UK-wide reputation for social research and major statutory consultations, was appointed by the ICB to support particular consultation and engagement activities, and to independently analyse and report the consultation outcomes.

3.16 The ICB also commissioned a specialist marketing and communications agency, Verve Communications, to manage promotion of the consultation, and undertake some of the public events and in-depth targeted engagement activities outlined below.

The public consultation

3.17 The 14-and-a-half-week public consultation period began on 25th September 2023 and ended on 5th January 2024, during which time service users, members of the public, NHS staff members, organisations, and other stakeholders were invited to give feedback on the proposals.

3.18 The ICB planned and delivered a comprehensive communications programme to raise awareness of the consultation and ensure residents and other stakeholders knew about the available opportunities to take part.

3.19 Consultees were provided with paper documentation or signposted to the Humber and North Yorkshire ICB consultation website: www.betterhospitalshumber.nhs.uk. A range of information and resources was available, including the full consultation document and separate summary versions, the PCBC, and an Integrated Impact Assessment (IIA). Documents were proactively distributed to a range of stakeholders and outlets as shown in sections 3.21 and 3.31.

3.20 Paper copies of documentation and the consultation questionnaire, including accessible Easy Read versions, were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email. Approximately 2,250 items (including leaflets, posters, questionnaires) were distributed in response to requests over the course of the consultation period.

Promotion and engagement

Promotion and awareness raising

3.21 A comprehensive media and marketing strategy was developed to ensure the consultation was promoted to as many potential consultees as possible. The background documentation was widely circulated and made accessible throughout the consultation period to ensure anyone who wished to take part had enough information about the proposals to give an informed opinion on them. A summary of key promotional activity is set out below, and full details of event participation are included in Appendix II.

- Summary leaflets and posters delivered to around 120 community locations (libraries, GP practices, children's centres, community groups).
- Media launch and proactive press releases generating coverage in local radio, TV, print, and specialist media (more than 30 articles).
- North Lincolnshire Council magazine article (distributed to every household in North Lincolnshire).
- Newsletter sent out weekly (around 1,000 subscribers).
- Consultation document and questionnaire shared with around 30 statutory consultees and around 200 Voluntary, Community, and Social Enterprise (VCSE) groups and networks for onward sharing and promotion.
- 'Paid for' social media advertising targeted at demographics with lower response rates.

3.22 Posters, leaflets, and consultation documents contained links and QR codes to guide readers to the consultation website where they could find out about available events, and the details of a helpline email address and phone number.

3.23 The ICB also worked with local organisations and community groups to promote the consultation and encourage feedback.

3.24 It should be noted that where criticisms of the consultation process were received (during the exhibition events and in written communications for example), these were noted and acted upon where possible. For example, events/meetings were added to the programme in response to complaints about the lack of engagement opportunities in certain areas and for certain groups; additional exhibition events were held in Scunthorpe to mitigate the impact of stormy weather on attendance at the first event; and suggested improvements to the way feedback was gathered at the exhibition events were taken on board and implemented at future events.

Staff engagement

3.25 A comprehensive programme of staff engagement was undertaken to ensure clinical and non-clinical staff within NLaG and across the wider health and care system had opportunities to provide feedback on the proposals.

3.26 Drop-in sessions were held in the canteens at each of the three main hospital sites (SGH; DPoW; and Goole and District Hospital) over lunchtime, having been advertised in advance through intranets, regular all-staff bulletins, and staff Facebook pages. Open question and answer sessions were also hosted online and advertised in the same way.

3.27 In addition, targeted briefing sessions were held for the teams directly affected by the proposals to ensure they had the opportunity to ask questions and offer feedback on the possible changes.

Social media reach

3.28 Social media was used extensively throughout the consultation process to:

- raise awareness of the consultation
- direct potential consultees to the questionnaire and other methods for getting involved (e.g. promoting events)
- correct misinformation or misunderstandings that had arisen during consultation
- direct interested stakeholders to up to date information on the consultation website (including a regularly updated FAQ section).

3.29 A combination of organic social media – sharing information on existing channels, including ICB and partner channels – and paid-for advertising was used to maximise the reach and influence of the promotional activity. In total around 250,000 people heard about the consultation through social media and paid-for advertising was seen more than half a million times during the consultation.

Type	No. of posts	Impressions	Reach[3]	Link Clicks
HNY Partnership organic	24	-	9,387	42
NLaG Trust organic	68	-	107,764	7,366
Pay-per-click advertisements	-	536,631	125,887	5,589
TOTAL	**92**	**536,631**	**243,038**	**12,997**

Public engagement events

3.30 Open engagement opportunities were provided to ensure any member of the public, member of staff, or other interested party could find out more about, and provide feedback on, the proposals. A summary of the activity undertaken is provided below:

- Six exhibition events (in Goole, Grimsby, Scunthorpe, and Gainsborough)
- 16 pop-up engagement roadshows (in rural, urban, and deprived communities)
- Three patient engagement sessions in outpatient areas (in SGH, Goole, and DPoW hospitals)
- Online deliberative meeting

Targeted engagement

3.31 Targeted engagement was undertaken to ensure the views of potentially impacted populations, and those most likely to be affected by the proposals due to underlying health inequalities or barriers to access, can be fully understood and considered by decision-makers. A wide range of methodologies were used to adapt to the needs and expectations of each population group. A summary of activity undertaken is provided below.

[3] Reach describes the number of unique user accounts that viewed a post, Impressions is the number of times a post appeared (with paid-for advertising a post could appear multiple times on the same user's account).

- 14 focus groups (including with carers, disabled people, veterans, people with learning disabilities, parents of children with special educational needs and disabilities (SEND), Black, Asian, and Minority Ethnic communities, and LGBTQ+ communities)
- Four drama-based workshops with children, young people, people with learning disabilities, and other vulnerable adults (e.g. people affected by homelessness and/or substance misuse)
- Three staff drop-in sessions in hospital canteens, two online staff Q&A sessions, five targeted briefings for potentially impacted staff groups, three forums with staff-side and union representatives, and the inclusion assembly (a meeting of equality network chairs, equality, diversity and inclusion leads)
- Approximately 11,000 multilingual leaflets delivered to neighbourhoods with low English proficiency
- Approximately 12,000 summary leaflets delivered to neighbourhoods with high levels of digital exclusion
- Approximately 200 Easy Read questionnaires distributed to groups and individuals with learning disabilities, and young people

Consultation methodology and response

3.32 All the activities outlined above offered participants the opportunity to give feedback in structured or informal conversations, and/or to take away consultation documents and questionnaires to complete later. Not all of the activities and events outlined above gathered feedback, but where they did, Verve and the NHS engagement team took note of the views and concerns raised and shared these with ORS for inclusion in the report.

3.33 Overall, the consultation programme resulted in feedback arising from the following activities:

- A consultation questionnaire for all residents, staff members, stakeholders and organisations. This was available online (hosted by ORS) and paper questionnaires were circulated widely and available on request. Easy Read and aphasia-friendly, translated documents, and other formats were also available on request.
- Public engagement activities undertaken by the ICB and Verve Communications, including:
  - Public exhibition events (in-person and online), each involving multiple break-out sessions in which smaller groups of participants could discuss the proposals in more detail.
  - Rural community roadshows and pop-up / drop-in activities in public and community spaces.
  - Attendance at outpatient departments to promote the consultation and capture feedback from patients.
- Independently facilitated in-depth engagement designed and conducted by Verve Communications and the NHS engagement team, including:
  - Focus groups with people from various equalities strands or otherwise potentially affected groups.
  - Drama-based workshops with young people and vulnerable groups.
  - Hospital staff and their representatives.
  - Local and neighbouring health and care organisations.
  - Other stakeholders (e.g. local authorities).

- Written and email submissions from residents, stakeholders and statutory organisations as set out in the submissions chapter (Chapter 7).
- Comments and feedback arising on social media.

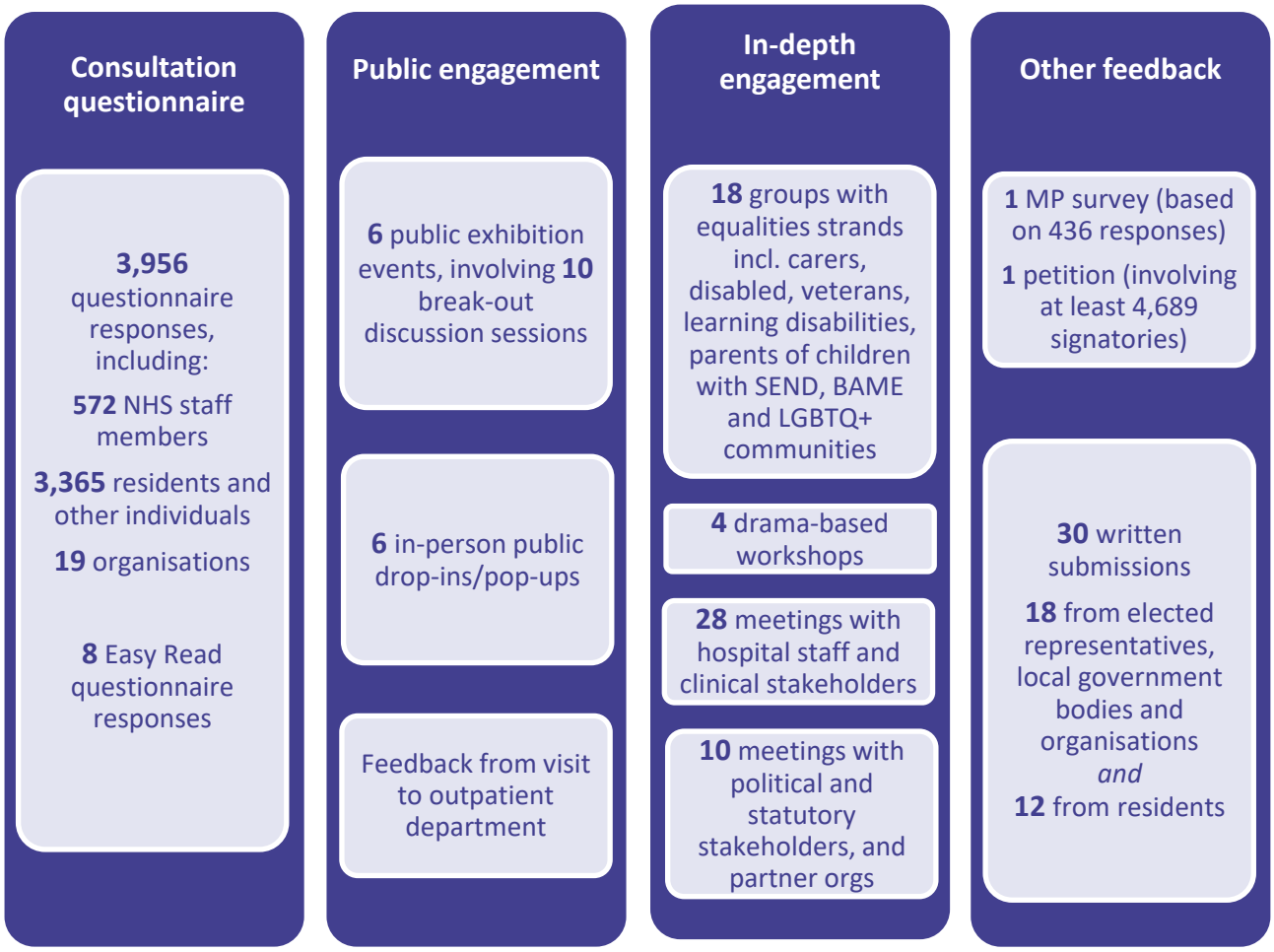
3.34 Broadly speaking, the primary purpose of the public engagement events, roadshows and pop-ups was to promote the consultation and provide information on the proposals and how to provide feedback. Feedback captured during discussions at these 'open' public engagement is reported in Chapter 5, while the feedback from those who preferred to give feedback after the events via the questionnaire is covered in Chapter 4.

3.35 The targeted and in-depth activities were designed to provide the opportunity to explore views and concerns around the proposed changes from the perspective of specific groups who might be particularly affected by the proposals, or already be vulnerable to issues around health and healthcare services. The verbal feedback from these in-depth and targeted activities is covered in Chapter 6.

3.36 In some instances, there was opportunity for longer and more detailed conversations at some of the public exhibition and pop-up events with, for example, parents and carers of patients with experience of the services proposed to change. Because these types of conversations captured detailed personal experience of specific services and/or focussed on specific needs or vulnerabilities of service users, ORS feels that is it appropriate to include them alongside the targeted and in-depth feedback in Chapter 6.[4]

[4] For example, although 16 pop-up engagement roadshows and 14 in-depth focus groups took place, where feedback was gained from these activities, it has been classified according to its *nature*, leading to feedback from six pop-up events being reported in Chapter 3 (Public engagement), and 18 sets of feedback from meetings, focus groups and depth interviews being included in chapter 4 (In-depth targeted feedback).

3.37 The response from different consultation strands is summarised below, and the nature of each strand explained in further detail:



Consultation activities

'Open' consultation questionnaire

3.38 An open consultation questionnaire was available for anyone to complete either via the dedicated consultation website or by completing a paper version. An Easy Read version of the questionnaire was also produced and available.

3.39 The consultation questionnaire was designed to be completed on the basis of the issues presented in the consultation document, with questions about the need for change, the proposed model of care, the preferred location to bring together specific services, and potential equalities and health inequalities impacts. Respondents were given the opportunity to raise concerns, as well as to suggest alternative solutions to current challenges.

3.40 Open questionnaires are important, being inclusive and giving opportunity to express and explain views, including disagreement with proposals. They are not random sample surveys of a given population, however, and cannot necessarily be expected to be representative of the general balance of opinion. For example, younger people and those living in deprived areas are usually under-represented, while older people and residents living in more affluent areas tend to be over-represented.

3.41 Furthermore, respondents from groups or geographic areas that are likely to be most affected by the proposals, and where there may therefore be more press coverage or campaigning, are more likely to respond. For example, the number of respondents living near to SGH (North Lincolnshire) were proportionally greater than those from other areas.

Public engagement activities

3.42 During the consultation period, the NHS engagement team and Verve Communications undertook a range of engagement activities with members of the public and other stakeholders. Some of these activities primarily involved promoting the consultation and signposting people to the questionnaire and other feedback channels, although there was also opportunity for people to give feedback at the time.

3.43 The NHS engagement team organised and conducted six public exhibition events at major towns across the area. Senior clinical and managerial leaders were in attendance to talk about the proposals and answer questions on a one-to-one, or small group, basis. At each of these events there was also an opportunity for members of the public and NHS staff to participate in break-out discussion sessions (facilitated by Verve Communications), where the proposals were discussed in more detail, and participants were able to ask questions and share feedback.

3.44 Rural community roadshows and 'pop-up' events were also arranged in public locations such as supermarkets, libraries and local markets. Members of the NHS engagement team were in attendance to speak to attendees and promote the consultation. Flyers providing information and links to the consultation website were distributed, as well as paper copies of consultation documents and the questionnaire on request. Feedback from six pop-up events has been summarised in the Public Engagement chapter of this report, whilst feedback from other pop-up events that is more detailed is covered in the subsequent In-depth chapter.

3.45 Finally, the NHS engagement team attended hospital outpatient departments to engage with patients. Notes from a discussion held at the Goole and District Hospital outpatient department were provided for inclusion in this report.

In-depth and targeted engagement

3.46 Verve Communications and the NHS engagement team organised and facilitated a wide range of deliberative consultation activities with groups that might be particularly impacted or affected by the proposals due to underlying health inequalities or barriers to access, as well as NHS staff who might have particular viewpoints on the possible changes.

3.47 Notes were provided from 18 focus groups and other meetings (including detailed conversations at some of the pop-up events, and a meeting with VCSE representatives) that captured in-depth feedback from or relating to a range of specific groups including: carers, disabled people, veterans, people with learning disabilities, parents of children with special educational needs and disabilities (SEND), Black, Asian, and Minority Ethnic communities, LGBTQ+ communities.

3.48 Four drama-based workshops were undertaken by a partner organisation Playing ON: two with children, young people, and their parents/carers; and two with other vulnerable adults (people affected by homelessness and/or substance misuse and people with learning disabilities).

3.49 A range of clinical and NHS staff briefings were held to inform staff about the proposals, answer questions and capture feedback. These included targeted briefings for potentially impacted staff groups, staff drop-in

sessions in hospital canteens, online staff Q&A sessions, staff forums, and engagement with the inclusion assembly. Feedback from 14 sets of meeting notes with NHS staff was provided for inclusion in this report.

3.50 A number of meetings were held with external clinical stakeholders such as operational delivery networks, the ambulance service and mental health providers etc. Feedback from 13 sets of meeting notes with external clinical stakeholders was provided for inclusion in this report, along with notes from an additional meeting that involved both hospital staff as well as external clinical stakeholders.

3.51 A number of meetings of political and statutory stakeholders, and partner organisations (such as the Integrated Children's Trust) took place, and 11 sets of notes were provided for reporting within the in-depth chapter. Some of these organisations also provided fuller written submissions that are summarised separately in the relevant chapter.

Written submissions, petitions, locally organised questionnaires and other key stakeholders

3.52 Various meetings of local authorities, well-being boards and scrutiny committees took place during the consultation. Notes from ten of these meetings were provided and have been briefly summarised in the relevant chapter, but most of these stakeholders also provided formal feedback via a written submission. In total, during the formal consultation process, 30 written submissions were received, all of which have been read and summarised by ORS. These included 18 submissions from representatives or members of organisations, and 12 from individual respondents.

3.53 Two petitions were organised (although only one was submitted to the ICB), in addition to results from a questionnaire organised and submitted by a local MP.

The nature of public consultation

3.54 Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

3.55 It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

The consultation report

3.56 In contrast to the more thematic approach in the executive summary, the full report considers the feedback from each element of the consultation in turn because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings.

3.57 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. Some contributions have been highlighted based on at least one of the following aspects:

- Relevant to and/or having implications for the proposal under consideration.
- Well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective.
- Deliberative – based on thoughtful discussion in public meetings and other group settings.

- Representative of the general population or particular localities, groups or points of view.
- Focused on the views from under-represented people or equality groups.
- 'Novel' – in the sense of raising 'different' issues from those being repeated by a number of respondents or arising from a different perspective.

3.58 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. Those with strong concerns or objections are more likely to provide these views robustly and in detail; furthermore, ORS has an obligation to comprehensively report these concerns and contrary views, in order for decision-makers to be able to conscientiously consider the issues raised (Gunning Principle 4[5]). It should be noted, however, that this can mean that the feedback can appear more 'negative' than was actually the case.

3.59 Finally, it is not ORS' role to, 'make a case' for or against the proposals, nor to make any recommendations as to how decision-makers should use the reported results. It is for the appropriate bodies to take decisions based on all the evidence available, of which consultation feedback is one part. To this end, ORS trusts that both the executive summary and full report will be helpful to all concerned.

[5] The Gunning Principles are a set of legal principles against which the legitimacy of public consultation is assessed. They require: consultation to occur before decisions are finalised, sufficient information to be provided so that consultees can provide informed responses, adequate time for participation, and conscientious consideration to be given to all feedback arising before final decisions are made.

4. Consultation questionnaire

Introduction

4.1 During the 14-and-a-half-week public consultation, which began on 25th September 2023 and ended on 5th January 2024, stakeholders were signposted to the ICB consultation website or provided with paper documentation. A range of information and resources were available, including the full consultation document and separate summary versions.

4.2 A structured consultation questionnaire was designed to allow stakeholders to provide feedback in a consistent format. Appropriate summary information was included for each question, with additional signposting to more detailed information. Respondents were asked to indicate the extent to which they agreed or disagreed with the need for change, the proposed model of care and the proposed location at which four specialty services might be brought together – including a trauma unit, emergency surgery (overnight), some medical specialties (inpatient), and paediatric overnight (inpatient) care. They were also given the opportunity to elaborate on their views, express concerns and suggest any alternative ways in which improvements might be delivered. Furthermore, all respondents were invited to give feedback on potential equalities impacts and possible mitigations for those impacts.

4.3 Finally, a voluntary profiling section gathered stakeholder type and demographic information; where respondents provided postcodes or completed some or all of the profile questions, it was possible to identify and compare views among different geographic communities and demographic groups.

4.4 A total of 3,956 questionnaires were completed, including 3,937 from individuals and 19 from those responding on behalf of an organisation. The individual responses included 572 from NHS staff, 2,521 from non-NHS staff, and 844 from those who did not specify if they worked for the NHS. A further 8 Easy Read questionnaire were completed.

Summary of main findings

Views on the need to make changes to respond to the identified challenges

4.5 Respondents were given a summary of the challenges identified by the ICB. This included difficulties in meeting national standards, attracting and retaining skilled staff, meeting the needs of the population, and using financial resources efficiently.

4.6 When asked to indicate the extent to which they agreed or disagreed with the need to make changes to respond to the challenges outlined, there was broad recognition of the need for change from all stakeholder groups responding to the consultation questionnaire. Among them, nearly three fifths (59%) of the NHS staff, just under half (49%) of other individual respondents, and more than half (55%) of those who did not specify a respondent type either strongly agreed or tended to agree.

4.7 However, sizeable proportions disagreed that changes were needed to respond to the challenges identified by the ICB, including three-in-ten NHS staff (31%), just over two fifths (42%) of other individuals, and just over one third (35%) of non-specified respondents.

Views on the proposed model of care for the delivery of some specific services at hospitals in Scunthorpe and Grimsby

4.8 Following a summary of the proposed model of care proposed by the ICB, two questions were asked on the proposals to: 1) keep most urgent and emergency care services at both Scunthorpe General Hospital and Diana Princess of Wales Hospital, and 2) bring together four specific services at one hospital (which includes a trauma unit, overnight emergency surgery, some medical inpatient specialties, and overnight paediatric inpatient care).

4.9 There was clear support for the proposal to keep most urgent and emergency care services for the majority of patients at both hospitals: around two thirds of the NHS staff (68%) and other individuals (66%) agreed, as did around three quarters (76%) of those who did not specify a respondent type.

4.10 In relation to the proposal to bring together four specific services at one hospital, views were far less positive, with the majority of respondents either tending to disagree or strongly disagreeing: 76% of NHS staff, 80% of other individuals, and 68% of the non-specified respondents.

4.11 It is important to note that views across all stakeholder groups who responded via the questionnaire appear to be strongly influenced by geography:

- A substantial majority of respondents (84%) living *closest to Scunthorpe General Hospital* (based on postcodes, where provided) either tended to disagree or strongly disagreed with the proposal to bring together four specialty services at one site.
- By contrast, views were more balanced among respondents living *closest to Diana Princess of Wales Hospital in Grimsby* (based on postcodes, where provided), with less than half (46%) disagreeing with the principle to bring together four specialty services at one site, while 47% agreed.

Views on the proposed location to bring together four specific services (Diana Princess of Wales Hospital in Grimsby)

4.12 Respondents were given a brief summary of why the ICB believes the only viable option to locate the four specific services (outlined above) is Diana Princess of Wales Hospital in Grimsby.

4.13 When asked to indicate the extent to which they agreed or disagreed with the proposed location, there was widespread disagreement among questionnaire respondents. 70% of NHS staff members, 80% of other individual respondents, and 68% of those who did not specify a respondent type either strongly disagreed or tended to disagree with the proposed location.

4.14 As with the proposed model of care, however, there was clear variation in views between different areas:

- The vast majority of respondents (86%) living *closest to Scunthorpe General Hospital* disagreed with the proposal to locate the four specialty services in Grimsby.
- In strong contrast, only a fifth (20%) of respondents living *closest to Diana Princess of Wales Hospital* disagreed with the proposed location to bring together these services, while 67% either tended to agree or strongly agreed.

Views by key demographics

4.15 As highlighted above, where respondents provided postcodes there is clear evidence that their views differ by area of residence, with those living closest to SGH (the majority of respondents overall), expressing strongest disagreement.

4.16 There is very little indication, however, of substantive differences in views between other groups or communities. For example, questionnaire respondents living in the *most deprived* parts of the NLaG catchment area had similar views compared to other residents living elsewhere within NLaG (i.e., in less deprived areas). Similarly, there are only small variations in views between different demographic or protected characteristics groups (e.g., age, disability, ethnicity, etc.).

Reasons for respondents' views

4.17 When asked to explain the reasons for their views on the need for change, and proposals for the model of care and location, questionnaire respondents most often used their comments to voice their concerns on the proposed changes. Many of the key concerns raised in text comments related to the loss of services from SGH and the potential impacts of increased journey times on patients, visitors and staff.

4.18 Individual respondents, and NHS staff in particular, raised concerns about the feasibility of the proposals and the potential impact of the proposals on the quality of care for patients. Concerns included:

- That the proposed model of care may be inherently flawed or not suitable for this catchment area (i.e. suited for more densely populated or urban areas);
- That there may not be sufficient resource availability at DPoW, as some felt there is already insufficient bed capacity and issues with the availability and timeliness of ambulances;
- That there is a risk of patients getting discharged prematurely to prevent being transferred to another hospital, and that some individuals might avoid seeking medical attention due to fear of being transferred further away, potentially leading to poorer health outcomes in the long term;
- That SGH may be unable to maintain sufficient expertise for patient assessment and stabilisation before transfer (noting that the proposals are based on being able to provide this); and
- That the proposals may have implications for specific services e.g. for overnight emergency surgery transfers since there could be delays in treatment that compromise safety.

4.19 Questionnaire respondents suggested various alternative approaches, including:

- Consolidate all (or some) specialist services at SGH instead, or at a more central location like Barnetby Top;
- Alternate on-call emergency surgery and other specialities between the two hospitals; and
- Maintain some form of the status quo by addressing staffing and funding issues.

4.20 Some suggestions were made for what mitigations could be put in place if the proposals were to go ahead, including:

- Invest in transportation solutions (e.g. shuttle buses), improve public transport services and road infrastructure, and provide financial support for service users to travel to hospital to ensure equitable access to care; and

- Address staffing issues through better pay and job opportunities, and work to understand retention and recruitment problems.

4.21 Some specific groups and communities were highlighted in comments as being particularly affected by the proposed changes. This is mainly due to the challenges associated with travelling further distances or the impact of such travel connected to specific characteristics or demographics. These groups include:

- Older and frail people due to travel difficulties they would face themselves, but also the challenges for partners, families and carers to visit and support them whilst in hospital, which could impact their recovery and rehabilitation;
- Children and families with young children who require consistent and familiar care, while managing hospital visits and other responsibilities;
- People with disabilities or complex needs due to difficulties with travel (including logistics and cost) and adapting to change, and the need for accompaniment;
- Those with co-morbidities or long-term illnesses as longer journeys could impact their recovery;
- Those in deprived or rural areas, or without private transport, due to travel challenges and unreliable public transport;
- Ethnic minority communities who may face more difficulties adapting to changes in health services due to potential language barriers;
- NHS staff members due to increased travel and potentially reduced job opportunities at SGH.

Response from organisations

4.22 Questionnaire respondents identifying as representatives of various organisations expressed mixed views, which are analysed in detail at the end of this chapter. Approximately two thirds agreed with the need for change, including Trent Cliffs Private Healthcare, who felt that improvements in both elective and emergency care are essential. However, several respondents disagreed, such as those for the North Lincolnshire Council Senior Leadership Teams for Children and Families and Adults and Health, as well as several parish councils. They suggested that the NHS should focus on providing care as close to the patient's home as possible.

4.23 Opinions varied regarding the consolidation of four specific services at one hospital. While some organisations acknowledged possible improvements, they also expressed serious doubts about the specifics of the proposals. There were concerns about the potential negative impact of the proposed changes and the possibility of exacerbating health inequalities within the catchment area, especially for those in North Lincolnshire.

4.24 Among those who disagreed or were unsure, a common concern was the increased travel time and potential impact on specific groups, such as those in highly deprived areas or without access to transportation. Both West Butterwick Parish Council and Belton Parish Council disagreed with all proposals, expressing concerns for patients in the Isle of Axholme who might find it more challenging to access services.

Methodology and questionnaire response

4.25 The questionnaire was available online (hosted by ORS), and paper questionnaires were distributed at events and in public locations, and available on request (including an Easy Read version and in different languages). All questionnaire responses submitted by the closing date, and subsequently received by ORS or the ICB, in

which one or more of the main consultation questions was answered, were included in the analysis, regardless of whether or not any profile questions were answered.

4.26 A total of 3,956 questionnaires were completed, which included 3,917 online responses and 39 paper copies. Of the 3,956 responses, 3,937 were from individuals and 19 were from those responding on behalf of an organisation. The individual responses included 572 from NHS staff, 2,521 from non-NHS staff, and 844 from those who did not specify if they worked for the NHS.

4.27 To ensure the consultation was accessible for all, an Easy Read questionnaire was developed with modified questions and concise explanations of the proposals to enable and encourage participation from people with learning difficulties, children and younger people. Approximately 200 copies were distributed, and 8 questionnaires were completed and returned. The outcomes from these responses are covered at the end of this chapter.

4.28 It is important that consultation questionnaires are open and accessible to everyone, while being alert to the possibility of multiple completions by the same individual, or a small number of individuals, which could be submitted in an attempt to deliberately affect the outcomes. As a precaution, ORS routinely monitors cookies and IP addresses. After detailed analysis of the raw dataset, ORS did not find any multiple responses attempting to systematically skew results.

4.29 It is important to reiterate that while open questionnaires are inclusive and give people an opportunity to express and explain any views, they are entirely "self-selecting", and therefore the results are not generally expected to be representative of the general balance of opinion in the wider population. The greatest response typically comes from those areas which might be most impacted by, and are therefore most concerned about, any proposed changes. The results in this chapter should be interpreted in this context.

Questionnaire responses: respondent types

4.30 Questionnaire respondents were asked to specify whether they were submitting a response on behalf of an organisation or responding in a personal capacity.

Questionnaire responses: representatives of organisations

4.31 Those respondents who said they were completing the questionnaire on behalf of an organisation were asked to provide further details about the group or capacity in which they were responding. Nineteen responses from respondents identifying as representatives of named organisations were submitted (Table 1).

Table 1: Named organisations or representatives responding via the consultation questionnaire

Local government and elected representatives
Belton Parish Council
Burringham Parish Council
Councillor Max Bell, North Lincolnshire Council
East Lindsey District Council – *response from the Community Leadership and Wellbeing Directorate*
Gunness Parish Council
Louth Town Council

North Lincolnshire Council – *response from the Senior Leadership Teams for Children and Families and Adults and Health*

West Butterwick Parish Council

Healthcare providers/teams

Care Plus Group

Kirton Lindsey and Scotter Surgery

Leeds Teaching Hospital NHS Trust (LTHT) Accident and Emergency Services

North East Lincolnshire Young Minds Matter

The Roxton Practice, Healthcare Management Trust (St Hugh's Hospital) and Illumina Diagnostics – *Joint response (also provided a written submission, covered in chapter 7)*

Trent Cliffs Private Healthcare – *Joint response from staff*

Other

Grimsby, Cleethorpes & District Civic Society

Humberside Fire and Rescue Service, North Lincolnshire

Parochial Church Councils of the Parish of Crosby and Old Brumby – *Joint response from council members*

Scunthorpe Central Mosque

Winterton Disabled Club / the Poirier Foundation – *Joint response*

Questionnaire responses: demographic profiles of individual respondents

4.32 Those responding in a personal capacity were asked to provide some basic demographic information, including whether they work for the NHS and Table 2 summarises the demographic information for those who provided it. It should be noted that all equalities monitoring questions were optional; any 'Prefer not to say' responses, or questions without a response, were classified as 'Not known'.

4.33 Where available, ONS Census 2021 data of a close approximation of the North Lincolnshire and Goole NHS Foundation Trust catchment area (henceforth 'NLaG catchment') is used as a comparator to give a general indication of how well the response profile of the questionnaire matches the wider impacted population.

4.34 An asterisk has been used to denote percentages greater than zero, but less than half of one percent. There was a very small proportion (less than 2%) of questionnaire responses received from people who provided a postcode lying outside the NLaG catchment area; nonetheless, those responses have also been included in the demographic profile tables overleaf for completeness.

Table 2: Demographic response profile to the consultation questionnaire for those who were asked to provide this information: age, gender, ethnic group, disability – compared with the NLaG catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Respondents	%	
BY AGE	Under 25	81	3%	11%
	25 to 34	347	11%	15%
	35 to 44	525	16%	14%
	45 to 54	541	17%	16%

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Respondents	%	
	55 to 64	740	23%	17%
	65 or over	986	30%	27%
	Total valid responses	**3,220**	**100%**	**100%**
	Not known	*717*	-	-
BY GENDER	Female	2,179	69%	51%
	Male	971	31%	49%
	Other	11	*	-
	Total valid responses	**3,161**	**100%**	**100%**
	Not known	*776*	-	-
BY ETHNIC GROUP	Asian/Asian British	106	4%	2%
	Black/Black British, mixed/multiple ethnicities and other ethnic groups	49	2%	2%
	White – English, Welsh, Scottish, Northern Irish or British	2,732	90%	92%
	White – Other (incl. Gypsy, Roma and Traveller)	132	4%	5%
	Total valid responses	***3,019***	**100%**	**100%**
	Not known	*918*	-	-
BY DISABILITY	Has a disability	939	31%	23%
	No disability	2,120	69%	77%
	Total valid responses	**3,059**	**100%**	**100%**
	Not known	*878*	-	-

4.35 Table 3 summarises other consultation response demographic information (characteristics for which reliable population data does not exist), with an asterisk again used to denote a percentage greater than zero, but less than half of one percent.

Table 3: Demographic response profile to the consultation questionnaire for those who were asked to provide this information: other characteristics

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY SEXUALITY	Heterosexual/Straight	2,740	95%
	Lesbian or Gay	48	2%
	Bisexual	84	3%
	Other sexuality	13	*
	Total valid responses	**2,885**	**100%**
	Not known	*1,052*	-
	Yes	965	31%

Characteristic		Questionnaire Responses	
		Number of Respondents	%
BY WHETHER RESPONDENT HAS DEPENDENT CHILDREN UNDER 18	No	2,156	69%
	Total valid responses	**3,121**	**100%**
	Not known	*816*	-
BY WHETHER RESPONDENT IS PREGNANT/GIVEN BIRTH IN THE LAST YEAR	Yes	94	3%
	No	3,001	97%
	Total valid responses	**3,095**	**100%**
	Not known	*842*	-
BY WHETHER RESPONDENT PROVIDES HELP / SUPPORT TO OTHERS[6]	Yes	1,356	44%
	No	1,744	56%
	Total valid responses	**3,100**	**100%**
	Not known	*837*	-
BY WHETHER GENDER IS THE SAME AS ASSIGNED AT BIRTH	Yes	3,117	100%
	No	14	*
	Total valid responses	**3,131**	**100%**
	Not known	*806*	-
BY WHETHER RESPONDENT WORKS FOR THE NHS	Yes	572	18%
	No	2,521	82%
	Total valid responses	**3,093**	**100%**
	Not known	*844*	-

Questionnaire responses: by area and deprivation

4.36 Table 4 summarises the number of responses received by nearest hospital involved in the proposals, either Scunthorpe General Hospital or Diana Princess of Wales Hospital in Grimsby, and by local authority (based on postcodes, where provided). The locations of around a quarter (919) of respondents are unknown, but it is reasonable to assume that the distribution of those responses is similar to those where postcodes are provided. It was also identified that 59 individuals were outside of the NLaG catchment area, which were included where appropriate.

[6] Defined as being any help or support provided to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems relating to old age

Table 4: Distribution of individual questionnaire responses received, by nearest hospital (involved in the proposals) and by local authority for those who provided postcodes – compared with the NLaG catchment population aged 16+ (Census 2021) *A small number of individuals are included that were not within the NLaG catchment area (≤20)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY NEAREST HOSPITAL	Scunthorpe General Hospital	2,625	89%	52%
	Diana Princess of Wales Hospital	334	11%	48%
	Total valid responses	**2,959**	**100%**	**100%**
	Outside catchment area	*59*	-	-
	Not known	*919*	-	-
BY LOCAL AUTHORITY AREA, parts that are within NLaG catchment	East Lindsey	32*	1%	8%
	East Riding of Yorkshire	179*	6%	9%
	North East Lincolnshire	249	8%	34%
	North Lincolnshire	2,432	81%	40%
	West Lindsey	105*	3%	9%
	Total valid responses	**2,997**	**100%**	**100%**
	Other Local Authority	*21*	-	-
	Not known	*919*	-	-

4.37 Table 5 summarises the number of individual questionnaire responses received by *relative* levels of deprivation for the NLaG catchment where postcodes are provided.

Table 5: Distribution of individual questionnaire responses received, by *relative* levels of deprivation (calculated using Indices of Multiple Deprivation (IMD)) for those who provided postcodes – compared with the NLaG catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY DEPRIVATION (IMD QUINTILE) NLaG catchment	1 – most deprived	276	9%	18%
	2	497	17%	20%
	3	730	25%	20%
	4	689	23%	20%
	5 – least deprived	767	26%	22%
	Total valid responses	**2,959**	**100%**	**100%**
	Outside catchment area	*59*	-	-
	Not known	*919*	-	-

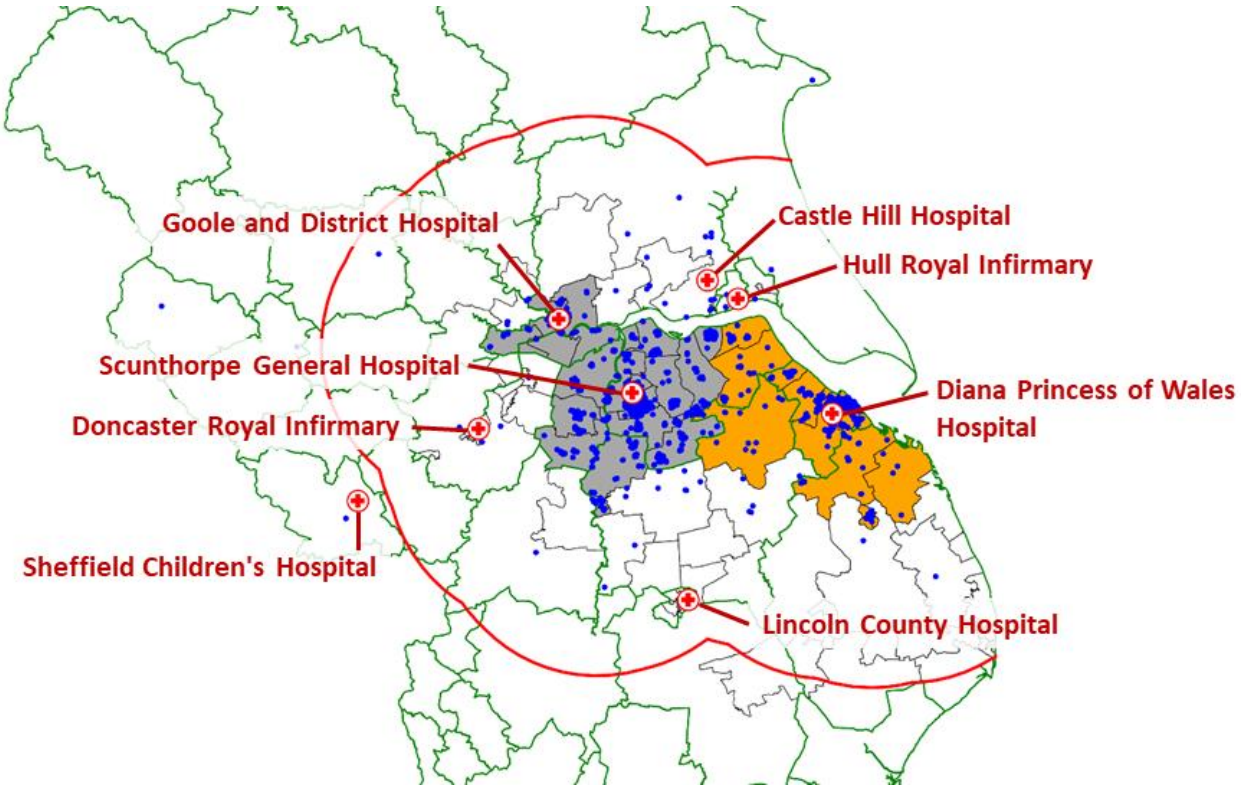
4.38 Table 6 shows the number of individual questionnaire responses received by *relative* levels of deprivation within each of the three key local authority areas (North Lincolnshire, North East Lincolnshire, and East Riding of Yorkshire) where postcodes are provided.

Table 6: Distribution of individual questionnaire responses received, by *relative* levels of deprivation (calculated using Indices of Multiple Deprivation (IMD)) for those who provided postcodes – compared to the associated local authority population within the NLaG catchment aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY DEPRIVATION (IMD QUINTILE) North Lincolnshire	1 – most deprived	407	17%	20%
	2	466	19%	20%
	3	464	19%	19%
	4	503	21%	20%
	5 – least deprived	592	24%	21%
	Total valid responses	**2,432**	**100%**	**100%**
	Other local authority within catchment	*527*	-	-
	Outside catchment area	*59*	-	-
	Not known	*919*	-	-
BY DEPRIVATION (IMD QUINTILE) North East Lincolnshire	1 – most deprived	20	8%	18%
	2	35	14%	18%
	3	51	20%	20%
	4	72	29%	20%
	5 – least deprived	71	29%	24%
	Total valid responses	**249**	**100%**	**100%**
	Other local authority within catchment	*2,710*	-	-
	Outside catchment area	*59*	-	-
	Not known	*919*	-	-
BY DEPRIVATION (IMD QUINTILE) East Riding of Yorkshire, within the NLaG catchment	1 – most deprived	23	14%	19%
	2	45	28%	18%
	3	34	21%	22%
	4	26	16%	17%
	5 – least deprived	31	19%	25%
	Total valid responses	**159**	**100%**	**100%**
	Other local authority within catchment	*2,800*	-	-
	Outside catchment area	*59*	-	-
	Not known	*919*	-	-

Figure 1: Map showing distribution of responses (for questionnaire responses where a postcode was provided)

The inner areas shaded grey and orange are the main catchment areas where patients' nearest hospital is either Scunthorpe or Grimsby. An extended 30 km buffer is also displayed on the map (red line), from which patients may travel to access secondary care services.



4.39 As indicated in Figure 1 above (and Table 4), the largest proportion of responses to the open questionnaire came from people living closest to SGH (87% or almost nine in ten of those providing postcodes) compared to just over a tenth (11%) from respondents living nearest to DPoW Hospital in Grimsby. This is indicative of strong local interest in the proposals among those likely to feel most impacted by the proposed changes.

4.40 While responses are highest from respondents living in North Lincolnshire (aligning with those living closest to SGH), responses have also been received from North East Lincolnshire, Goole and some other areas in East Riding, and across the Northern Lincolnshire and Goole catchment area and beyond. This indicates that promotion and engagement undertaken by the ICB and consultation delivery partners has also reached the wider community.

Presentation and interpretation of the data

4.41 Data from the consultation questionnaire has not been combined to produce 'overall' results. Respondents' roles and connections with NHS services can be strong factors informing their opinions and it is therefore most appropriate to consider those from different stakeholders (i.e., organisations, individual NHS staff members and other individual respondents) separately. This ensures that the views of each, regardless of the size of the group, are given due consideration.

4.42 In the charts in this report, the views of respondents who identified themselves as NHS staff members are reported first, then those of respondents who identified themselves as 'individual' respondents (rather than responding from an organisation). Finally, 'non-specified' respondents (typically those who opted not to complete the profile section) are reported. This is in no way intended to suggest that views from NHS staff

are considered as any more or less important than those from non-staff members or other respondents, but rather to provide a consistent format throughout.

4.43 For simplicity and ease of access, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses;
- Yellow shades represent neutral responses;
- Red shades represent negative responses; and
- Bolder shades highlight responses at the 'extremes' (for example, strongly agree or strongly disagree).

4.44 It should be noted that, when reporting combined percentages of 'tend to agree' and 'strongly disagree', or 'tend to disagree' and 'strongly disagree', the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.

4.45 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration. Quotes are edited using ellipses to ensure anonymity.

4.46 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater than zero, but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.

4.47 Finally, feedback from the nineteen organisations and the eight Easy Read questionnaire responses are reported separately at the end of the chapter.

Questionnaire feedback

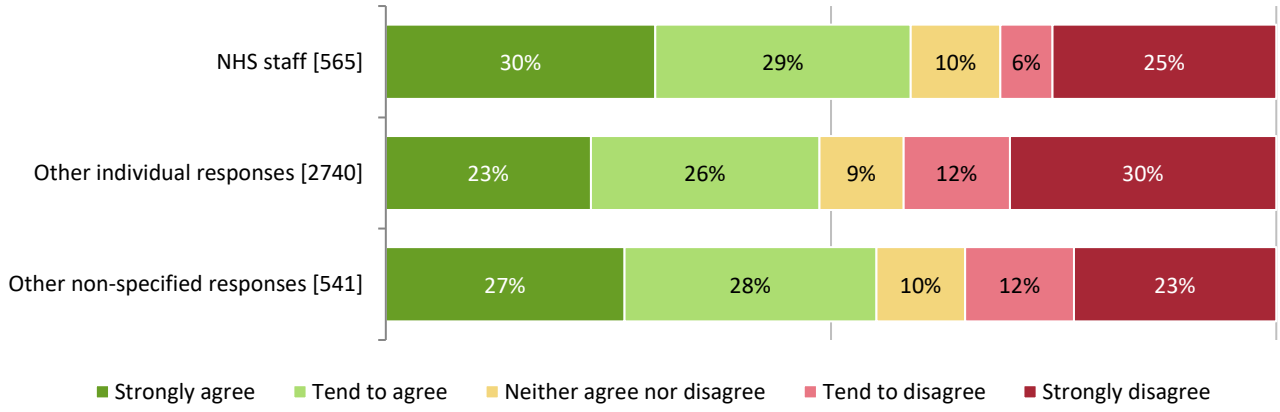
Respondents' views on the need to make changes to respond to the identified challenges

4.48 Following a summary of the challenges identified by the ICB (such as difficulties in meeting national standards, attracting and retaining skilled staff, meeting the needs of the population, and using financial resources efficiently), the following question was posed to respondents:

> *To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges?*

4.49 Overall, more individual questionnaire respondents agreed that there is a need to make changes to NHS services than disagreed. Around three fifths (59%) of respondents who identified themselves as NHS staff members either strongly agreed or tended to agree with the need for change, as did around half (49%) of other individual respondents and more than half (55%) of those that did not specify a respondent type. However, sizeable proportions in each group expressed disagreement, including 31% of NHS staff, 42% of other individuals, and 35% of the non-specified respondents (Figure 2).

Figure 2: To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges? BY STAKEHOLDER TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

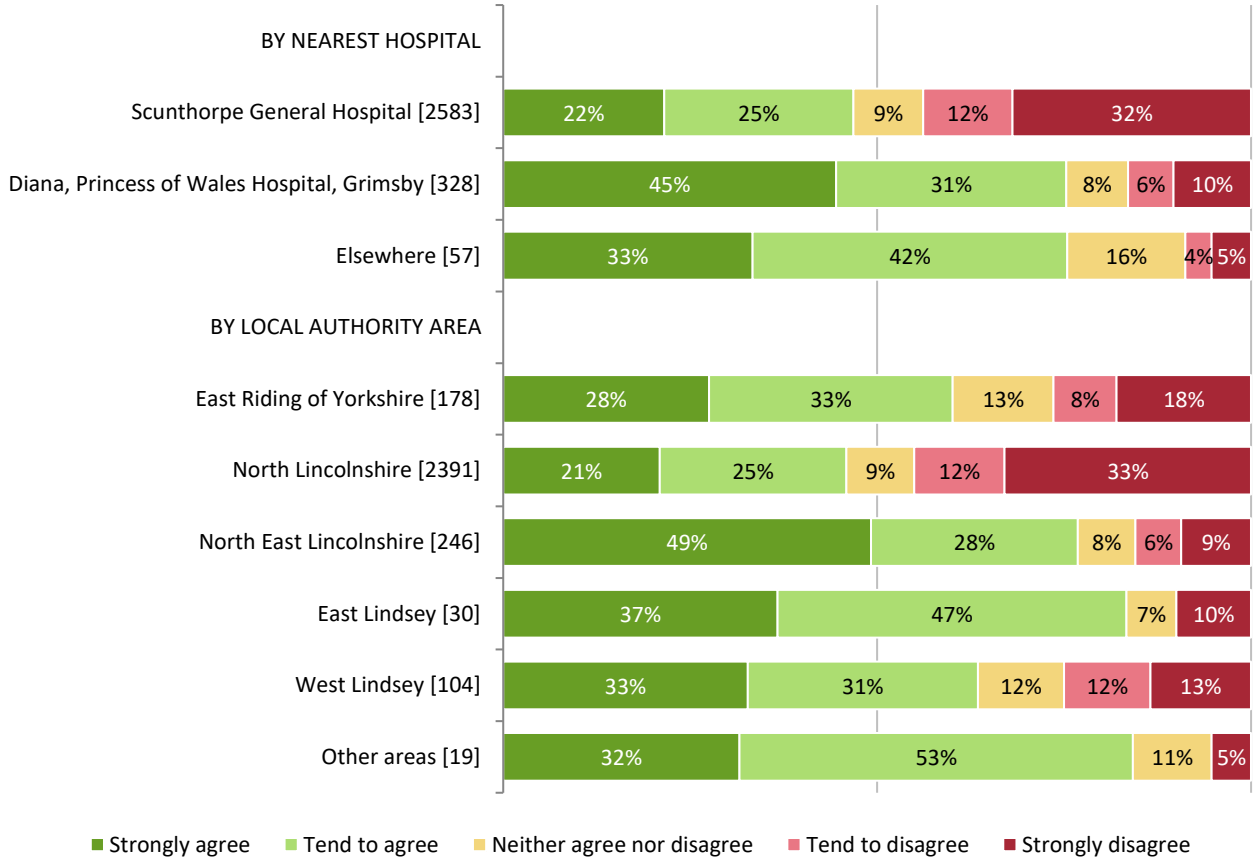
Views on the need for change by geography

4.50 When the responses were broken down by geography, it became apparent that views varied significantly among respondents from different areas. Views on the need for change were fairly evenly split among respondents living closest to SGH (47% agreed with the need to make changes compared to 44% who disagreed). By contrast, three quarters (75%) of respondents living closest to DPoW agreed that changes are needed while less than a fifth (16%) disagreed (Figure 3).

4.51 Figure 3 overleaf shows that the lowest levels of agreement (46%) came from respondents in North Lincolnshire. This local authority area accounted for the majority of questionnaire responses, with 2,391 responses out of the 2,968 who answered this question and provided postcodes coming from North

Lincolnshire. On the other hand, the levels of agreement with the need for change were higher from those respondents living in North East Lincolnshire (77%) and East Lindsey (83%), although it should be noted that these results are based on 246 and 30 responses, respectively.

Figure 3: To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges? BY NEAREST HOSPITAL and LOCAL AUTHORITY AREA (individual questionnaire respondents only)



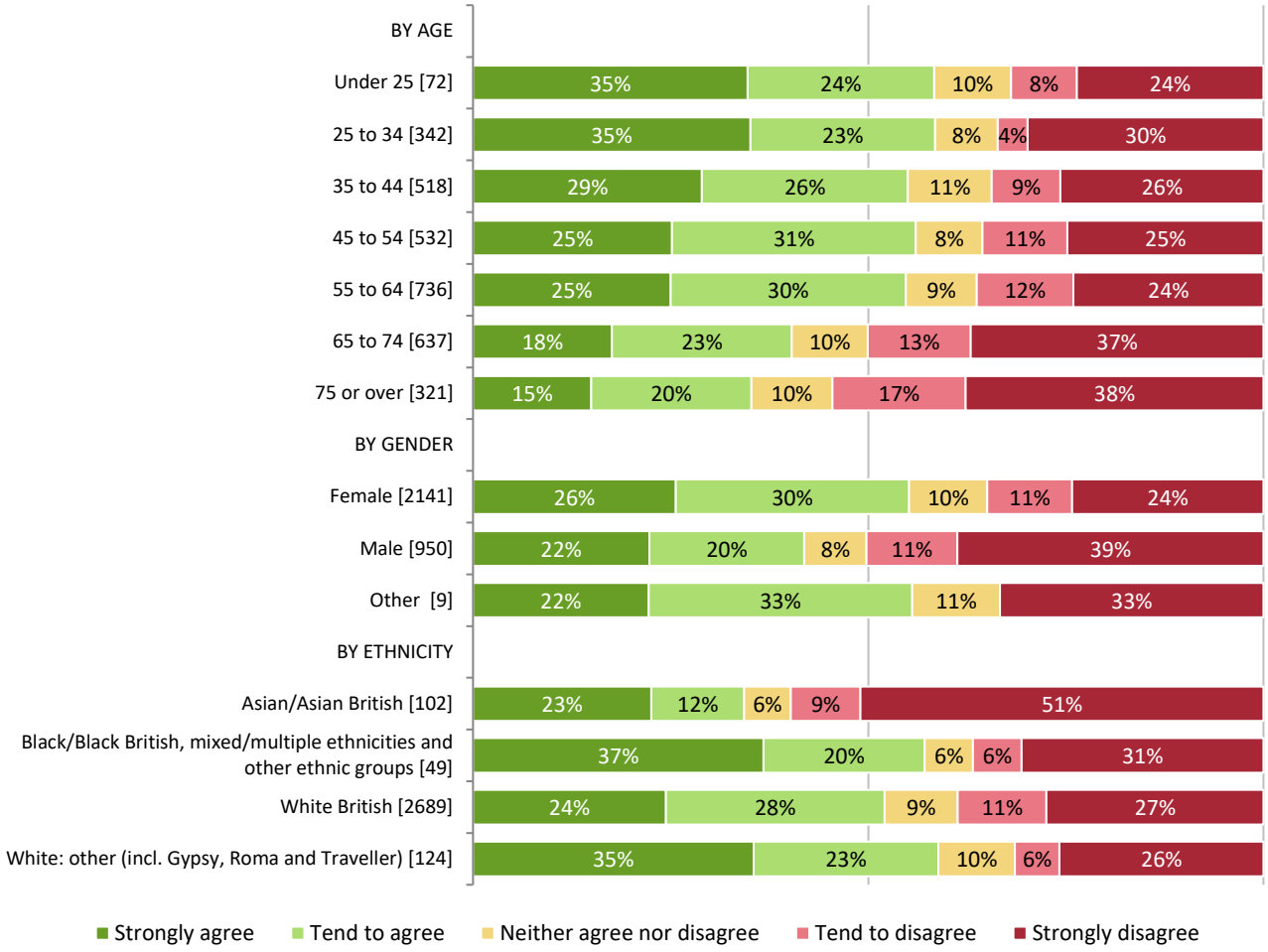
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Views on the need for change by demographics

4.52 The ICB identified some demographic groups that might be particularly affected by or vulnerable to changes to health services, including groups with protected characteristics under the Equality Act 2010 (e.g., age, disability, ethnicity, etc.) as well as those living in more deprived areas (outlined in the Integrated Impact Assessment). The following charts break down the views of respondents who complete some or all of the *voluntary* equalities profiling section of the questionnaire.

4.53 Figure 4 overleaf shows that disagreement with the need for change is highest among a few particular demographic groups including older, male and Asian or Asian British respondents. More respondents aged 65 years or over disagreed that changes are needed compared to those under 65 (50-55% compared to 32-36%). Similarly, disagreement among male respondents is higher (50% disagreed) compared to female respondents (35% disagreed, while 55% agreed that changes are needed). Disagreement with the need to make changes is also higher among Asian or Asian British respondents compared to those from other ethnic groups.

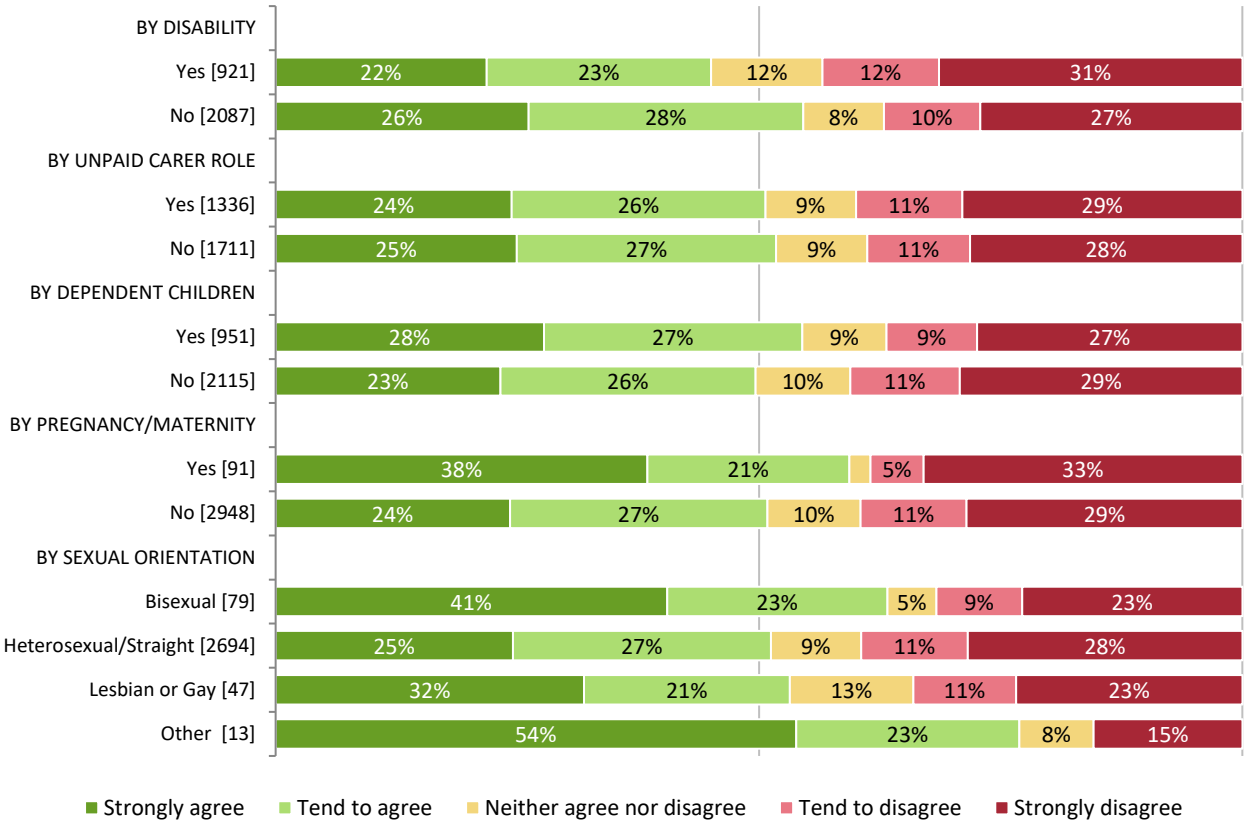
Figure 4: To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges? BY AGE, GENDER and ETHNICITY (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.54 While continuing to show that more questionnaire respondents agreed that there is a need to make changes to NHS services than disagreed, there are limited differences in views among other demographic groups (Figure 5).

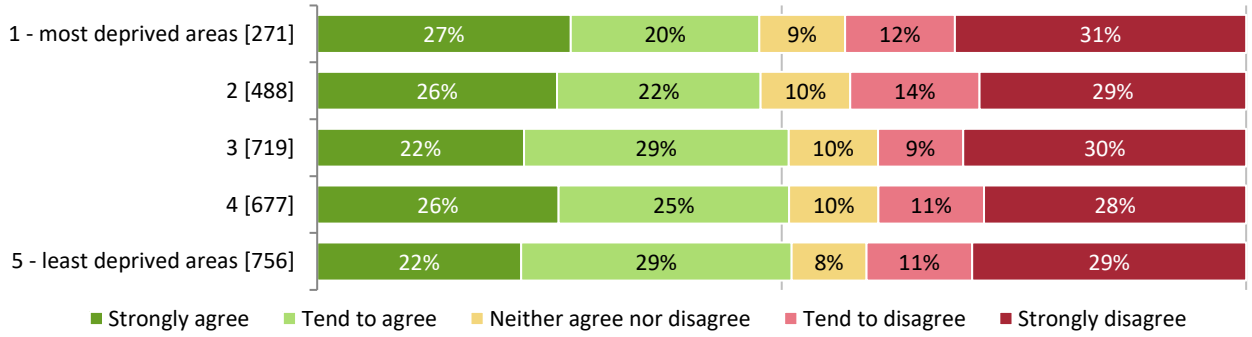
Figure 5: To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges? BY KEY DEMOGRAPHICS (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.55 Figure 6 below presents all individual questionnaire respondents' views on the need for change, broken down by IMD quintiles (1 being the most deprived areas within the NLaG catchment, 5 being the least deprived). There is no indication that questionnaire respondents living in the most deprived areas of the NLaG catchment area have substantively different views from other residents around the need for change.

Figure 6: To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges? BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individual questionnaire respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

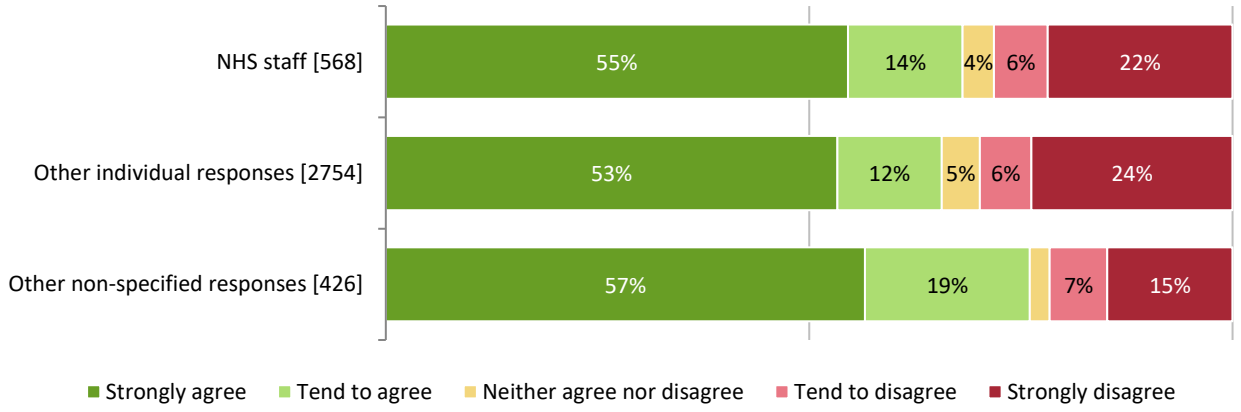
Respondents' views on the proposed model of care: keeping most urgent and emergency care services at both hospitals

4.56 Following a summary of the proposed model of care proposed by the ICB, the following question was posed to respondents:

> *To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby?*

4.57 There was overall agreement with the proposal to keep most urgent and emergency care services for the majority of patients at both hospitals; around two thirds of NHS staff and other individuals (68% and 66%, respectively) either tended to agree or strongly agreed, as did around three quarters (76%) of the respondents who did not specify a respondent type. This compares to more than a quarter (28%) of NHS staff and three in ten (30%) other individual respondents who disagreed, along with just over a fifth (22%) of those did not specify a respondent type (Figure 7).

Figure 7: To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby? BY STAKEHOLDER TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

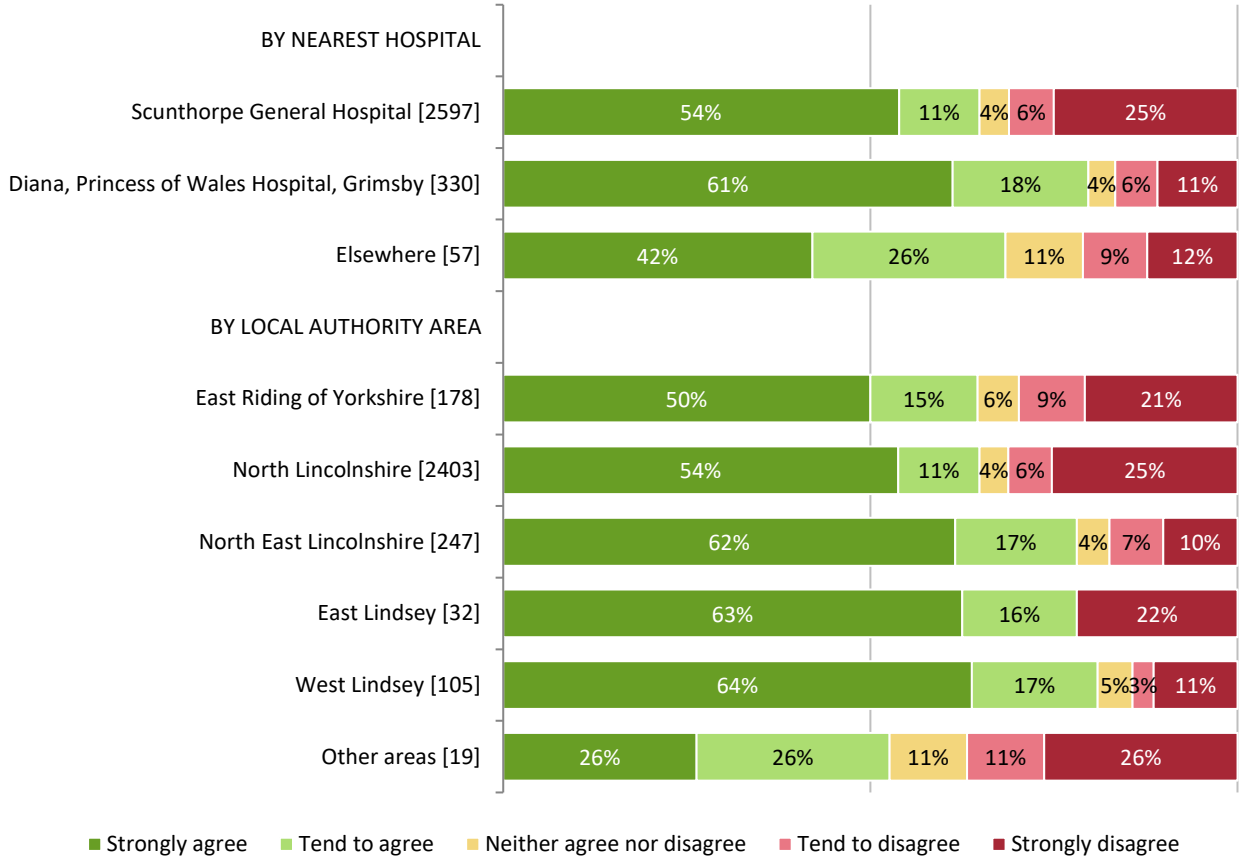
Views on the proposed model of care by geography

4.58 When the responses were broken down by geography, there was again some variation in views among respondents from different areas. Nearly one third (31%) of respondents living closest to SGH disagreed with the proposal to keep most urgent and emergency care services for the majority of patients at both hospitals, while less than a fifth (17%) of respondents living closest to DPoW disagreed (Figure 8).

4.59 While there was majority agreement with this proposal, there was some variation across local authority areas, with high levels of disagreement from respondents in North Lincolnshire (31% either strongly disagreed or tended to agree).

4.60 Additional analysis indicates that disagreement is strongest among those respondents who also disagree that *any* changes are needed to address current challenges, whereas those who agree with the need for change typically agree with this part of the proposals.

Figure 8: To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby? BY NEAREST HOSPITAL and LOCAL AUTHORITY AREA (individual questionnaire respondents only)



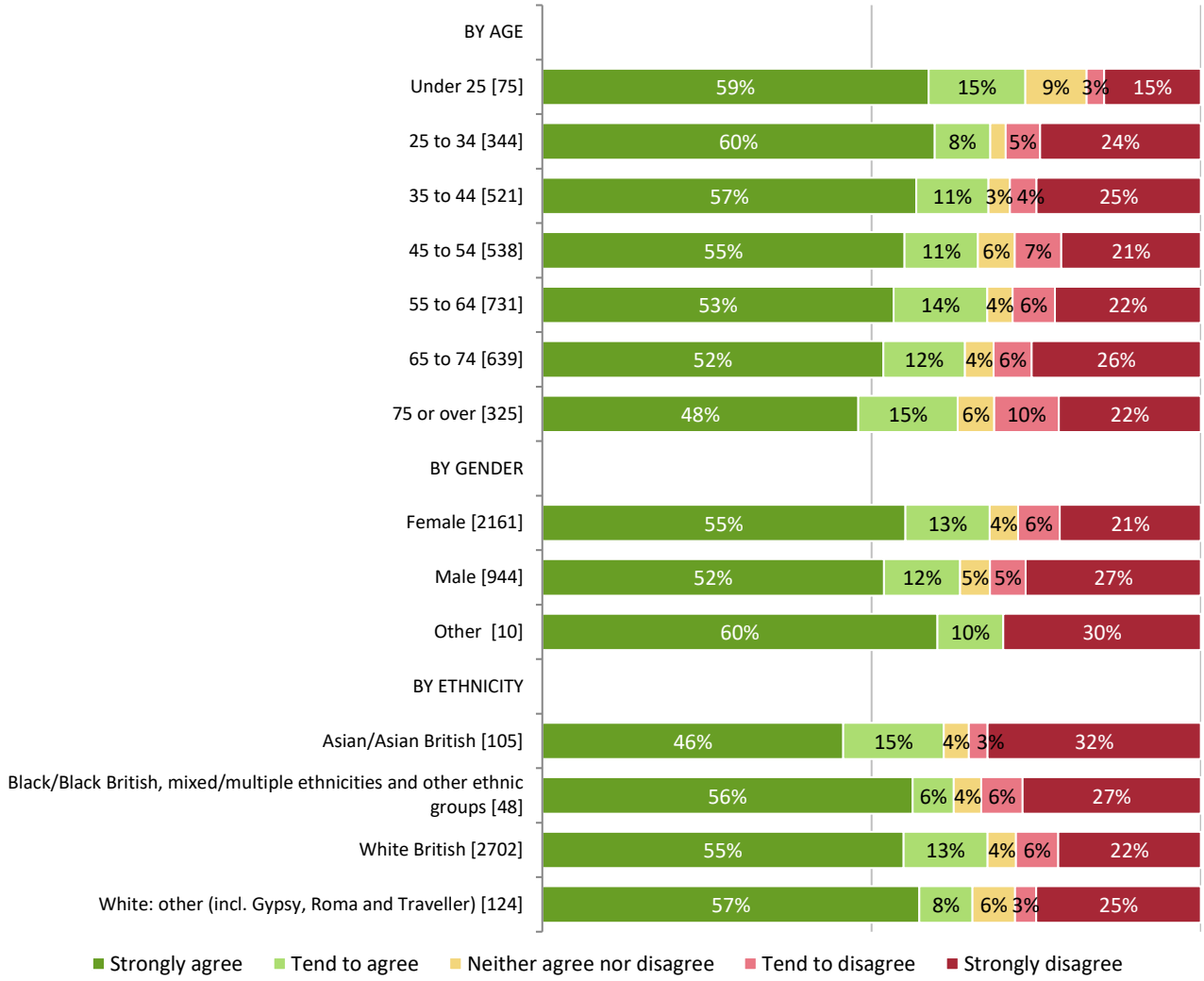
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Views on the model of care by demographics

4.61 The majority of questionnaire respondents across all demographic groups agreed with the proposal to keep most urgent and emergency care services for the majority of patients at both hospitals. There is only limited difference in views between respondents when broken down by age, gender and ethnicity (Figure 9), or by other key demographics (Figure 10).

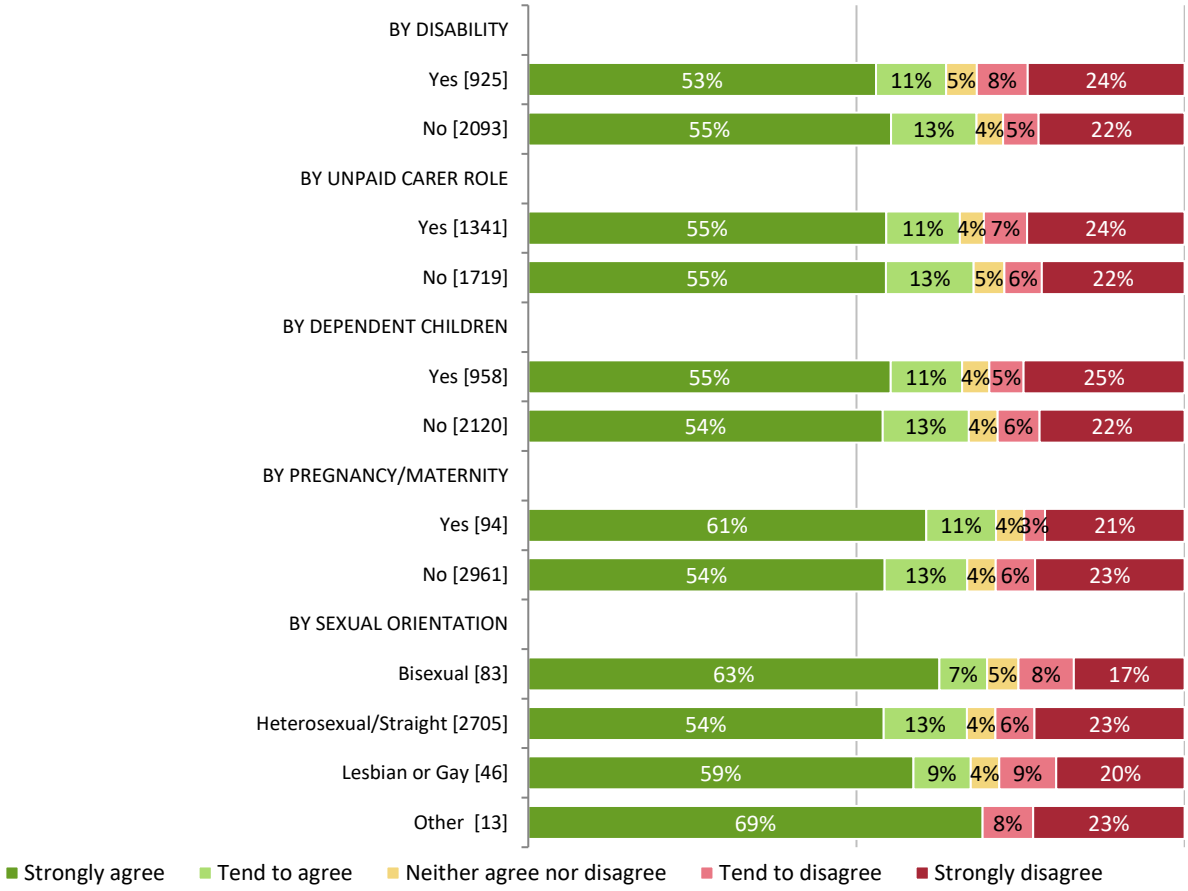
4.62 Similarly, when views are broken down by IMD quintiles (1 being the most deprived areas within the NLaG catchment, 5 being the least deprived), there is no indication that respondents living in the most deprived areas of the NLaG catchment area have substantively different views from other residents (Figure 11).

Figure 9: To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby? BY AGE, GENDER and ETHNICITY (individual questionnaire respondents only)



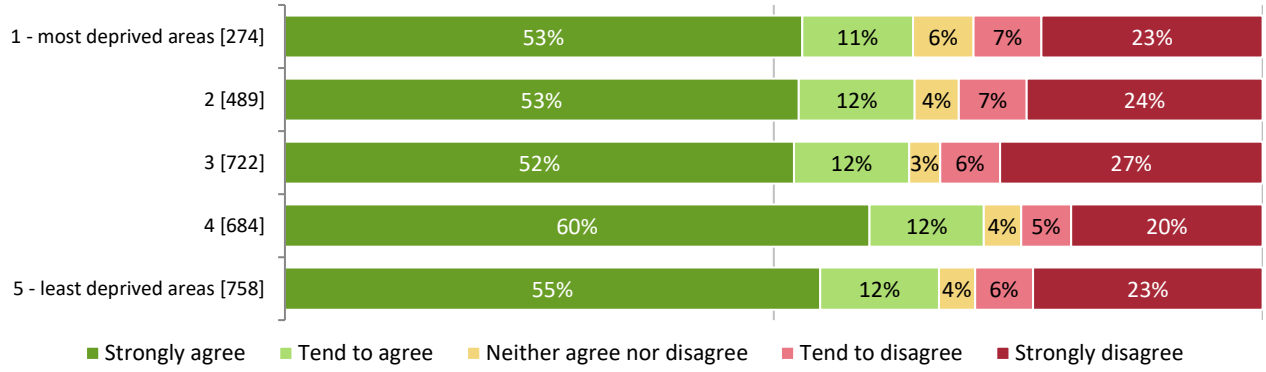
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 10: To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby? BY KEY DEMOGRAPHICS (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 11: To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of patients, at both Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby? BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individual questionnaire respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Respondents' views on the proposed model of care: bringing together four specific services at one hospital

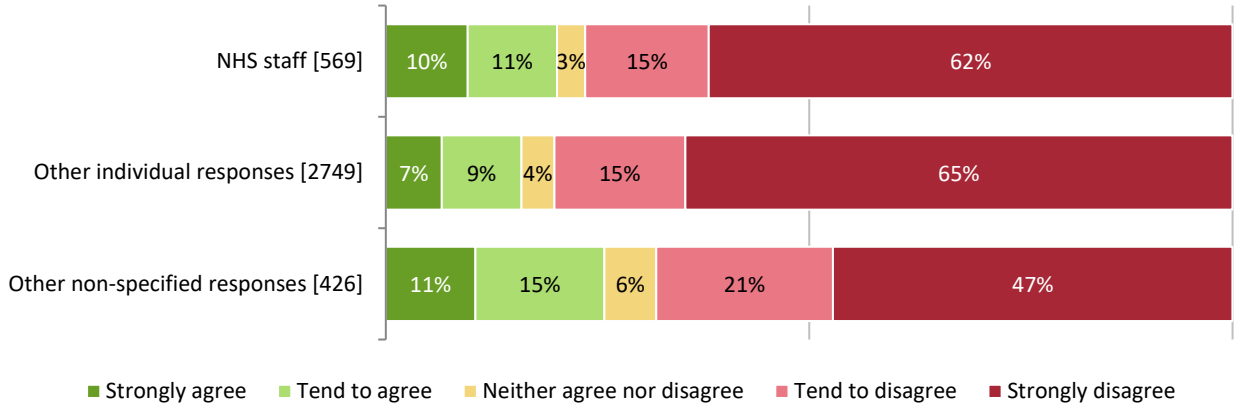
4.63 A second question on the ICB's proposed model of care was posed to respondents:

> *To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital?*

4.64 While there was broad recognition among questionnaire respondents of the need for change to address challenges, a considerable number of respondents *disagreed* with the specific proposals to bring together four specific services at one NLaG hospital.

4.65 More than three quarters of NHS staff and other individual respondents (76% and 80%, respectively) either tended to disagree or strongly disagreed with the proposals to bring together four specific services at one NLaG hospital, as did around two thirds (68%) of those who did not specify a respondent type. Comparatively few respondents agreed with the proposal (20% of NHS staff, 16% of other individuals and 26% of those who did not specify a respondent type) (Figure 12).

Figure 12: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY STAKEHOLDER TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

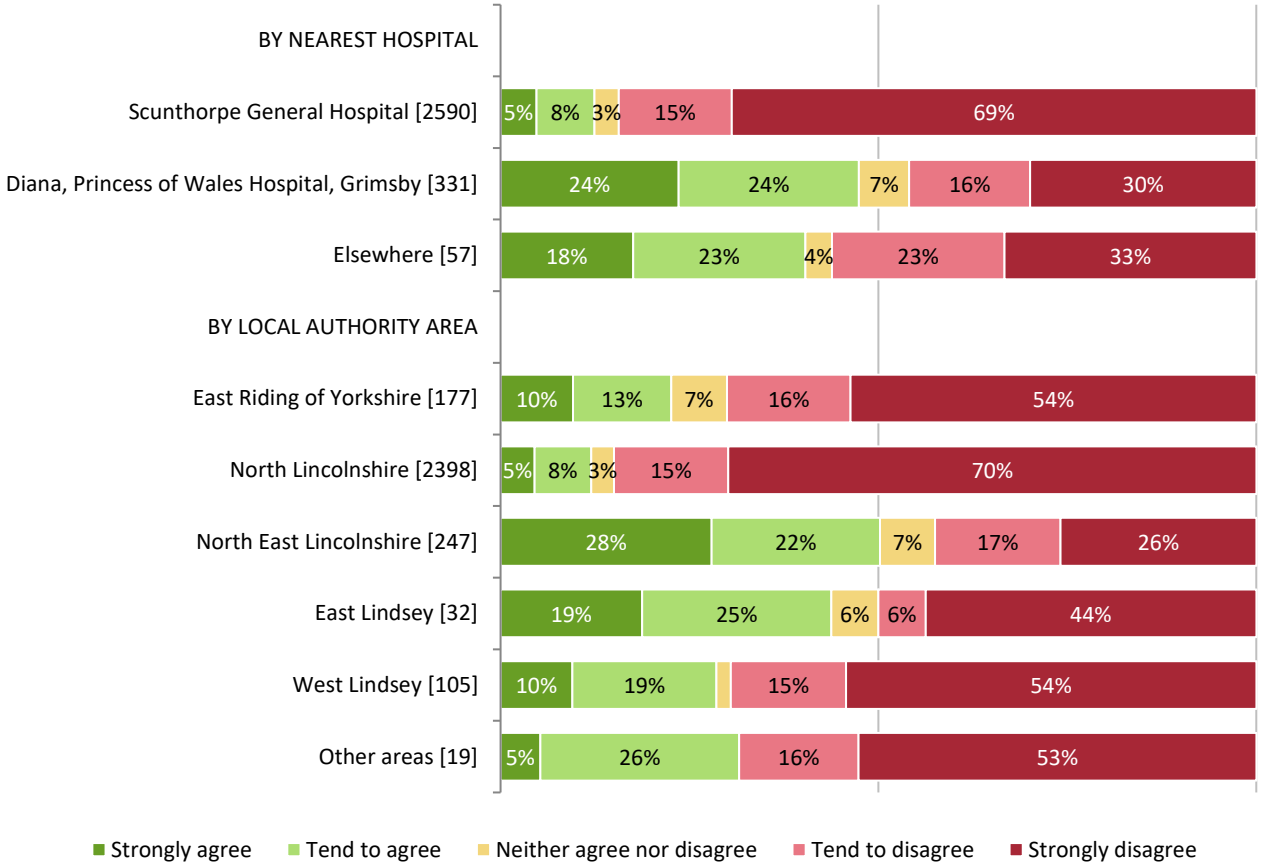
Views on the proposed model of care by geography

4.66 There is a clear indication that views among questionnaire respondents vary considerably by geography; those questionnaire respondents who provided postcodes and live closest to SGH were substantially more negative about the proposals than those living closest to DPoW. More than four fifths (84%) of respondents living closest to SGH disagreed with the proposal to bring together four specific services at one NLaG hospital (Figure 13).

4.67 Views among respondents living closer to DPoW were more balanced, with nearly half (47%) agreeing with the proposed model of care and an almost identical proportion (46%) disagreeing. Correspondingly, views among respondents in local authority areas where the majority of residents live closest to SGH (i.e., North

Lincolnshire, East Riding of Yorkshire and West Lindsey) were more negative, while those from East Lindsey and North East Lincolnshire in particular were more positive about the proposed model of care for the four services.

Figure 13: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY NEAREST HOSPITAL and LOCAL AUTHORITY AREA (individual questionnaire respondents only, where postcodes are provided)

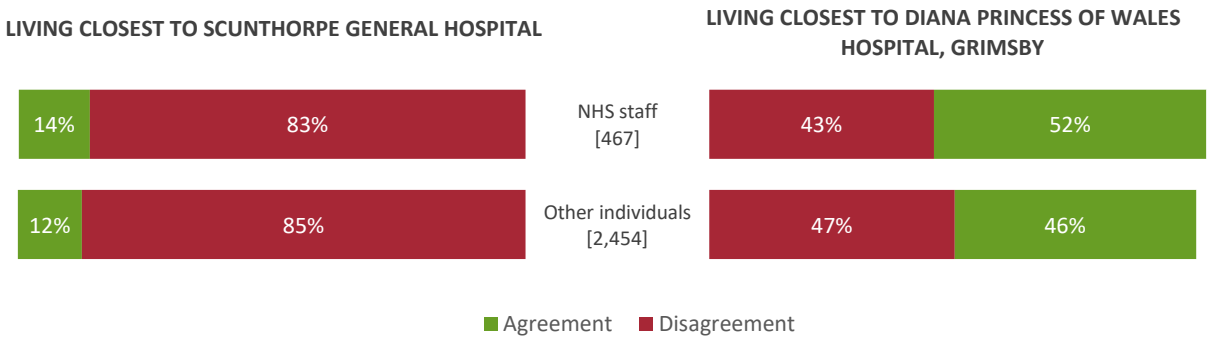


Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.68 When the results of Figure 12 were further broken down by current nearest hospital, the results continue to show a similar level of agreement and disagreement between NHS staff and other individual respondents, indicating that geography is the dominant factor influencing views overall (

4.69 Figure 14).

Figure 14: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY STAKEHOLDER TYPE and NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes are provided)

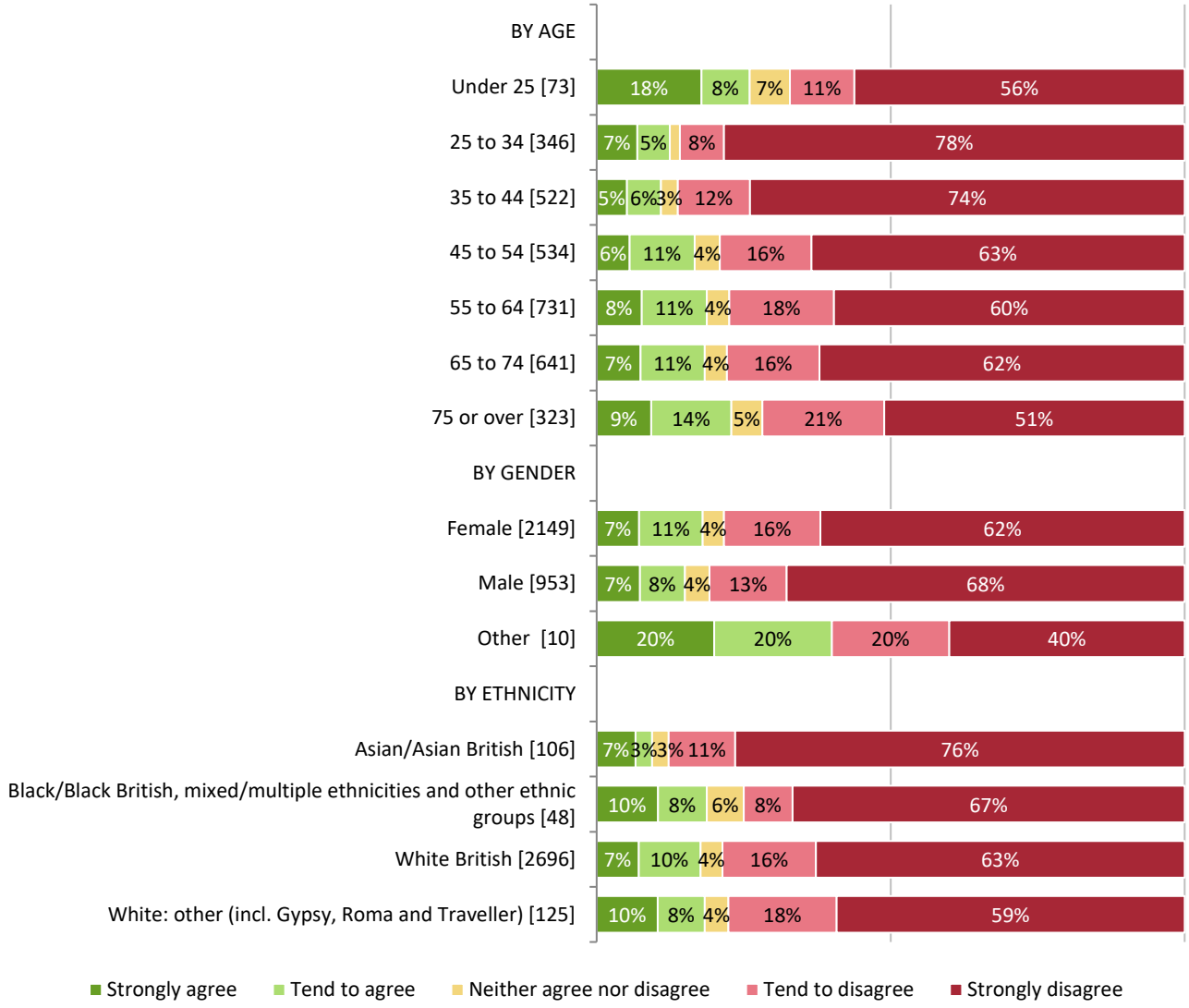


'Neither agree nor disagree' responses are included but now shown (excludes 'don't know' responses)

Views on the proposed model of care by demographics

4.70 Respondents' views on the proposed model of care to bring together four specific services at one NLaG hospital show some variation when broken down by key demographics (including protected characteristics such as age, gender, ethnicity etc). As shown in Figure 15 below, there was majority disagreement with this proposal. Levels of disagreement were highest among respondents aged 25 to 34 (86% disagreement, compared to 12% agreement), aged 35 to 44 (86% disagreement, 11% agreement), male respondents (81% disagreement, 15% agreement), and Asian or Asian British respondents (88% disagreement, 8% agreement).

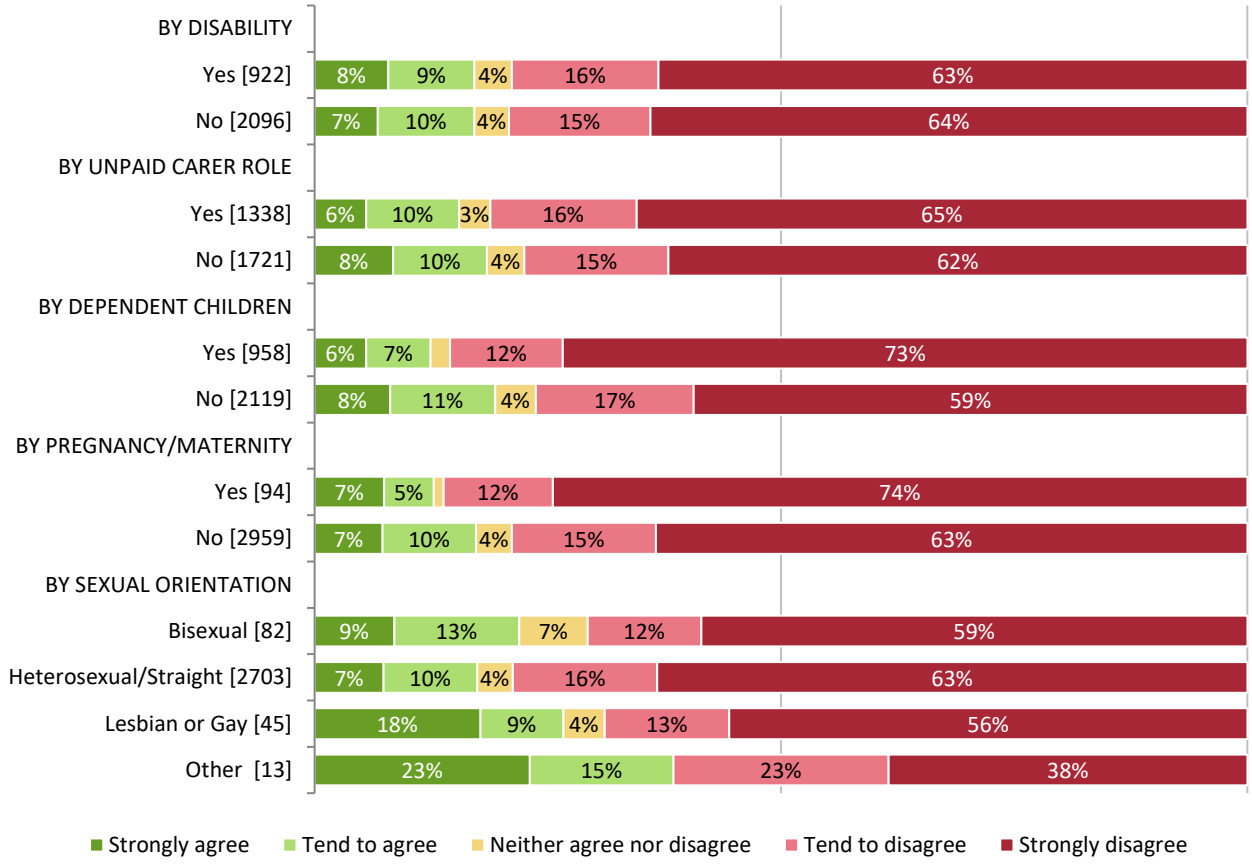
Figure 15: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY AGE, GENDER and ETHNICITY (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.71 Disagreement was also slightly higher among those with an unpaid carer role (81% disagreement), those with dependent children (85% disagreement), and those who were pregnant or had given birth in the last year (86% disagreement), compared to those who answered no to these equalities profiling questions (Figure 16 overleaf).

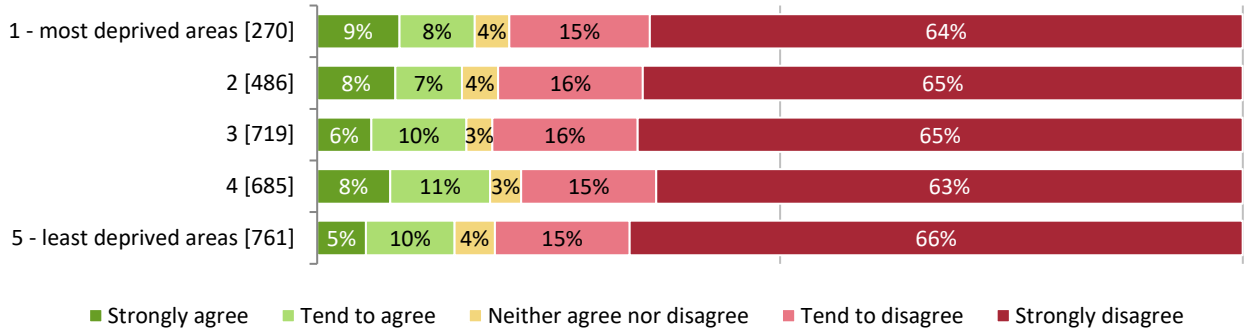
Figure 16: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY KEY DEMOGRAPHICS (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.72 Furthermore, when the individual respondents' views are broken down by IMD quintiles (1 being the most deprived areas within the NLaG catchment, 5 being the least deprived), there is no indication that questionnaire respondents living in the most deprived areas of the NLaG catchment area have substantively different views from other residents around the proposal to bring together four specific services at one NLaG hospital. Around eight out of ten in all groups either tended to disagree or strongly disagreed with the proposed model of care (Figure 17).

Figure 17: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital? BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individual questionnaire respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Respondents' views on the proposed location: bringing together the four specific services at Diana Princess of Wales Hospital in Grimsby

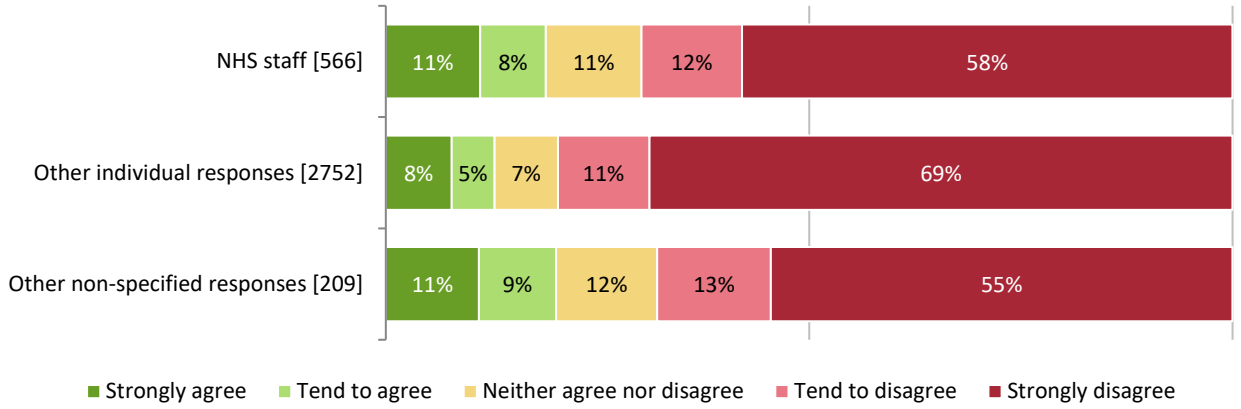
4.73 Following a brief summary of why the ICB believes the only viable option to locate the four specific services (outlined above) is Diana Princess of Wales Hospital in Grimsby, the following question was posed to respondents:

> *If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby?*

4.74 When asked whether the four specific services should be brought together at DPoW in Grimsby, respondents' views tended to echo their views on the proposed model of care to bring together services at one NLaG hospital. However, respondents living closest to DPoW expressed a higher level of agreement with the proposed location than the proposed model of care.

4.75 Seven in ten (70%) NHS staff members who responded, eight in ten (80%) of other individual respondents, and around two thirds (68%) of those who did not specify a respondent type, either tended to disagree or strongly disagreed with the proposal to bring together services at DPoW in Grimsby. In contrast, only minorities tended to agree or strongly agreed with the proposed location (19% of NHS staff, 13% of other individuals and 20% of those who did not specify a respondent type) (Figure 18).

Figure 18: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY STAKEHOLDER TYPE (individual questionnaire respondents only)



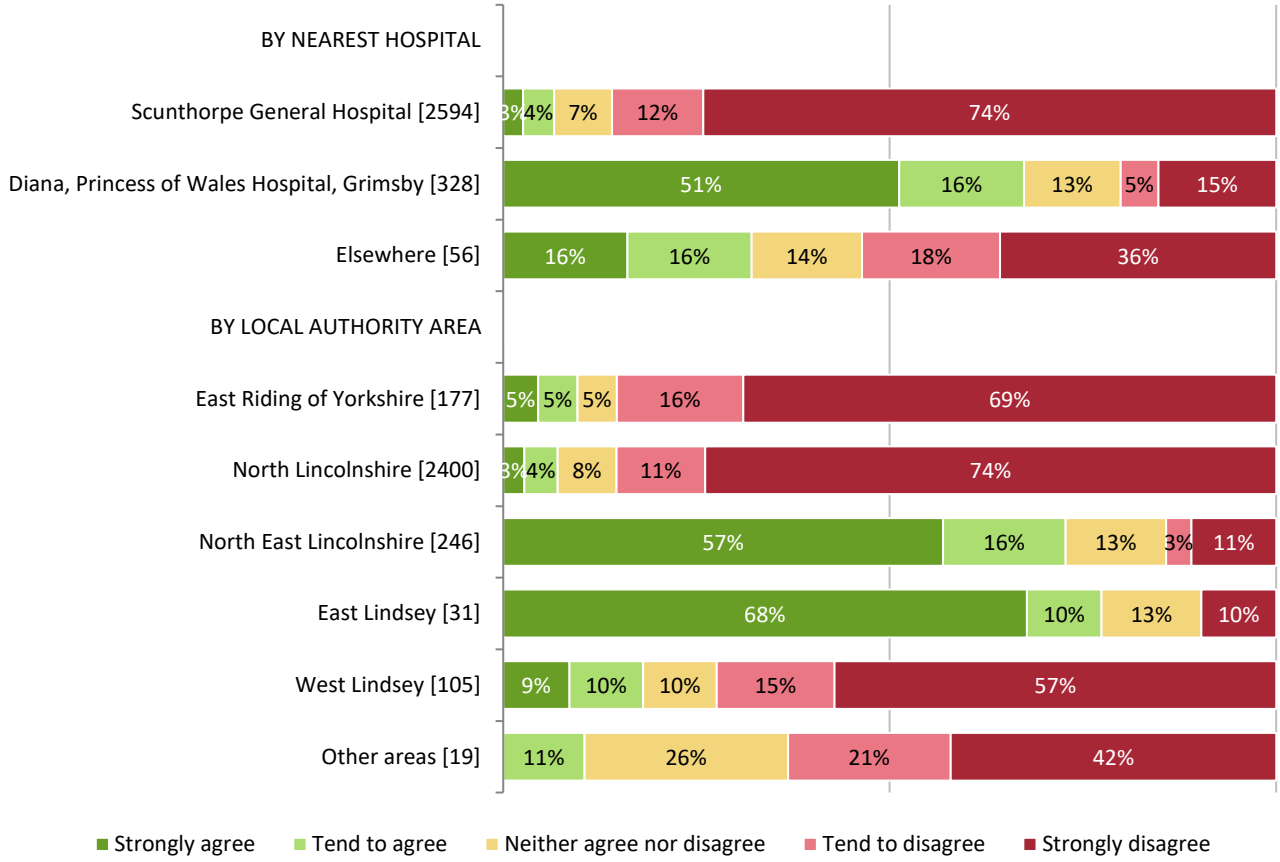
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Views on the proposed location by geography

4.76 Views on the proposed location to bring together the four specific services were broken down by geography, where the strong misgivings among respondents in the west of the NLaG catchment were again apparent. More than four fifths (86%) of respondents living closest to SGH disagreed with the proposal to bring together services at DPoW in Grimsby. Views among respondents living closer to DPoW were more favourable, with around two thirds (67%) agreeing with the proposed location while one in five (20%) disagreed (Figure 19).

4.77 Similarly, the views of the respondents living in different local authorities varied considerably. Respondents living in local authority areas where the majority of residents live closest to SGH (i.e., North Lincolnshire, East Riding of Yorkshire and West Lindsey) were far more negative than those where the majority of residents live closer to DPoW (i.e., North East Lincolnshire and East Lindsey).

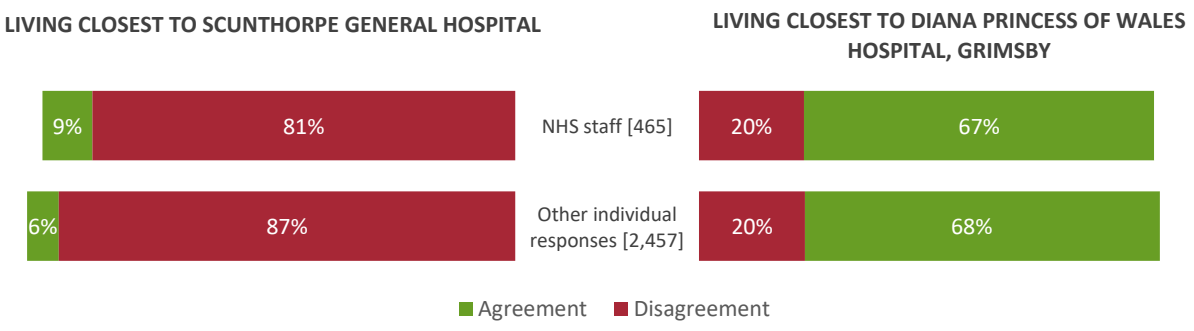
Figure 19: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY NEAREST HOSPITAL and LOCAL AUTHORITY AREA (individual questionnaire respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

4.78 The difference in views by geography become more distinct when the results from Figure 18 are broken down by current nearest hospital (Figure 20 overleaf). A substantial majority of respondents living closest to Scunthorpe General Hospital (81% of NHS staff and 87% of other individual respondents) disagreed with the proposed location, whilst only a fifth (20%) of respondents living closest to Diana Princess of Wales Hospital disagreed.

Figure 20: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY STAKEHOLDER TYPE and NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes are provided)



'Neither agree nor disagree' responses are included but not shown (excludes 'don't know' responses)

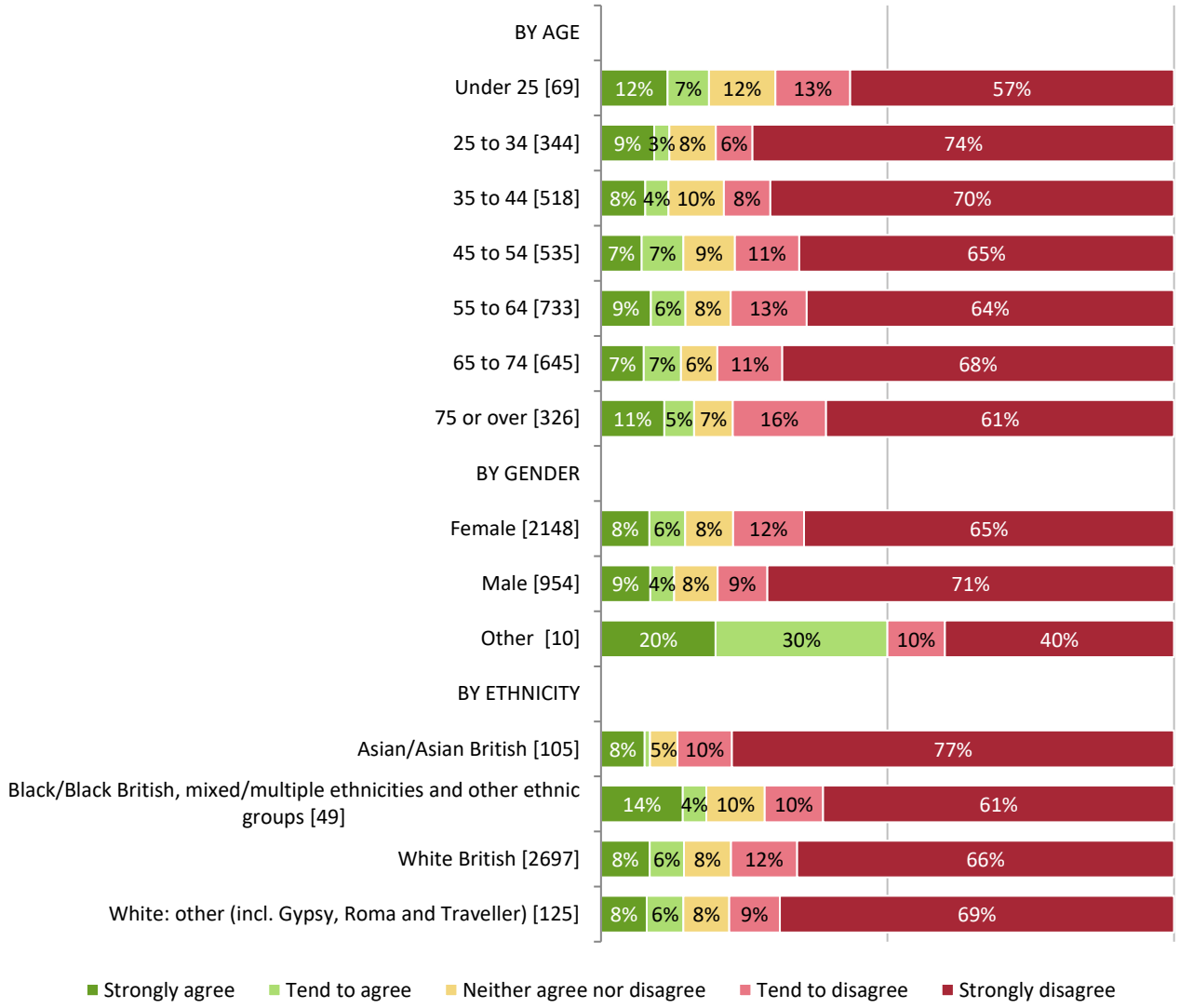
Views on the proposed location by demographics

4.79 Respondents' views on the proposed location to bring together four specific services at DPoW in Grimsby show some variation when broken down by key demographics (including protected characteristics such as age, gender, ethnicity etc). Figure 21 overleaf (and Figure 22) shows a substantial majority of respondents across all other protected characteristics and demographic groups disagreed with the proposed location, if the model of care were to be introduced.

4.80 Levels of disagreement were somewhat higher among Asian or Asian British respondents (87% disagreement, 9% agreement) compared to other ethnic groups (71-78% disagreement, 14-18% agreement). Among different age groups, respondents aged 65-74 showed the highest levels of disagreement (80% disagreed, while 14% agreed), while those aged under 25 showed the lowest disagreement (70% disagreed, while 19% agreed).

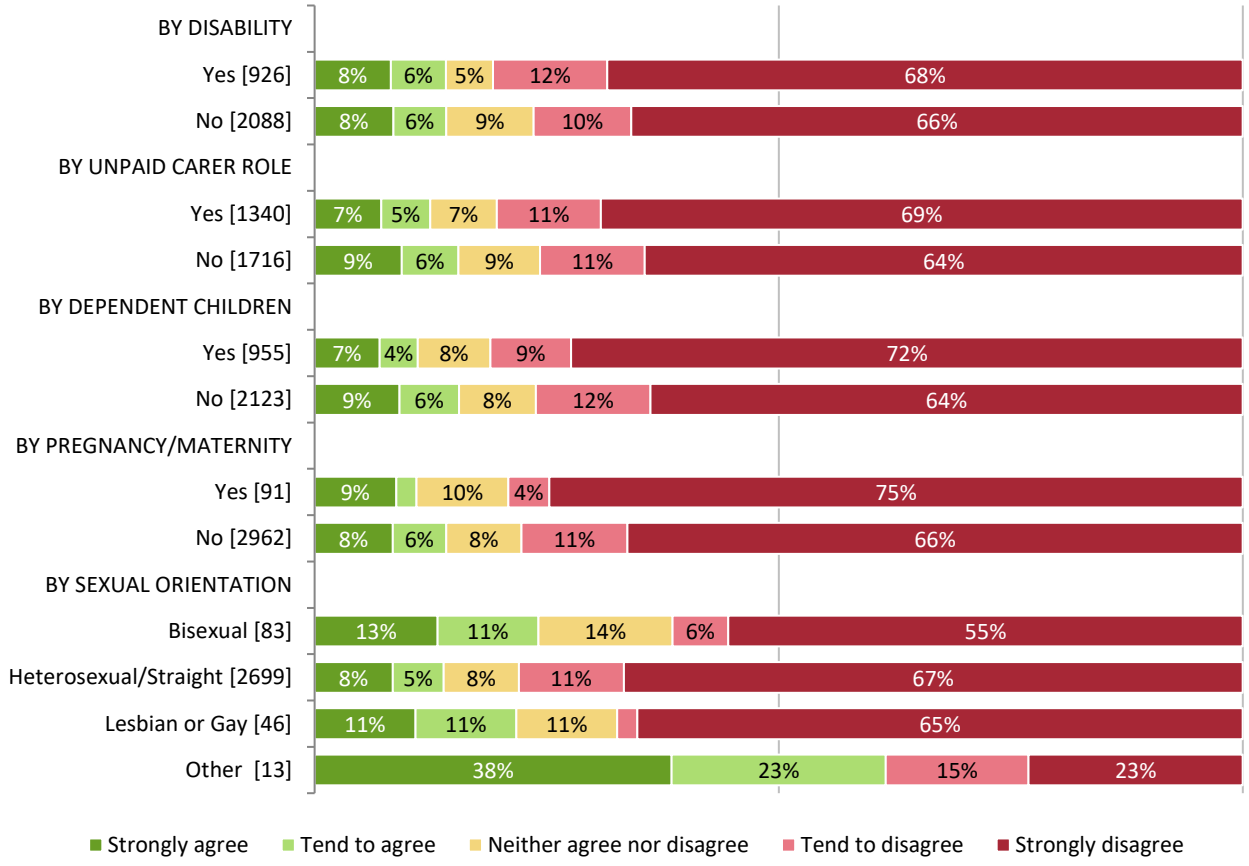
4.81 The views of individual respondents on the proposal to bring together the four specific services at DPoW in Grimsby, broken down by the IMD quintiles (1 being the most deprived areas within the NLaG catchment, 5 being the least deprived) is shown in Figure 23. There is no indication that questionnaire respondents living in the most deprived areas of the NLaG catchment area have substantively different views from other residents around the proposal location, with more than three quarters (77-80%) of respondents in all groups either tending to disagree or strongly disagreeing.

Figure 21: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY AGE, GENDER and ETHNICITY (individual questionnaire respondents only)



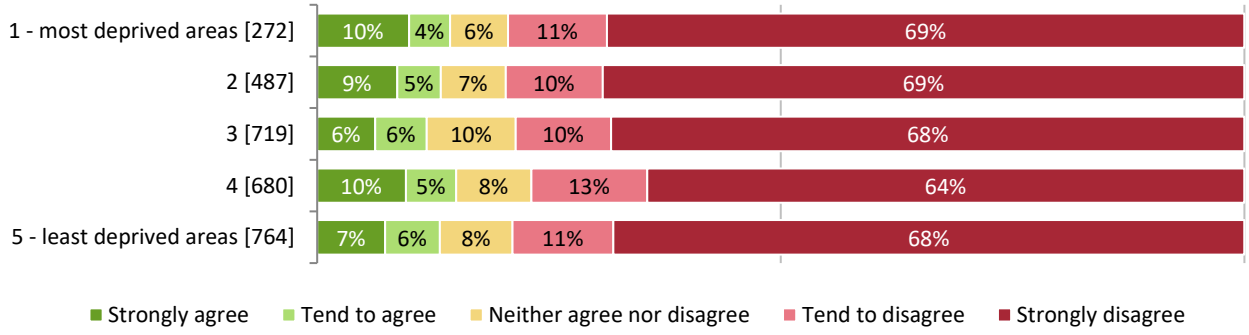
Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 22: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY KEY DEMOGRAPHICS (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Figure 23: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby? BY INDICES OF MULTIPLE DEPRIVATION (IMD) (individual questionnaire respondents only, where postcodes are provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

Individual respondents' comments on the need for change, the Humber and North Yorkshire ICB's proposals, and any suggested alternative solutions or mitigations

4.82 Respondents were invited to provide reasons for their views on: 1) the need for change, and 2) the NHS Humber and North Yorkshire ICB's proposed model of care and proposed location for the four specific services. They were also asked to suggest any alternative solutions or improvements to address the challenges they thought should be considered. This was done through two open text questions.

4.83 All open-ended responses have been read, and then classified (coded) using a standardised approach (code frame). This approach helps ensure consistency when classifying different comments and the resulting codes represent themes that have been repeatedly mentioned in a more quantifiable manner.

4.84 Of the 3,937 questionnaires completed by individual respondents, around two thirds (2,574) included comments in at least one of the open text questions mentioned above. Very few respondents commented directly on the need for change, with most using both questions to address their views and concerns about the model of care and proposed location. For this reason, comments from each respondent to these two questions have been combined so that all of their views can be understood prior to analysis. Doing so ensures that all points raised across both questions are included and considered, while avoiding the risk of 'double reporting' where individual respondents have said similar things in both text boxes.

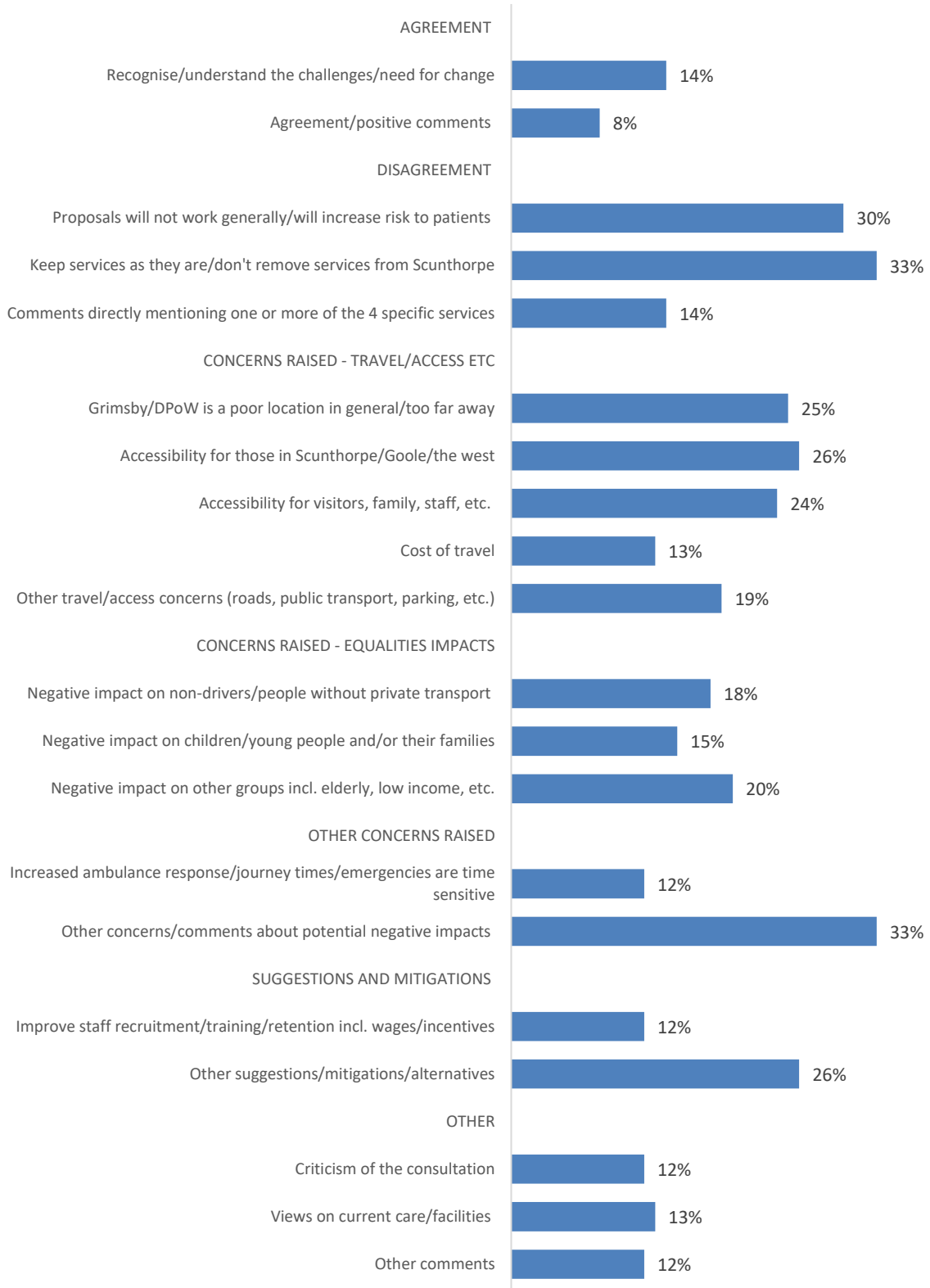
4.85 A summary of responses is provided in Figure 24. The percentages show how many respondents raised each theme *as a proportion of all those (2,574 individuals) who provided comments*[7]. The questions allowed respondents to provide detailed feedback; as such, some comments covered more than one theme and therefore the total percentages may sum to greater than 100%. In addition to these summary charts, detailed tables of coded text comments can be found in Appendix III of this report for reference.

4.86 While the figure includes the themes raised by all individual respondents, the subsequent analysis differentiates between the views of NHS staff and other respondents. This distinction is made because NHS staff' perspectives may be informed by their experience of working within the NHS. In some cases, such as where specific concerns are raised regarding the services involved in the proposals or staffing, more illustrative examples from NHS staff members are included.

4.87 Respondents who specifically said they do not work for the NHS, and those who did not specify (predominantly those who chose not to answer the profiling questions) are together referred to as 'other respondents' in the following sections of this chapter. Responses from organisations and those who used the Easy Read questionnaire are covered separately at the end of the chapter.

[7] The base number associated with each chart indicates the total number of respondents who made comments.

Figure 24: All individual respondents' comments covering the need for change, the Humber and North Yorkshire ICB's proposals, and any suggested alternative solutions or mitigations.



Base: All individual questionnaire respondents providing comments giving reasons for their views on the need for change, NHS Humber and North Yorkshire ICB's proposals, and any suggested alternative solutions or mitigations (2,574), Themes raised (9,770)

Views on the need for changes to respond to the identified challenges

4.88 As mentioned, the majority of questionnaire respondents, particularly those who disagreed with the proposals, either did not address or only briefly mentioned the challenges identified by the ICB or the need for change, instead moving directly to commenting on the proposed changes themselves.

4.89 Around one in seven (14%) of those who added comments did, however, mention recognising or understanding the challenges and rationale for proposing changes (Figure 24). For example, some NHS staff members stated that the quality of services needs to be improved and that staff retention issues need to be addressed, while others referenced the condition of current hospital buildings and its impact on service provision.

> "Changes are required urgently. Scunthorpe General Hospital does not provide quality services to its population, which has complex medical needs. The services fail to retain quality staff and has a high turnover. Its management has heard repeated concerns about its quality of care but failed to address them sufficiently." [NHS staff member]
>
> "The current model of care is unsustainable and will lead to [a] collapse of key services" [NHS staff member]
>
> "I do agree changes need to be made to save money, for staff retention and progression of the trust into modern times (it's very old fashioned in the way it does things)." [NHS staff member]
>
> "Some of the facilities in all our hospitals are rather dated as are some of the buildings which means that patients do not always receive appropriate treatment." [NHS staff member]

4.90 Some other staff, however, acknowledged the challenges and the rationale, but were unconvinced by the specific proposals under consultation. Many felt that less radical changes were needed or were concerned about creating unequal access to healthcare and the associated negative impacts on patients.

> "I agree that changes need to take place but not by reducing services radically at one hospital to disadvantage local people." [NHS staff member]
>
> "Agree in theory but the changes must not worsen the existing 'postcode lottery' of access to services and people must not find it harder to access healthcare." [NHS staff member]
>
> "The current system needs refining but works well." [NHS staff member]
>
> "I agree that from a medical point of view it's a good idea… However, from a patient point of view it is horrendous!" [NHS staff member]
>
> "I understand the idea in placing specialist services at different hospitals in order to help with supply and demand issues. However, I tend to feel that this could potentially leave some patients very distanced and isolated from relatives and key support systems they have in place…" [NHS staff member]
>
> "As I work for NLaG I fully understand the pressures related to staffing and the infrastructure and that something needs to change. Specific concerns I have are around the consolidation of the paediatric services…" [NHS staff member]

4.91 Other respondents who expressed agreement that changes are necessary referred to their experience with current services and their understanding of the logic behind the case for change. Many viewed the status quo as unsustainable, while also stating that the needs of specific patient groups, such as children and patients near the end of life, should be carefully considered.

> *"Often a long wait for services and diagnosis."* ***[Individual respondent]***
>
> *"It doesn't make sense to have highly trained staff under-occupied at both sites."* ***[Individual respondent]***
>
> *"It is obvious from the consultation document that pressures from both staff and patients in the future will result in a poorer service overall unless something is done."* ***[Individual respondent]***
>
> *"A failing status quo cannot be supported. For that reason, something has to change."* ***[Individual respondent]***
>
> *"Answered tend to agree to the previous question as I'm not so sure about paediatric where I think ease of visiting is important for children but I'm absolutely fine about the other three specific services (adults can cope with lack of visitors). My opinion is not dependent on which hospital is chosen though as I live in Grimsby, I would obviously prefer it to be at DPOW. Moving seriously ill patients to major centres is common practice and usually welcomed. It should all be about providing the best possible care and if this can only be done by concentrating one hospital so be it. The example given about cover for overnight emergency surgery is a case in point and just shows how inefficient and wasteful of resources the current system is. I would however like to ensure that those patients near the end of life were moved to the hospital nearest to their close relatives (not necessarily their home address)."* ***[Individual respondent]***
>
> *"I can see that resources are no longer finite and acknowledge the difficulties we have in meeting demand with appropriate clinical cover and limiting risk, however at the heart of this is the patient. Although on the surface the changes proposed will tick the boxes in responding to the challenges outlined, the patient and families could suffer socially, emotionally, and financially, as well as increasing the load on sustainability."* ***[Individual respondent]***

4.92 As with NHS staff, many other respondents acknowledged that changes might be needed in speciality services but raised concerns about the specific proposals from the ICB. Some felt that it might be more effective to improve current services to address challenges rather than implementing the proposed changes.

> *"Agree that you need to have the right workforce in the right place – Grimsby is not the right place as it's not central."* ***[Individual respondent]***
>
> *"I agree changes need to be made but not necessarily the ones suggested."* ***[Individual respondent]***
>
> *"Improvements can be better than changes, especially drastic ones."* ***[Individual respondent]***

4.93 Among those who said that they disagreed with the need for change, some cited their own positive experiences with the current services, particularly at SGH.

> *"I have had excellent care from Scunthorpe and Grimsby is too far away and very inconvenient for family to visit."* ***[Individual respondent]***

"All services should be available in both hospitals. Experience on many occasions has shown me that in comparison Scunthorpe Hospital provides far greater patient care." ***[Individual respondent]***

Reasons for agreement with the proposals

4.94 Less than one in ten (8%) of individual respondents who added comments expressed agreement or made positive comments regarding the proposals (Figure 24). Of these, some expressed general agreement, while others endorsed specific aspects of the proposed changes, such as the principle of keeping most services at both hospitals and the changes to specific services.

4.95 Some NHS staff members felt that consolidating specific services could benefit both patients and staff by creating 24/7 specialist teams to deliver better care and patient outcomes, as had been done with other specialities.

"It is exciting and stimulating as a health worker, to work in a specialised / enthusiastic team – this will result in the best patient care." **[NHS staff member]**

"Specialists at one site, better care for those in critical need, as long as some service at other site for less critical…" **[NHS staff member]**

"It is well documented that regionalizing specific services lead to better patient outcome. Hull already take all major trauma/cardiology patients from Scunthorpe and Grimsby ENT/Breast care. So I see no difference in these proposals. It will ensure the correct staff are available 24/7 without paying ridiculous locum rates." **[NHS staff member]**

4.96 One staff member felt that creating specialist centres, similar in approach to major trauma centres, would be a good approach for other medical specialties provided that more general NHS services continued to be available more locally.

"The priority would be best to shape those services in a way that work in a "stop and go" fashion, similar to an MTC [Major Trauma Centre] network where patients that need to be stabilised can have that happen but receive more complete care in a centre specialised for it. I believe centralising care and ensuring the best staff and services for that care is a great idea. As long as some services remain that allow for the basics or care for the population, this could be a great way of improving quality of care." **[NHS staff member]**

4.97 Other respondents expressed views on the importance of efficient resource utilisation, the need for a regional approach to workforce improvement, and the need to have localised emergency treatment.

"I have no concerns. It is about using the resources that you have in the best way possible." ***[Individual respondent]***

"I agree with most of the proposal. The point I'm less convinced upon is improving workforce. I believe workforce is part of bigger picture. Many things would/could improve this point; it's not about the number of people in one location. To allow staffing numbers to be balanced. Retention and non-compete are things to consider. If you're working from the approach of a regional improvement then you need to equalise as a region. I.e.: One place where those in healthcare are recruited, hired, trained, deployed, and managed from. A one region approach supporting together." ***[Individual respondent]***

"Emergency treatment must be localised as is being proposed. A centralised major trauma unit is ok, I assume that a heliport is also available at Grimsby for access to this unit. Grimsby/Cleethorpes is the most populated area so Grimsby hospital would be the best option." ***[Individual respondent]***

Reasons for disagreement with the proposals: quality of care

4.98 Many individual respondents (including NHS staff) commented on their disagreement with the proposed model of care and proposed location for consolidating specialist services; three in ten of those who commented (30%) noted that the proposals will not work generally or will increase risk to patients, a third (33%) mentioned that the services should be kept as they are or that they shouldn't be removed from SGH, and 14% commented directly mentioning one or more of the four specific services involved in the proposed changes (Figure 24).

4.99 Both NHS staff and other respondents gave reasons for their disagreement with the proposed changes, including concerns about the implication for quality of care and patient outcomes. They raised issues such as the suitability of the care model for this catchment area, the capacity of DPoW, and anxiety resulting from inter-hospital transfers or premature discharges.

4.100 Many respondents felt that, while it may make sense to centralise some specialties, all acute hospitals should retain 'core' or 'basic' services. Some NHS staff members challenged whether the services under consideration are suitable to be centralised.

"Every acute hospital should have core services like General Surgical (including abdominal), Trauma & Orthopaedics, Paediatrics..." **[NHS staff member]**

"It is also not like you are consolidating highly specialised services such as cardio thoracic surgery - these are basic, sometimes urgently needed services. The distance between the sites is significant." **[NHS staff member]**

"Whilst I agree that smaller specialised services should be centred in specific areas due to the benefits afforded by economy of scale, but general services in those mentioned need to be available for all, close to home instead of in specialist centres." ***[NHS staff member]***

4.101 Other comments from NHS staff members around the proposed model of care suggested that it is inherently flawed, has failed to work elsewhere, or that it is more suited to other kinds of areas (e.g. more densely populated or urban areas), and is not an appropriate solution for the NLaG catchment area:

"This model promotes such poor care. Patients always deteriorate during transfers, every transfer is an opportunity for care to be missed, and notes and handover to get missed, and things to go wrong." **[NHS staff member]**

> "Other hospital trusts have tried this model in other regions and been unsuccessful so extremely unlikely to work here." **[NHS staff member]**
>
> "This is not like a city with several acute units spread across it where this model might make sense - it is the north of a sizeable county - very different circumstances." **[NHS staff member]**

4.102 It was also claimed that previous attempts to consolidate services in North Lincolnshire (such as ENT services) have not resulted in any improvements, and therefore the proposals are unlikely to be successful:

> "Example of ENT services moved to Grimsby has not improved quality of care for patients but reduced access of care. Haematology services taken away from Scunthorpe has not improved patient access or quality of service." **[NHS staff member]**

4.103 Some NHS staff members doubted that there are sufficient resources to consolidate patients at DPoW, noting that there is already insufficient bed capacity and that ambulances are often 'on divert' to SGH.

> "My only concern is that both sites run at 98-99% bed occupancy, so where will the extra patients fit?" **[NHS staff member]**
>
> "We can see that patients are stuck in beds at Scunthorpe waiting for beds at Grimsby and not receiving the treatment they need. If they get a bed at Grimsby, they are not still able to access the diagnostics required due to high volume of patients for current staff and facilities to care for. Already level of care is dropping." **[NHS staff member]**
>
> "I feel like you're putting allot of pressure onto Grimsby. I feel both hospitals are very busy and are not coping with the pressures as it is." **[NHS staff member]**
>
> "Making the changes as per the proposal is not realistic. There are not enough beds at DPOW to facilitate all of the specialities that are proposed - there are not enough beds currently to allow the patients of current specialities to be at the correct site." **[NHS staff member]**
>
> "SGH is always full, so is DPOW. DPOW goes on a full divert every week to SGH and you want to get rid of lots of specialities in SGH." **[NHS staff member]**
>
> "Grimsby already struggle with being at full capacity and high influx on patients that means they regularly go on ambulance divert." **[NHS staff member]**

4.104 It was suggested that this might lead to a worsening of outcomes i.e. if patients have to be placed at the 'wrong' site due to insufficient capacity, then they will not receive the appropriate specialist input.

> "Bringing together services at one hospital will reduce inpatient capacity for these specialist services, this means more patients will be placed off site hoping for inconsistent "in reach" advice of a specialist as there will be no beds to transfer to. This could worsen patient outcomes if they do not receive appropriate specialist input. Regardless of whether the patients are housed at one, or two sites, the number of patients requiring this input is the same." **[NHS staff member]**

4.105 Similar concerns were raised by other respondents, some of whom felt that the loss of specialist services would negatively impact the quality of care delivered from SGH. Concerns were raised that the possibility of

going to SGH and then being transferred to another location might lead some to stay at home rather than seeking medical attention, resulting in worse outcomes in the long term.

> *"…It will lead to reduction in higher level specialist care at Scunthorpe as doctors will inevitably be based in Grimsby thus downgrading care available for those who arrive independently at SGH … feel more likely serious conditions or injuries may be missed due to less experienced medical staff being on positions of responsibility for majority of care…"* ***[Individual respondent]***
>
> *"…people will not want to attend the hospital or leave their child at home as the thought of being transferred to another hospital will scare them and this would result in more complex emergencies that could have been avoided…"* ***[Individual respondent]***

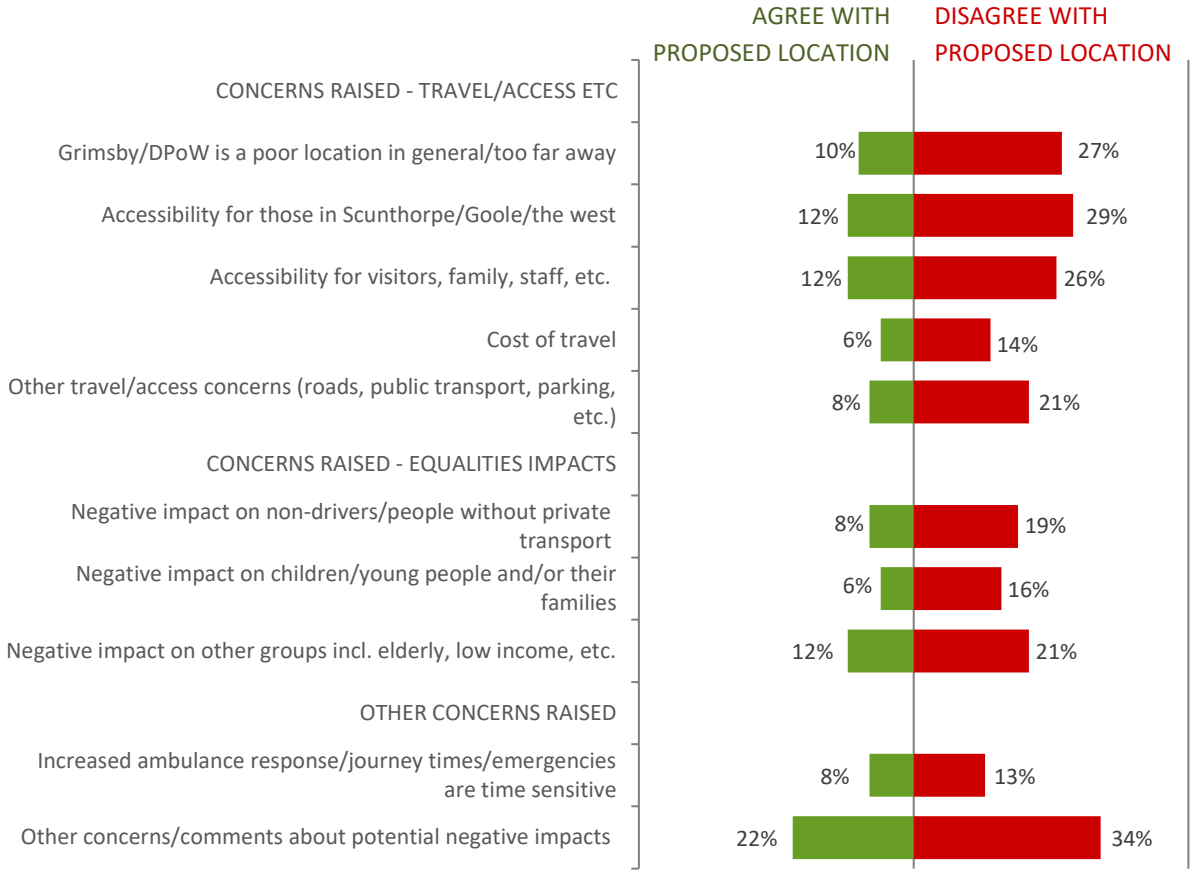
4.106 Other respondents also commented on whether DPoW in Grimsby would be able to deliver the consolidated services when it is 'already under pressure'.

> *"DPoW hospital has cramped wards and not enough beds… Grimsby does not have the parking facilities for further influx of visitors…"* **[Individual respondent]**

Reasons for concerns

4.107 It should be noted that some of the concerns and issues raised in the text comments were mentioned both by those who *disagreed* with the proposed location to bring together specific services at DPoW (for whom they were seen as reasons not to go ahead with the proposed changes), as well as those who *agreed* and rather viewed them as issues to be considered and mitigated against (Figure 25).

Figure 25: Concerns and potential issues raised in text comments about the NHS Humber and North Lincolnshire ICB's proposals, By AGREEMENT or DISAGREEMENT with the PROPOSED LOCATION to bring together four specific services at Diana Princess of Wales Hospital in Grimsby (individual questionnaire respondents only)



Base: Individual questionnaire respondents providing reasons for their views on the need for change or NHS Humber and North Yorkshire ICB's proposals (2,574), Those who agreed with the proposed location to bring together four specific services at Diana Princess of Wales Hospital (273) and disagreed (2,064)

4.108 For many respondents, their primary concern was that the longer journeys to reach DPoW in Grimsby would make it more difficult to access healthcare, particularly for those living closest to SGH who would have to travel further to reach DPoW, whether by ambulance or other means.

Concerns raised: travel and access (emergency journeys and transfers)

4.109 A common concern was around the potential for longer emergency journeys to negatively impact quality of care and patient outcomes due to delays to diagnosis and treatment. Over one in ten (12%) of individual respondents explaining their views included mention of increased ambulance response, journey times or that emergencies are time sensitive (Figure 24).

4.110 There was concern from some NHS staff members about the impact on the ambulance service, and its capacity to absorb the additional patient journeys that would be required under the proposals. Many respondents described unacceptable waits under the current service provision and failed to see how the situation would improve.

> "The current emergency ambulance service rarely meets its 999 response targets, and yet your proposals intend to move approximately 14 trauma, surgical etc patients per day between Scunthorpe and Grimsby with no additional resources and in fact recommend 'efficiencies' in what is arguably already a vastly overstretched service." **[NHS staff member]**
>
> "The ambulance services are also understaffed and over worked. We can wait for hours for an ambulance to transfer patients for bed need as it is. How is it being managed when we have a lot of sick patients who need to go to Grimsby to be seen instead?" **[NHS staff member]**
>
> "My concern is how we get the patients (and families) from SGH to DPOW. Currently we can wait a long time for transport, many ambulances sit outside ED for long periods and their priority is to go to the next emergency, not inter-hospital transfer!" **[NHS staff member]**

4.111 One former ambulance worker expressed concerns about a reduction in ambulance cover in the vicinity of Scunthorpe, due to an increase in out-of-area journeys. The same respondent was sceptical that more cover could be provided, due to the staffing issues being experienced not only locally, but nationally:

> "There are generally 2-4 ambulance resources in the Scunthorpe area overnight. If these services were moved to Grimsby, ambulances would have to travel further and would be taken out of their area more frequently. These would deplete Scunthorpe of their ambulance cover. If a patient resided on the Isle of Axholme, they would be taken to either Doncaster, Grimsby or North Nottinghamshire hospital. Again, this would take ambulances out of their area. There is insufficient private ambulance cover to provide inter facility transfers between SGH and DPOW. More money would be required to provide this transport for those who self-present to Scunthorpe, which would cause delays. If these transfers are expected to be completed by EMAS, significant investment needs to be made to EMAS to provide the required provision, although due to National shortages of ambulance staff and paramedics, they will struggle to recruit into these roles." **[NHS staff member]**

4.112 Some NHS staff members doubted that Patient Transport Service would be able to respond to the increase in demand, with respondents noting that it has already been placed under additional pressure as a result of consolidating services such as ENT and urology.

> "There are already lengthy wait times for patients to be transferred from Scunthorpe to Grimsby for services such as ENT, add 4 major areas into that equation and I feel it would break the patient transport service and the ambulance service." **[NHS staff member]**
>
> "…the services we share such as ENT, urology , cardiology, maxillofacial already impact on PTS." **[NHS staff member]**

4.113 It was also suggested by some staff members that the proposals would require SGH to retain sufficient expertise on-site to assess and stabilise patients prior to transfer to another hospital, and to provide members of staff to accompany them on their journey. A few staff members doubted whether this was feasible, and therefore felt the proposals were not viable or were unlikely to achieve the desired outcomes.

"…At the moment we wait for trauma transfers or cardiac transfers to Hull for hours but at least we have the specialities available at the hospital to ensure patient safety and the correct care is being given whilst waiting for transfer..." **[NHS staff member]**

"Because acute admissions for short duration would still occur at Scunthorpe, staff and doctors would be required both during the normal and out of normal working hours. All the patients who need to be transferred would still require appropriately skilled staff to accompany them. This also means maintaining Anaesthesia and Intensive Care on both sites. Cardiology and chest medicine would still need to review and give their input for patients admitted at Scunthorpe if these cannot be transferred to DPOW due to capacity issues." **[NHS staff member]**

"I remain unconvinced about the quality of consultant-led cover for SGH to stabilise trauma patients for an onward journey." **[NHS staff member]**

4.114 Some NHS staff feared that there might be pressure to discharge patients prematurely, to avoid the need for a transfer altogether. Another concern was that some patients might not present with medical issues at all, an issue also raised by other respondents.

"…it's the short stay issue as there will be pressure to discharge within 3 days so not to be transferred to Grimsby. This could lead to unsafe discharges as full investigations may not be completed and the patient preferring not to go to Grimsby…." **[NHS staff member]**

"I think there will still be transport issues for patients in Scunthorpe area being sent to Grimsby for care and families unable to visit, which I believe will result in some patients self-discharging, which in some cases could be dangerous." **[NHS staff member]**

"The new proposals will stop people coming forward with medical issues as they do not wish to travel to Grimsby." **[NHS staff member]**

4.115 Concerns around the increased distance and ambulance journey times needed to reach DPoW were shared by many other respondents. Several individuals highlighted the ongoing issues with the availability and timeliness of ambulance services, particularly for those furthest from Grimsby.

"…the concept of transporting patients between towns that are connected by just one major road (M180/A180) raises significant doubts and concerns…" ***[Individual respondent]***

"People are going to die whilst travelling all that way, it's about half an hour's drive at least." ***[Individual respondent]***

"Loss of local services would put more people's lives at risk along with the already lacking ambulance service we have." ***[Individual respondent]***

"…This arrangement would undoubtedly place additional strain on already overburdened ambulance services..." ***[Individual respondent]***

"This introduces health inequalities for those living in Scunthorpe and compromises patient safety because those with the most complex needs will need to wait for an ambulance (which can take hours) and be transported to Grimsby (40 min)…" ***[Individual respondent]***

"I am concerned that nothing should be moved to Grimsby until Hospital at Home in North Lincolnshire is operational and delivering better patient outcomes, ambulance capacity has been rigorously reviewed and improved, the transport impact on patients has been evaluated and appropriate mitigations put in place, the resilience of the road infrastructure between Scunthorpe and Grimsby be fully appraised in relation to the impact on patients and an emergency plan for dealing effectively with a major incident at the Steelworks or any other tier one COMAH site has been properly stress tested against any new hospital delivery mode." **[Individual respondent]**

Concerns raised: travel and access (general)

4.116 Travel and access were among the key themes mentioned by individual respondents (including NHS staff). A quarter of respondents who added comments felt that DPoW in Grimsby is a poor location or generally too far away (25%). Similar proportions raised concern regarding accessibility for those in Scunthorpe, Goole and other areas in the west (26%) and accessibility for visitors, family, staff, etc (24%).

4.117 Around one-in-eight (13%) of those who made comments mentioned the cost of travel as a concern, while just under a fifth (19%) mentioned other travel and access concerns such as the roads, public transport provision or parking, among others (Figure 24).

4.118 In general, the comments made by members of staff who responded to the questionnaire covered similar themes to those of others who took part, such as the practical and emotional difficulties associated with additional travel and receiving care further from home for both patients and their families or visitors.

"The changes will not be beneficial to the people of Scunthorpe in any way. Transport will be one of the biggest issues that patients have as not all people have transport available, and with the strict criteria for booking transport these people have no chance." ***[NHS staff member]***

"Due to the location of Grimsby, it would be difficult for many people to travel and would leave patients isolated if their families / friends are unable to visit. Public transport links are quite poor." ***[NHS staff member]***

4.119 Many other respondents commented on the availability of on-site parking and the challenges of using public transport links to reach DPoW, especially when hospital transport cannot be provided.

"…Would there be more car park spaces available at DPoW for those who do have cars? Having been a patient at DPoW I know just how difficult it is to find a parking space there." ***[Individual respondent]***

"Not all people can drive to DPoW and public transport is very poor and not suitable." ***[Individual respondent]***

"…It is impossible to get transport. I know this as I needed transport the other month to go to Leeds Hospital. You cannot TRY to book transport until 3 DAYS before your appointment, which is not good because if you can't get transport and you then have to cancel your hospital appointment you are not leaving enough time for that appointment to be given to someone else . You are asked WHY you cannot use public transport. This was during the train strike and buses do not run to Leeds." ***[Individual respondent]***

4.120 The increased financial burden of longer journeys for both patients and visitors was highlighted by a number of other respondents.

> *"Visiting relatives in DPoW from the Scunthorpe area would … place extra financial pressures on people from our area…"* ***[Individual respondent]***
>
> *"…Not all people can drive to DPoW and public transport is very poor and not suitable. The very elderly would not be able to get themselves to DPoW and this places a financial burden on people and especially the most vulnerable…"* ***[Individual respondent]***

4.121 There were some concerns raised from other respondents who felt that the proposed changes to specific services, such as those to trauma and paediatric inpatient, would be unsuitable due to their location and proximity to the specialist consultants at Sheffield Children's Hospital.

> *"…If my child needs to use these trauma services, or any family member for that matter, I should not have to be concerned with how and if I can get to and from the hospital. I shouldn't have to be worried about whether I can afford to be with my child when they need me."* ***[Individual respondent]***
>
> *"Paediatric inpatients should be across all sites but if it can't be they should be at the middle site of Scunthorpe, which is nearer to ICU beds, as well as nearer to Sheffield children's hospital where more of our specialist consultants are also based. The current option being made does not make sense when considering patient safety for this group."* ***[Individual respondent]***

4.122 A number of individual respondents commented on their concerns around travel and access for particular groups of people who would find travel more difficult, such as individuals with chronic illnesses and additional support needs.

> *"By moving these services to Grimsby you are basically depriving me of having any access to them. I live with chronic pain (which the services and provisions for support for this you have culled over the last 14 years), to the extent that I am now disabled and get ZERO support from any medical or clinical department… You closed the water therapy units that would have helped. You've cut the physio therapy and acupuncture services which were helping and you've blocked me from receiving the injections that allowed me to have a somewhat more normal and pain free life – all because of money and where these services could be accessed from. … you are FORCING me to live, in agony, with NO SUPPORT and now you want to add in a 45 min trip, each way, to a hospital I can't drive to, after you've already removed the over-strained patient transport services? This is immoral and evil."* ***[Individual respondent]***
>
> *"My daughter has severe autism and learning difficulties and the thought of her having to be transferred to another hospital for specialist service because of her postcode is appalling. This plan clearly discriminates against people with learning difficulties. Everyone should have access to specialist services in their local hospital. You are basically proposing one hospital becomes a sorting and dispatch centre."* ***[Individual respondent]***
>
> *"It's not acceptable to make more people travel, some people do not have the means... My mother has already not gone to a number of appointments as they were at Grimsby and she cannot drive."* ***[Individual respondent]***

Other comments: staffing issues

4.123 Echoing other concerns about capacity issues at DPoW, it was also specifically suggested that the proposals will place an unreasonable amount of pressure on staff (both clinical staff and wider teams):

> "Pressure on the staff at DPOW has been not considered and overburdening the staff at the hospital is not appropriate." **[NHS staff member]**
>
> "Have you considered the impact on wider teams e.g., AHP's which interface with the acute site and capacity impact this would have on them?" **[NHS staff member]**

4.124 There were some concerns raised by NHS staff members that the proposals would lead to a gradual 'de-skilling' of the staff at SGH, with staff becoming less experienced at dealing with various emergencies. Similarly, some were concerned about impacts on the training, recruitment and retention of staff at SGH, with negative implications for the hospital's longer-term future.

> "If you take services away to one hospital the other will become deskilled in emergency situations therefore endangering peoples' lives." **[NHS staff member]**
>
> "How will SGH be able to recruit/retrain suitably qualified staff if it's not seeing trauma/critical patients? Staff need regular experience of working with such patients so it's unlikely they'll see SGH as an attractive proposition to further their career." **[NHS staff member]**
>
> "It will affect training for our trainees significantly as we won't be able to have continuity of care after 24 hrs if the patient then gets admitted for longer as they will not be in Scunthorpe." **[NHS staff member]**

4.125 Overall, it was suggested that the proposals would actually exacerbate the workforce issues within NLaG e.g. on the basis that it will become harder to recruit staff to SGH (for the reasons outlined above); those currently working at SGH may choose to leave rather than commute to DPoW; the additional pressures at DPoW may be intolerable, and because DPoW will remain a difficult hospital to recruit to in general as a result of its location.

> "Focusing these services at one site will make the other site hugely unattractive to medical graduates, making future recruitment impossible. This will force 'joint site' appointments working at both sites. The hospitals are 32 miles apart, so now both sites will be impossible to recruit doctors to. Proposed changes will therefore worsen the root problems alluded to." **[NHS staff member]**
>
> "It has always been notoriously difficult to recruit staff at Grimsby compared with Scunthorpe as it is just that little bit too far for commuters from the Sheffield and Leeds areas to even consider working there. No doubt some current Scunthorpe staff will be expected to work in Grimsby instead which could lead to people leaving…" **[NHS staff member]**
>
> "[People living near Scunthorpe would] have to travel to get [an] even poorer level of service. This is because capacity at DPOW is already very limited and the workforce cannot be drastically increased at one site. The staff working at Scunthorpe would not travel to Grimsby and instead would seek job at other trusts or private sector, which will mean loss of skills. Recruitment and retention are worse at DPOW and HUTH and moving the services will only make things worse." **[NHS staff member]**

Other comments: emergency surgery (overnight)

4.126 Some respondents, particularly NHS staff members, mentioned the four speciality services and raised more detailed concerns about the potential impacts. To illustrate the themes arising we have included examples

of comments from NHS staff members below, which tend to be more detailed but nonetheless are also representative of the views of a smaller proportion of non-staff members and other respondents who specifically addressed concerns around the individual services.

4.127 Regarding emergency surgery (overnight), there were concerns around conducting out-of-hours transfers, on the basis that this would cause a delay to treatment (with associated negative outcomes), and on the understanding that these are recognised to be less safe.

> "At the moment, a patient presenting to SGH A&E with an acute surgical problem out-of-hours, needing immediate and life-saving surgery, would go to theatre and be admitted to ICU in a timely fashion…. If the patient had to be transferred to DPOW in order to receive the same surgery it would mean a transfer out-of-hours which in itself is evidenced to increase mortality (and why out-of-hours transfers are not currently permitted)." **[NHS staff member]**
>
> "The proposal to move overnight emergency surgery is the most concerning. If I were taken to Scunthorpe during the night and needed emergency surgery currently, I assume I would be able to be operated on fairly quickly and if this is an emergency condition (say a burst appendix) then time would be critical for the intervention. In the proposal I accept I would be transferred to Grimsby in an ambulance with appropriate clinical care during the journey, but the delay in being operated on would still be significant. Wouldn't this mean the chance of survival and recovery is worse should this happen during the night?" **[NHS staff member]**
>
> "Emergency surgeries should be able to happen 24/7 at both hospitals, overnight surgery can be emergent during the night and transferring an already sick patient to Grimsby during the night could be unsafe for the patient and could lead them to further decline during the journey when they could be getting their surgery instead." **[NHS staff member]**

4.128 As noted above, some staff members expressed concerns about capacity and bed availability at DPoW. The same point was made by some with specific reference to the proposal to consolidate emergency overnight surgery.

> "What will happen with emergency surgical cases that need to get to DPOW? How quickly can we get them there and do we have the staff to get them there? What if there are no beds in DPOW?" **[NHS staff member]**
>
> "ENT emergencies that attend SGH [now] are not able to be transferred to DPOW are there is no capacity. This already compromises patient care and safety – this situation would be the same for all of the patients that are affected by the new proposals…." **[NHS staff member]**

4.129 There was also disagreement with the proposal to consolidate in DPoW, on the basis that SGH has been performing more out-of-hours emergency surgery than DPoW and is therefore a more logical choice. It was suggested that both hospitals have sufficient out-of-hours cover.

> "I disagree that out of hours emergency surgery should be at Grimsby when Scunthorpe have been performing more cases than Grimsby, which would suggest it's better placed at Scunthorpe. Both hospitals have sufficient cover for out of hours emergency surgery. To date SGH has performed most out of hours surgery which would suggest the demand is the greatest." **[NHS staff member]**

4.130 There were some specific concerns about emergency surgery provision for obstetrics and gynaecology patients. For example, it was suggested that inter-hospital transfer in the event of an ectopic pregnancy or miscarriage might be particularly dangerous e.g. due to the risk of haemorrhage. The additional emotional impacts on the patient in these types of cases was also highlighted.

> "We have recently looked after 3 ladies with ruptured ectopic pregnancies that would almost certainly have died if they had to be transferred to Grimsby to have emergency surgery." **[NHS staff member]**
>
> "I don't feel emergency gynaecology can be viewed in the same way as other surgical specialties. Women experiencing a miscarriage who need emergency surgery cannot be transferred due to haemorrhage risk and same for women who need emergency surgery for ectopic pregnancy or ovarian torsion. The transfer will risk deterioration which could lead to a dead ovary if torsion left or severe/catastrophic haemorrhage. There are also additional emotional/psychological aspects to pregnancy related cases which cannot be viewed as requiring the same pathway as emergency general surgical patients e.g. appendicitis." **[NHS staff member]**
>
> "If there is an emergency particularly with people who are pregnant this could result in neonatal death if having to travel further to access services at DPOW." **[NHS staff member]**

4.131 There was some uncertainty about the future status of elective surgery at both hospitals. It was suggested, for example, that larger elective procedures might also need to move from SGH to DPoW in case of complications that might develop into emergency situations. There was also a concern that all orthopaedic surgery would effectively become unavailable at SGH, while it was also suggested that taking on additional emergency cases might impact upon elective surgery capacity at DPoW.

> "No nighttime emergency orthopaedic or general surgery means many larger elective surgical procedures will have to move to Grimsby. Complications from larger ops need prompt treatment on site which will no longer be possible under these proposals." **[NHS staff member]**
>
> "Already elective orthopaedic is moved from Scunthorpe to Grimsby and Goole. You are proposing to take emergency surgeries needing prolonged stay away from Scunthorpe as well. This will stop Orthopaedic services in Scunthorpe making it difficult to recruit or sustain younger consultants. Orthopaedic service has not even been mentioned in the changes though this is the proposed future for Scunthorpe residents." **[NHS staff member]**
>
> "Would this compromise elective surgery in DPOW, as we have an excellent colorectal cancer service?" **[NHS staff member]**

4.132 Some staff members queried whether it might be possible to alternate the on-call rotas between the two sites, as a possible alternative to consolidating overnight emergency surgery at just one location.

> "General surgery on-calls can be alternated between SGH and DPOW in a week. E.g.: Monday, Wednesday, Friday and Sunday at one site and Tuesday, Thursday and Saturday at other site. Days can be swapped in the next week. Days can be planned for each site can be planned for 3 year, 5 years or 10 years and more." **[NHS staff member]**

> "Any acute hospitals should have key services at local site. If number of urgent and emergency patients are too small for both sites, then model should be alternate day out of hours service for these services at both sites." **[NHS staff member]**
>
> "I however do understand that 2 emergency theatres overnight are not warranted, so perhaps this could be staffed weekly or monthly at one site, then rotate to the other." **[NHS staff member]**

Other comments: paediatric overnight (inpatient) care

4.133 In terms of inpatient paediatric services, there were concerns around the safety and practicality of hospital transfers, particularly in cases of children with complex needs, those at risk of deterioration, very young children and babies etc.

> "Our complex needs children, it's not always as simple to go to Grimsby for an admission, they come with lots of equipment, carers and several family members…" **[NHS staff member]**
>
> "Will there be a paediatric nurse to transport these poorly babies? Babies can deteriorate within minutes. This is a huge and real concern!" **[NHS staff member]**

4.134 Some respondents had serious concerns about whether and how these high-risk transfers could be managed at all, given that a normal ambulance transfer might not be appropriate, and based on their understanding that "Embrace" (i.e. the specialised transfer service for paediatric and neonatal patients) would not be able to offer a transport service between SGH and DPoW.

> "It is going to put a huge strain on the ambulance service. Some children also aren't stable enough for a normal ambulance transfer so putting them at risk." **[NHS staff member]**
>
> "This will mean transporting acutely unwell children with a real danger of them coming to severe harm including death. Our regional transport service Embrace has said they will not transfer these sick children which will mean we will have to set up our own transport team which will be very costly, and we cannot be sure we will get people with the right skills for this (transporting sick children requires highly specialised skills). This is compounded by SGH being the largest provider of level 2 (high dependency care) in the region and currently there are no national or regional pathways to support level 1 and 2 transfers between District General Hospitals, so we will have to come up with new standards, training requirements and governance arrangements." **[NHS staff member]**
>
> "As I understand EMBRACE has categorically said they will not move Paediatric patients from Scunthorpe to Grimsby." **[NHS staff member]**
>
> "Not enough thought has been given to transfer of sick children for example with asthma, croup or DKA between Grimsby and Scunthorpe. These are high risk transfers that would need to be commissioned via Embrace; setting up a local model to transfer these children would not be safe." **[NHS staff member]**

4.135 Others were concerned that moving inpatient paediatrics to DPoW would increase the distance to tertiary paediatric services in Sheffield and Leeds, increasing the risk to patients and resulting in unnecessarily long journeys in the event of children deteriorating and requiring transfer. One respondent suggested that the pressures on these services might also increase as a result e.g. if patients from Scunthorpe area choose to present to Sheffield Children's Hospital in the first instance, to avoid being transferred from SGH to DPoW.

> "You are going in the opposite direction to specialist care in Sheffield or Leeds, so those children needing transfer to these services are then further away and more at risk..." **[NHS staff member]**
>
> "Within paediatrics the tertiary level care is often delivered by Sheffield or Leeds more often than not and having the patients based at DPOW will increase the travel time for potential vulnerable patients to travel to these hospitals for admission from DPOW and increase travel for those requiring input for further diagnostic tests, sending blood samples etc." **[NHS staff member]**
>
> "Scunthorpe has a lot of children on long term ventilation and children with complex needs. Currently they are managed locally; however, if Scunthorpe loses its paediatric inpatient unit these patients may decide not to be admitted to the paediatric unit at Grimsby as that will mean extra 45 minutes travel to Grimsby and then if they deteriorate another one and a half hours travel to Sheffield children's hospital. They may decide to go to Sheffield children's hospital directly as that is also 45 minutes from Scunthorpe. This will put a lot of strain on the critical care unit at Sheffield which they will find difficult to cope with." **[NHS staff member]**

4.136 Additionally, there were concerns from staff about DPoW being ill-equipped to provide care for complex paediatric inpatients and also lacking in bed capacity. It was suggested that the proposals might again increase pressures on tertiary services and also lead to more out-of-area transfers.

> "The needs of some complex children requiring long term ventilation cannot be met at Grimsby. This will have an impact upon the paediatric critical care service capacity in Sheffield and therefore Leeds too. Unintended consequences of this are likely to include a lack of capacity to meet the cardiac surgical needs of the children across Y&H, and transfer of critically ill children outside of Y&H when there is no bed available." **[NHS staff member]**
>
> "Neither DPOW nor HUTH can support the specialised care that is only met at either Leeds or Sheffield and Paediatric ODNs wants the local hospitals to develop resilience and systems so that better care can be provided closer to home for children as per guiding principle adopted by the government." **[NHS staff member]**
>
> "The children's ward in Scunthorpe has several complex needs patients who stay on the ward for longer than 24 hours. Grimsby doesn't have the bed capacity to take Scunthorpe's inpatients. In the winter, the majority of shifts the HDU beds are filled with high flow oxygen or CPAP patients, with an overflow of a high observation bay to meet patient cares last year with patients needing longer than 24 hour stay." **[NHS staff member]**

4.137 Another respondent was sceptical as to whether DPoW would be able to achieve the requisite number and mix of staff needed for the proposal:

> "As there will still be a level 2 neonatal unit and a 24-hour Paediatric assessment unit at Scunthorpe, the workforce at Scunthorpe would have to remain the same. Under the proposed changes the number of paediatric beds at Grimsby would double to 24. This will mean the Grimsby paediatric unit would have to employ more consultants and junior doctors which will be costly, and they may not be able to employ staff with the right skills." **[NHS staff member]**

4.138 Other staff members raised concerns about disruptions to joint working arrangements if children need to be transferred to a different area and local authority for treatment, for example: services supporting young people with mental health and eating disorders, social services, and other services based in the community.

> "I have significant concerns around moving inpatient paediatric care away from Scunthorpe General Hospital. In particular, children with eating disorders will be moved away from their local care team. The local community eating disorder does not provide a service in Grimsby and this will lead to unsafe and disjointed care. Children will not be able to access appropriate mental health support alongside the medical support they need. This is not in line with MEED [Medical Emergencies in Eating Disorders] guidelines and will not safely support the recovery of these children. MEED guidelines talk at length about the importance of close joint working between medical and mental health teams and this will not be possible with this proposal. There are currently excellent working relationships between inpatient paediatrics and the community eating disorders and this leads to good outcomes for children." **[NHS staff member]**
>
> "Mental health provider is different at the 2 sites: for Scunthorpe it is RDaSH [Rotherham and Doncaster and South Humber NHS Foundation Trust] and for Grimsby it is Navigo. This impacts on North Lincolnshire residents being transferred to Grimsby out of area and challenges with potential legalities, inpatient ward sitters and forward ongoing care/discharge." **[NHS staff member]**
>
> "Safeguarding cases also present to the ward for longer than 24hrs if it were to be a place of safety for example or [if] neglect has caused significant issues requiring inpatient care. Again, this would make it challenging to the wider community services including social services who would be supporting the patient/family in community." **[NHS staff member]**

4.139 A similar point was raised in relation to other medical specialties or treatment areas e.g., if a child has been treated at SGH by a consultant or team working in a particular specialty, and that child is subsequently transferred to DPoW, then there may be less continuity in their care.

> "Other professions from AHPs [Allied Health Professionals] that support children on the ward are split with a team at Scunthorpe and a team at Grimsby. Having the inpatients at one end will make providing seamless care - which we do currently by providing in-reach to the children from community - more challenging... [If] you are not moving the assessment units or paediatric outpatient services, then the consultants will still need to be based at Scunthorpe, but this would stop them popping to the ward to see their inpatients. Paediatric services also have patients from specialities on the ward e.g. orthopaedics/urology so how would they cover their inpatients as they are potentially still being based at Scunthorpe?" **[NHS staff member]**

4.140 There was also some concern about the potential impacts on maternity and neonatal services at SGH, given the various interdependencies between these and paediatric services.

> "Paediatrics is an essential service and important to have in any hospital with inpatient facility. If this is cut down, paediatricians decrease in the hospital with eventual adverse effect on neonatology and thus maternity services. Proposal by ICB seems to be to close down the entire hospital and make it into a cottage hospital." **[NHS staff member]**
>
> "Is this a prelude to moving maternity services at a later date!?" **[NHS staff member]**

> "Scunthorpe will remain a level 2 unit for neonates. This changes everything and when things change plans cannot remain the same and must change. We should not implement unstable short-term changes that will need revisit in the event of future obstetrics and neonatal potential reconfiguration. There should be a good reason to transport these acutely unwell children with a real danger of them coming to severe harm including death." **[NHS staff member]**

Other comments: medical specialities (inpatient)

4.141 There were comparatively few other comments made about the proposals to consolidate inpatient medical specialties (including cardiology, respiratory and gastroenterology). A few staff members had particular reservations about moving one or more of the services e.g. on the basis of local need and keeping a certain amount of expertise on site at SGH.

> "I feel health outcomes would deteriorate further and there would be an increase in mortality rates without local access to major services such as respiratory medicine etc." **[NHS staff member]**
>
> "I feel that of the 4 services a specialist cardiology service should be provided at each site. Our region has the highest death rates from cardiovascular disease. I do not believe that by shifting the emphasis for this service to DPOW will positively impact the service. Once the new diagnostic service in Scunthorpe is up and running offering CT angiograms, there would hopefully be a reduction in acute cardiac admissions. These could be managed over each site with treat and return coronary intervention for Scunthorpe patients." **[NHS staff member]**

4.142 One respondent felt more clarity was needed in terms of the demarcation between some types of 'specialist medical inpatient care' and aspects of general medicine.

> "24/7 Speciality medical inpatient care (for longer stays more than 72 hours) including gastroenterology (stomach), cardiology (heart) and respiratory (lung) medicine. Specialty medical patients here includes x2 Medical Specialties that can be classed as falling under the General Medicine umbrella. So how does that work alongside 'overnight (inpatient) care for elderly and general medical patients (for stays longer than 3 days)' on both sites.? Is the thinking to retain specialty capacity? How will you be able to justify potentially retaining empty 'specialty' beds on particular sites when general medical bed capacity is over occupancy?" **[NHS staff member]**

4.143 There was some sense that these kinds of services should be split more equitably between the two sites, rather than all being consolidated at one location.

> "Some services like Cardiology, Respiratory, Breast surgery services should be reviewed and if one service move to one site (e.g. Cardiology to Grimsby), then other should move to Scunthorpe (e.g. Respiratory to Scunthorpe). Single consultant service like breast service should be moved to Hull if the consultant is not available to provide service at both sites." **[NHS staff member]**
>
> "It is also important to have a balance of services in both sites to reduce the health service cost/investment cost, rather than shifting services to one site. If heart specialists work from Grimsby, lung specialists need to work from Scunthorpe." **[NHS staff member]**

> "If one of the small specialities (like Cardiology, breast services, Respiratory) needs reorganisation, then it should be done. If one service goes to one hospital, then the other service should go to other hospital." **[NHS staff member]**

4.144 A small number of NHS staff members made other suggestions, such as creating a new percutaneous coronary intervention (PCI) centre in North Lincolnshire to safeguard the future of services within North Lincolnshire or, alternatively, relocating services to Hull.

> "There needs to be a primary PCI centre based either in SGH or DPOW or in a new build. Basically, interventional radiology and cardiology services need to be located on the South bank rather than move everything to Hull which will invariably cause delays and patient lives." **[NHS staff member]**
>
> "Other specialities such as oncology, emergency cardiac and respiratory care would be better dealt with in super-speciality units in Hull where state of the art diagnostic facilities could be available, with the ability to transfer out to beds nearer home for recovery and recuperation. Replicating specialist equipment is wasteful and means they are not kept up to date / frequently break down." **[NHS staff member]**

Other comments and potential misconceptions

4.145 A number of other respondents commented on other issues and concerns with the proposals that they thought should be considered. Some individuals highlighted the potential detriments of the proposed changes, citing that local hospitals often play a vital role in community engagement.

> *"Local hospitals often play a vital role in community engagement, health education, and outreach. Closing or downsizing a hospital can reduce community involvement in healthcare decisions and limit opportunities for local healthcare initiatives and partnerships…"* ***[Individual respondent]***
>
> *"…Vulnerable patients have invaluable advocates. There will be a breakdown in the liaison between medical teams, social services and supporting families. Lack of Local knowledge of another Town will be detrimental…"* ***[Individual respondent]***

4.146 It should be noted that in some of the questionnaire comments expressing concern about the proposals, there is an indication of misconceptions about the types of services proposed to be brought together at one site, with references being made to patients needing to travel further for routine appointments rather than for complex medical, urgent and emergency or paediatric inpatient care.

> *"Patients will not travel for appointments. They want to be treated in their own town..."* ***[Individual respondent]***
>
> *"…It is unfair and unrealistic to expect people from East Yorks area to travel to Grimsby for often very early appointments..."* ***[Individual respondent]***

4.147 There is evidence that some individual respondents are concerned about more far-reaching changes to services than are actually being proposed, such as large-scale loss of services from SGH, including the Emergency Department.

"The Trust spent millions on the new Scunthorpe A&E, now you want to move it to Grimsby – I don't think so…" ***[Individual respondent]***

"Nearest A&E for us residents is going to be 26 miles to Doncaster hospital (30 minutes with light traffic) and 29.8 miles to Grimsby hospital..." ***[Individual respondent]***

"SGH has had significant renovations done and now they want to close half of it down? What a waste of tax payers' money..." ***[Individual respondent]***

4.148 There were also a number of comments raising concerns about a perceived pattern of service reductions in some areas, and fears of 'downgrading' and hospital closures in the future.

"I can see that resources are stretched but wonder why ALL specialities seem to be moving to Grimsby." ***[Individual respondent]***

"... loss of local hospital services is putting people at risk already never mind starting to close another hospital..." ***[Individual respondent]***

"How long will it be before you decide that Lincoln should be the only centre?" ***[Individual respondent]***

"Living in Goole, we have been totally forgotten by this trust for years. We need more facilities not less further away." ***[Individual respondent]***

Suggested alternatives

4.149 Some possible alternatives to the proposals made by NHS staff, in relation to specific services, have already been noted above, for example:

- Having some medical inpatient specialties at SGH, and others at DPoW
- Rotating or alternating on-call emergency surgery between the two hospitals

4.150 These same points were also made in relation to services more generally:

"If consolidation is the only way forward, one medical speciality can be taken to one site and another to the other, spacing it out 50-50. This will not need huge financial commitment just to one site and keep services accessible to patients at both ends." **[NHS staff member]**

"Every acute hospitals should have core services like General Surgical (including abdominal), Trauma & Orthopaedics, Paediatrics.. Instead of having out of hours emergencies everyday in both hospitals, cover can be provided on alternate days from each hospital." **[NHS staff member]**

4.151 Other alternatives made by NHS staff included maintaining some form of the status quo by addressing staffing and funding issues. In terms of how best to alleviate staffing difficulties, suggestions included:

- Better renumeration of staff, incentivising staff to work extra shifts etc;
- Undertaking work to understand the reasons for retention and recruitment problems, so these can be alleviated;
- Working with universities, research programmes etc to provide more appealing work opportunities.

> "Noting that that area / Trusts are not attractive to potential employees needs addressing by furthering opportunities in research programmes etc – building links with nearby Universities (Hull, Lincoln, Sheffield etc) would further this." **[NHS staff member]**
>
> "Can the ICB or Trust look at schemes which remunerate staff to encourage them to work within the trust (higher banding, relook at Rotas, enhanced rates for additional shifts, educating staff so they can progress in their careers)." **[NHS staff member]**
>
> "Agency staff will always have to be used as there is not enough staff within the NHS in general and little to no incentive to bank staff to pick up extra shifts which has worked well in the past when implemented by the trust." **[NHS staff member]**
>
> "You would rather pay agency money than giving your own staff overtime." **[NHS staff member]**

4.152 Others proposed consolidating services in a different location to that being proposed: typically, it was suggested that this should happen in SGH, instead of DPoW.

> "DPoW is the wrong choice. Scunthorpe would be much more central for the patients of North and Northeast Lincs and the Goole area. Mortality and outcomes are also better at SGH. The figures and proposals have been strongly promoting a move to DPoW. The best solution in the long term would be a central location with amalgamation of all services, trauma centre." **[NHS staff member]**

4.153 One alternative solution, suggested by both NHS staff and other respondents, was to centralise services at a new hospital site, for example, at Barnetby Top.

> "Ideally, these services should be brought together to a single hospital based in the Barnetby area, to create a central Hub. This would require investment but, as significant investment has already been made into both A&E depts and also these new diagnostics units, I find it difficult to believe that funding is not available." **[NHS staff member]**
>
> "Neither hospital is fit for purpose, a new hospital should be built at Barnetby Top and the SGH and DPOW scaled down like Goole." **[Individual respondent]**
>
> "Build a new hospital at Barnetby Top which in turn is close to an active airfield which could be used for a helipad. All services could be accommodated under the one roof." **[Individual respondent]**

4.154 While a number of other respondents suggested to build a new hospital, without mention of a specific location, other alternatives included using 'floating' consultants and junior doctors and to invest in transportation solutions to ensure equitable access to care:

> "It is obvious the Scunthorpe site is restricted, and a new hospital is out of the question at present but many areas have satellite units. The fact that this is not flagged up as an alternative indicates that the main purpose here is to save money at the expense of the health and well-being of the people of Scunthorpe." **[Individual respondent]**

> "Alternative solutions: - commission a private sector provider to deliver the services on-site in Scunthorpe – bid for capital costs – don't split out paediatrics (business case option of do minimum) – hybrid and/or virtual solutions – nurse practitioner led services which 'floating' consultants and junior doctors – investment in staff training to improve the paediatrics offer – improve administration capabilities and digital solutions across NLaG in totality and use the savings to invest in any of these options." **[Individual respondent]**
>
> "Rather than centralizing services based on proximity to existing healthcare facilities, you may advocate for investments in transportation solutions to ensure that all residents have equitable access to care. This could include improving public transportation, establishing medical transport services, or enhancing telehealth options." **[Individual respondent]**

4.155 Another suggested way forward was to strengthen partnerships with tertiary care centres in the surrounding areas:

> "A better option could make partnerships with tertiary care centres in South and West Yorkshire which can support timely specialist interventions needed for our patients and at the same time develop our own structures and systems. This was visible during the pandemic when our elective care performed much better and we tried utilising and exploring our own resources as minimal help was available from neighbouring trusts." **[NHS staff member]**

4.156 It was also very occasionally suggested that the proposals could actually be taken slightly further, with more consolidation than what is currently being proposed:

> "Safer and cheaper to do it at HUTH [Hull University Teaching Hospital NHS Trust]. Whom have more HDU/ICU beds, larger A&E, and better paediatric services." **[NHS staff member]**
>
> "I don't believe that the current proposals are radical enough to address the issues… Without more significant change it will be very difficult to maintain service quality. One site should be reduced too providing care for minor conditions and elective work." **[NHS staff member]**

Other suggestions and mitigations

4.157 Suggested mitigation measures tended to focus on continuing to deliver services as locally as possible, with other suggestions including:

- Improving public transport services and road infrastructure;
- Financial support for vulnerable service users to travel to hospital;
- Shuttle buses between sites for visitors and patients; and
- Improved pay and conditions to retain NHS staff.

4.158 A small number of respondents commented on transport and access mitigation options, such as shuttle buses and additional parking. However, a few suggested that travel times will be unacceptably long, even if transport is provided.

> "Invest in a regular shuttle bus service between Scunthorpe and Princess Diana to mitigate the serious transport problems that are going to affect the success of this venture." **[Individual respondent]**
>
> "Possibly providing subsidised parking and sleeping arrangements for parents/ carers of vulnerable adults would help." **[Individual respondent]**
>
> "Offer transportation services for those who may have difficulty travelling. Enhance transportation options, provide support for elderly patients during travel, and ensure that geriatric care services are available at the chosen location. Offer subsidized or free transportation options, maintain local healthcare services in underserved areas, and provide financial assistance for healthcare costs." **[Individual respondent]**
>
> "Free transport between hospitals would reduce the impact, but it would still add an extra hour onto visiting time." **[Individual respondent]**
>
> "A transport 'collection service' would mean hours travelling due to 'pickups'." **[Individual respondent]**

4.159 Some respondents suggested that the services at Goole and District Hospital should be improved, or at least included in the proposals, due to the hospital's accessibility and close proximity to several major cities (such as Sheffield and Hull). Others suggested that the hospital in Goole should not be coupled to those in Scunthorpe and Grimsby at all.

> "Bring more services to Goole hospital, a more modern environment. Easily accessible with room for improvement if necessary. Would be able to attract professional people from a wider area as the town is only a short distance from Sheffield, Leeds, Bradford, Hull, York and other major cities…" **[Individual respondent]**
>
> "I believe that the Goole-hospital functions need to be un-coupled from Grimsby-Scunthorpe, and instead serviced with much more accessible functions in either Hull or Doncaster." **[Individual respondent]**

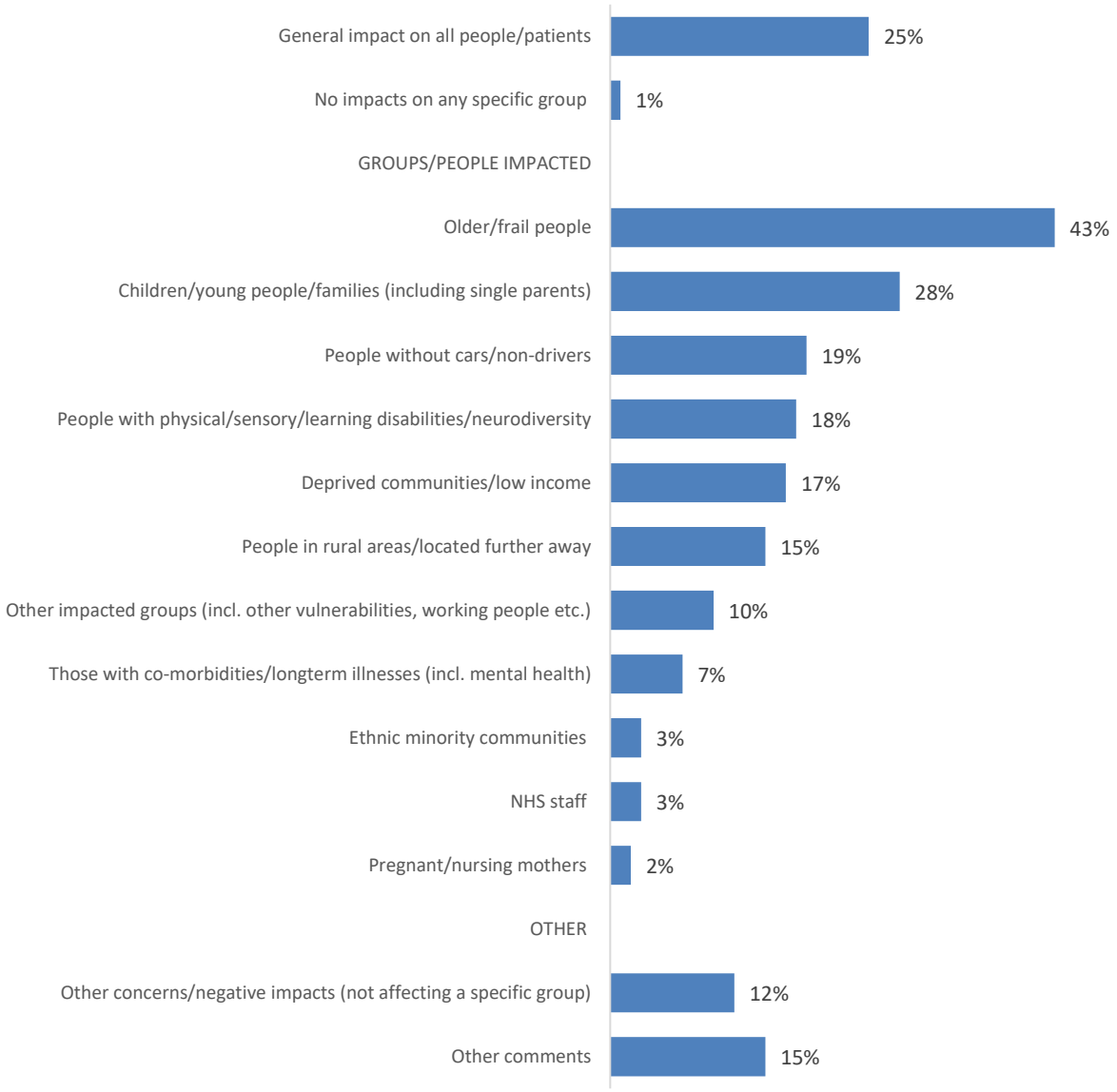
4.160 It was also suggested by a number of other respondents that the boundaries of services and resource division should be reassessed:

> "Is there not scope to redistribute the areas so that for example people who live in a 15-mile radius of the Humber bridge could be transported to Hull Royal?" **[Individual respondent]**
>
> "Rather than take services away from us [North Lincolnshire], maybe the cause of the majority of health problems being in North East Lincs should be investigated and addressed by their local authority and the solutions paid for by the county – not draining resources from our county to put sticking plasters over the issues in another county." **[Individual respondent]**

Respondents' views on potential equalities impacts and mitigations

4.161 All questionnaire respondents were invited to identify any specific groups or people that they believed might be positively or negatively affected by the proposed changes and to explain how any positive impacts might be enhanced or negative impacts reduced. Figure 26 summarises the groups or people identified while Figure 27 highlights the types of impacts that were stated in the same comments, and how negative impacts might be mitigated. The full table of coded text comments can be found in Appendix III of this report for reference.

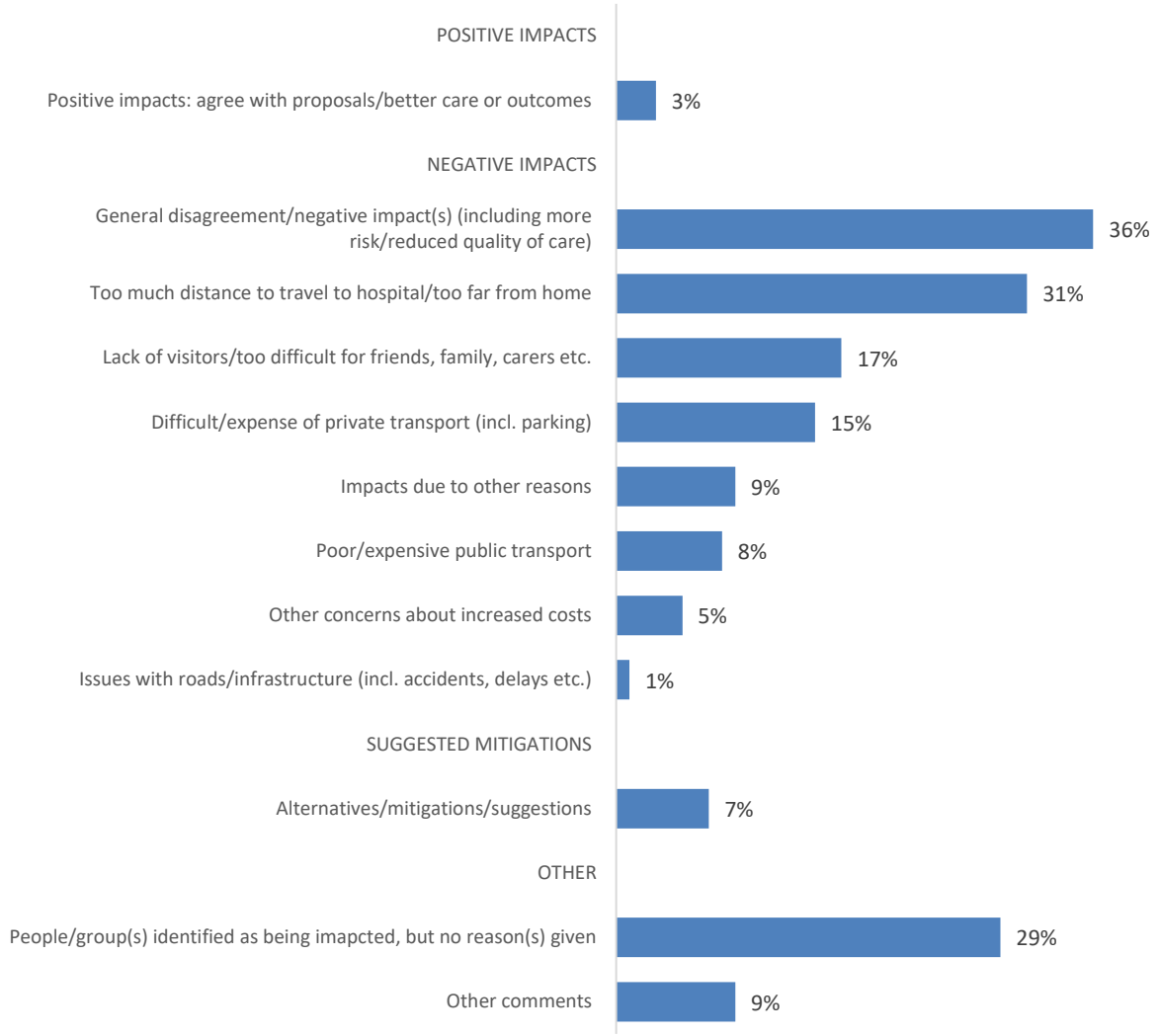
Figure 26: Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts reduced? (individual questionnaire respondents only)



Base: Individual questionnaire respondents (2,442), Comments made (5,345)

(Percentages based on the number of individuals raising each group, as a proportion of all respondents who provided comments to this question, note that respondents could provide comments which covered more than one group and therefore the percentages may sum to greater than 100%)

Figure 27: Types of impacts suggested by respondents in response to the same question (individual questionnaire respondents only)



Base: Individual questionnaire respondents (2,442), Positive/negative impacts raised (4,151)

(Percentages based on the number of individuals raising each positive/negative impact, as a proportion of all respondents who provided comments to this question, note that respondents could provide comments which covered more than one positive/negative impact and therefore the percentages may sum to greater than 100%)

4.162 Of the individual respondents that added comments in response to this question, a quarter (25%) stated that the proposed changes would have a general impact on all people or patients, while just 1% of those who commented felt that there would be no specific impacts on any particular group or groups (Figure 26).

4.163 A small number of respondents (3% of those who added comments) mentioned positive impacts in response to this question (Figure 27). In reference to the proposed model of care, some respondents felt that there would be positive impacts if the proposed changes go ahead, particularly in terms of providing better quality care or outcomes.

> "…Potential better care is a positive for all." **[Individual respondent]**

"It will improve quality of the care people receive, it is about people as a whole and not just those with protected characteristics. If you get it right it will benefit everyone." **[Individual respondent]**

4.164 Some respondents recognised the challenges and impacts of the proposals on groups that may find it more difficult to reach the specific services that would be moved to DPoW, particularly older people and those with disabilities, but felt that the improvements to the model of care would outweigh any negative impacts. It was noted by many that a positive outcome would only be achieved if mitigations, such as transport arrangements and effective communication, were put into place.

"I feel this proposal may disadvantage disabled people, due to difficulties in mobility, transit, understanding, but if it reduced waiting times and provided a more effective service then it would balance out the pros and cons." ***[NHS staff member]***

"The elderly and those not able to drive would not be easily able to be with the patient. If suitable transport were to be provided it makes sense to have a centralised service where all staffing and equipment were readily available quickly." ***[Individual respondent]***

4.165 In consultations of this nature, where health services are consolidated at one location, travel and access are often key concerns. When asked who might be impacted by the proposals discussed in this consultation, over two fifths (43%) of respondents who provided comments mentioned the potential impacts on older or frail people (Figure 26), who typically face travel difficulties related to their age. This group were commonly identified alongside others, such as those without access to private transport, who might be negatively impacted by the proposals.

"Elderly, disabled, poor, disadvantaged, anyone without transport, children, just about everyone who lives in Scunthorpe." ***[Individual respondent]***

"People who don't have transport will be negatively impacted, poorer families, elderly etc." ***[Individual respondent]***

"Elderly, disabled, people with no family members or friends who can help out with transport or visiting." ***[Individual respondent]***

4.166 A number of specific groups of people were mentioned in response to this question in between 2-28% of comments (Figure 26), including children and families, people with disabilities, those with a low income, NHS staff, and pregnant and nursing mothers:

» Children and young people

"Children, as if they need to stay overnight the fact of moving to another hospital from where they are used to going would be traumatic for them…" ***[Individual respondent]***

» Families with young children, including single parents

"Single parents with children at home that have to travel to Grimsby will struggle." ***[Individual respondent]***

» People with physical disabilities

> *"Disabled people will be massively impacted; it is difficult for many to access public transport and they are already adversely impacted in the current cost of living crisis..."* ***[Individual respondent]***

» People with sensory or learning disabilities and/or neurodivergence, children in particular

> *"…Those with autism or learning difficulties who are used to going to Scunthorpe and know the building, staff etc."* ***[Individual respondent]***

» Individuals and families with low income

> *"A lot of low-income families will be negatively impacted as they have to spend money travelling to a hospital further away.""* ***[NHS staff member]***

» NHS staff

> *"Staff from Scunthorpe will have to travel further impacting quality of life and work life balance."* ***[NHS staff member]***

» Pregnant or nursing mothers

> *"Pregnant ladies or ladies who have recently given birth may struggle with travel. If a baby is re-admitted for a few days after birth to a paediatric ward, parents may struggle to travel and this could prevent breast feeding!"* ***[NHS staff member]***

4.167 In addition, a number of communities were also identified, including people from deprived or rural areas, and ethnic minority communities:

» People living in areas of deprivation

> *"It will increase the health inequalities among the most deprived populations even more."* ***[NHS staff member]***

» People from rural areas

> *"People in the rural countryside areas who already have to travel a long distance to get to a hospital."* ***[Individual respondent]***

» Ethnic minority communities

> *"Ethnic groups with limited English and elderly people could be negatively affected."* ***[Individual respondent]***

4.168 It should be noted that in some of the questionnaire comments identifying groups that may be impacted by the proposed changes, there is again an indication of misconceptions about the types of services being brought together at one site, with references being made to patients needing to travel further for routine appointments.

> "…Workers would need a full day off to attend an appointment…" **[NHS staff member]**

4.169 Furthermore, some individuals are concerned about pregnant women being impacted by more far-reaching changes to services than are actually being proposed:

> "…There is severe risk to pregnant ladies. A delay in delivery could cause lifelong harm to the babies." **[Individual respondent]**

4.170 Many comments about specific groups or communities detailed the impacts of the proposals on these groups, such as the impact related to longer journeys on patients and visitors.

- Older and frail people may experience adverse effects on their recovery and mental health due to their difficulty travelling, lack of visitors and struggle with changes already happening, such as the shift to online services.

> *"This is highly likely to isolate the older generations who are already isolated enough when at home. If their friends and families don't drive you could be talking weeks on end with no familiar faces."* ***[NHS staff member]***
>
> *"Elderly & people with chronic illnesses who struggle travelling will be most impacted. They already struggle with appointment letters going digital so can see more stress & more missed appointments."* ***[Individual respondent]***

- Children with learning difficulties or those that are regular patients at hospital, such as those with long-term illnesses, are often familiar with their local hospital and would struggle to adapt to change, especially if it is more difficult for family members or carers to visit them.

> *"…those already experiencing physical or mental difficulties and having to go to a different hospital. Children with learning difficulties may be familiar with their local hospital and if they are a regular patient this can be traumatic regarding change this would be the same for adults too. Would relatives be able to visit if further away for some this may not be financially possible leaving patients feeling alone."* ***[NHS staff member]***
>
> *"…They have a rapport with their local departments and trust the care they receive there… There is the potential for disjointed care due to being out of area and staff being unfamiliar with GP services etc. I strongly feel that families or children could fall through the net."* ***[NHS staff member]***

» Families with young children and single parents may struggle to balance hospital visits with other childcare and work responsibilities, resulting in infrequent visits.

> *"Children and lone parents will be disproportionately affected. A worst-case scenario could see siblings of sick children placed in foster care while their (usually) mum travels to Grimsby for a hospital stay. Or people putting off seeking care for a child because they know they will be sent out of town and don't have the support to manage this."* ***[Individual respondent]***

» If individuals are not eligible for hospital transport, people without access to cars or non-drivers may struggle to travel the longer journey to DPoW. The overstretched ambulance service and poor public transport were given as key reasons for this negative impact.

> *"…what are your solutions for people who wouldn't normally meet the threshold for transport, but equally can't afford to pay for public transport or lack support from family and friends…"* ***[Individual respondent]***
>
> *"A great many people in the area have no access to their own transport and rely on public transport to access amenities. It is widely known that public transport is poor and unreliable and many people simply cannot afford this. As such, it would reduce their ability to access services and necessary medical attention and perhaps endanger life. I envision many missed appointments and patients having little or no access to visits from loved ones at what will likely be a very traumatic time in their life, causing increased stress and anxiety to those who are already vulnerable."* ***[Individual respondent]***

» The increased cost of travel for individuals with disabilities could impact their ability to travel further distances.

> *"…last time I tried to get a wheelchair-enabled taxi the cost was over £75 it will be higher now – that day there were only 5 on the road!"* ***[Individual respondent]***

» People with physical, sensory or learning disabilities and individuals who are neurodivergent may have difficulty travelling (including logistics and cost) and adapting to change, as well as requiring someone to accompany them.

> *"…vulnerable patients (mental health) will also be badly affected by having to be further away from their Carers if it is more difficult for those Carers to be by their side when needed."* ***[Individual respondent]***

» People from specific geographical areas such as Scunthorpe, Goole, North Lincolnshire, and rural areas in general may be less likely to seek medical attention. The impact would be magnified for individuals and families on low incomes, particularly in deprived areas, who face different challenges.

> *"Everyone who needs access to these services in the Scunthorpe area will be impacted and I feel that it will lead to less people seeking the help they need in an appropriate manner either putting further strain on GP services or ambulance services or both…"* ***[Individual respondent]***

"One hospital serving both communities with the levels of poverty in BOTH areas is totally unacceptable." ***[Individual respondent]***

» People in need of specialist treatment, including those with co-morbidities, those with long-term illnesses, and those who are critically ill or receiving palliative care may struggle with service changes, potentially impacting their recovery, especially if it more difficult for family or their support network to visit.

"Moving all proposed services will impact badly and cause more trauma not only to the patients but also to their families. Cancer patients and stroke patients it will have a devastating impact on, as being farmed out like cattle will negatively impair any chance of recovery…" ***[Individual respondent]***

"Families dealing with palliative care having to travel back and forth." ***[NHS staff member]***

» Individuals from minority ethnic communities, especially those with limited or no English proficiency, and those with specific needs/preferences (e.g. for religious or cultural reasons) may face challenges with services being moved, such as due to pre-existing health disparities.

"Many of the ethnic minority population of Scunthorpe and surrounding villages who have financial difficulties, language barriers, and the distress caused being an inpatient in DPOW where they will not be able to afford to visit/travel to." ***[NHS staff member]***

"We have a considerable Asian community in Scunthorpe and is a multi-cultural town. Grimsby is not same as Scunthorpe so I would worry that my community may suffer racial discrimination." ***[Individual respondent]***

4.171 Impacts on NHS staff were also raised as a concern due to the implications for individual staff members who may have to travel further for work, potentially compromising their safety if travelling after a night shift or in bad weather. The financial implication of restricted job opportunities in at SCG and further travel were also highlighted:

"Staff from Scunthorpe area would be affected if needing to travel to DPOW to work in the areas you have specified to move. Staff safety may be compromised by having to drive a long distance after night shifts or in very poor winter weather. An extra financial burden would be placed on them eating into their salaries." **[Individual respondent]**

"The staff at SGH will […] be negatively affected as many will not be able to afford to travel to DPoW therefore restricting their job opportunities, people's posts will become obsolete with DPoW having the advantage over jobs purely down to geography." **[Individual respondent]**

4.172 Many respondents shared first-hand accounts of the challenges they have faced and the potential negative impacts of the proposals. Because of the personal nature of many of these comments, many are not suitable for inclusion, verbatim, in a public report and therefore only a small selection of anonymised examples have been included below to illustrate the impacts and groups mentioned. The narrative section of this chapter identifies the themes arising from all respondents, and full tables of coded comments are included in Appendix III.

4.173 To provide detailed evidence to support the development of the ICB's Decision Making Business Case (DMBC), ORS has also provided the NHS teams with a representative selection of these more detailed comments around potential equalities and health inequalities impacts, redacted and anonymised to prevent the identification of individual respondents.

4.174 As mentioned above and in relation to views around the proposed model of care, travel impacts and access to transport to reach hospital services were the most common impacts discussed in relation to specific groups and individuals. There was again, however, some evidence to suggest that many of the concerns related to attending appointments rather than to traveling further to receive emergency or specialist care and treatment.

4.175 For the majority of patients, routine appointments would continue to take place at their current closest hospital. Nonetheless, a few examples of these comments are included below for consideration:

» Details of the issues associated with collection services for elderly patients to reach services moved further away

> *"… My elderly parents do not have a bus from their village. A transport 'collection service' would mean hours travelling due to 'pickups'. That would have an absolutely devastating toll on their health and mental wellbeing. There are toilet and meal requirements and mobility issues are not properly thought through. It will make impossible for Care Workers to accompany elderly or vulnerable residents to hospital if the hospital is 34 miles away."* ***[Individual respondent]***

» The hardship caused by travel to DPoW for an individual with disabilities; highlighting that the proposals would disproportionally affect disabled people, who statistically earn less and would thus face significant financial implications

> *"Disabled people will be disproportionately affected. Statistically, disabled people earn less (some like me working part time as I was unable to work full time) which means the cost implication of having to travel for clinics and in stay visit for the patient and their families. Having to travel for clinic/appointments takes up a far bigger chunk of time out of their day, again, meaning it will take time away from their work. Travelling that road to Grimsby causes me a huge amount of pain, which means I end up having to take more of my 'breakthrough pain' CD meds."* ***[Individual respondent]***

» The difficulty of travel for visually disabled individuals, especially when using public transport

> *"Visually disabled persons like my son would find it almost impossible to either attend or travel to Grimsby from within the area that SGH covers. How does he tell which train to get? The ticket offices are to be unmanned under proposals put forward. The bus companies do not announce the 'bus arriving at a bus stop is for …' do they? Travelling is tiring and daunting for the visually impaired and more so when a different area has to be negotiated often causing panic attacks and other issues prior to having to travel i.e. sleepless nights worrying..."* ***[Individual respondent]***

Suggested alternative solutions or mitigations

4.176 Some more detailed comments made by NHS staff members made suggestions of alternative approaches or suggestions as to how the impacts they have highlighted could be mitigated against, especially for paediatric services:

> "… the last thing a family needs is to be away from each other. A parent would be cut off from the rest of the family being an hour away, so no support at a very difficult time. Likewise if a single parent needs to travel back to Scunthorpe to shower, get food, money etc., they would be potentially leaving the child for hours at a time on their own. I have been in the situation whereby my child has been so poorly they have had to go to Sheffield. I have experienced being away from family and their support, I know how difficult it is. Not all parents have access to a vehicle either. I urge you to invest in the Paediatrics section at each site rather than condemning parents to further angst and strain at a very difficult time. If you do go ahead with moving overnight stays to one site, you must invest in the children's ward. It is barely adequate for the footfall it has now, never mind all of Scunthorpe and surrounding areas children and parents using it too." **[NHS staff member]**
>
> "Paediatrics with IT/video links to specialists 24 hours/day for advice and guidance. No-one wants to drive a long way with a sick child. Paediatric ambulances would be ideal. Concentrating diagnostics in one place allows machines and software to be kept up to date (many cameras are > 15 years old). Reporting can be done anywhere and need not necessarily be in house if speciality opinion is not available – as long as the quality control is sufficient. With the cost-of-living problems, the cost of travel makes things very difficult so there may be scope for taking IT to the patient's home to have 'clinics' with nursing staff or PAs, able to ask for advice in consultation." **[NHS staff member]**

4.177 Some other alternatives and mitigations were suggested, mainly relating to reducing the burden of travel on those facing the most challenges relating to travel and access to the hospital sites, such as providing transport or improving public transport.

> "Many people in the Scunthorpe area without cars would find it difficult to travel. Those in rural areas with no transport would especially be affected. This would be the case whichever site was chosen for whatever procedure. In a long-term plan, a new hospital between sites would reduce the bus ride distance for all." **[Individual respondent]**
>
> "Transportation needs to be put in place for those that need it to get to and from the hospital intended to receive the treatment needed." **[Individual respondent]**

Questionnaire feedback from organisations

4.178 The views of the nineteen organisations and those responding to the questionnaire in an official capacity are analysed thematically below. It is important to note that each organisation, even where they may have a similar role, tends to have a unique perspective and rationale for their views. There was some variation in the views among these organisations; some focused on the potential loss of services from their local area, while others also considered the model of care and the broader impacts of the proposals.

Views on the need for change

4.179 Among organisations and those responding to the questionnaire in an official capacity, views on the need for change were mixed. Of the nineteen that responded to the questionnaire, nearly two thirds (12) either strongly agreed or tended to agree with the need for change, while about a quarter (5) disagreed (2 neither agreed nor disagreed).

4.180 Respondents from Trent Cliffs Private Healthcare Care Plus Group, East Lindsey District Council, Louth Town Council and Kirton Lindsey and Scotter surgery were among those who agreed changes are needed.

> "Optimising elective and emergency care is essential to future proof services across the region." **[Trent Cliffs Private Healthcare]**

4.181 By contrast, Burringham, Gunness and Belton Parish Councils, and the Parochial Church Councils of the Crosby and Old Brumby Parishes were among those that disagreed, with some raising concerns about the principle, and impact, of services being moved from their local areas.

> "The aim over the last few years has been for the NHS to provide care as close to the patient's home as possible. These proposals to do conform to this and would adversely affect the patient care in our area." **[Belton Parish Council]**
>
> "While appreciating the challenges faced by the Trust in terms of budgets and staffing, we firmly believe that the need to balance these constraints should not take precedence over the broader needs of our population, especially vulnerable groups such as young children, the elderly, and their families." **[Parochial Church Councils of the Crosby and Old Brumby Parishes]**

4.182 While not disagreeing that changes might be needed, West Butterwick Parish Council nonetheless echoed views shared by other questionnaire respondents that services, and investment, should be maintained at both hospitals in northern Lincolnshire.

> "Patients should be treated at either hospital and investment should be prioritised to provide more staff and better facilities at both hospitals." **[West Butterwick Parish Council]**

Views on model of care and proposed location to bring together specific services

4.183 Around two thirds (13) of organisations agreed with the proposal to keep most services for the majority of patients at both hospitals, while 2 organisations disagreed (2 neither agreed nor disagreed, 1 didn't know and 1 didn't answer).

> "Services should remain local to Scunthorpe and Grimsby." **[Gunness Parish Council]**

4.184 There was a mix of opinions on the proposed model of care to bring together four specific services at one hospital; six organisations either tended to agree or strongly agreed, nine either tended to disagree or strongly disagreed, and four neither agreed nor disagreed or didn't know. There was a similar split in opinion on whether DPoW should be the location to bring together the four specialty services, with six organisations

either tending to agree or strongly agreeing, eight tending to disagree or strongly disagreeing, and five neither agreed nor disagreed or didn't know).

4.185 Table 7 below shows how the nineteen organisations responded to the two questions relating to the model of care and proposed location to bring together four specific services at DpoW in Grimsby.

Table 7: Responses from the nineteen organisations or those responding to the questionnaire in an official capacity to the model of care and proposed location for the four speciality services.

	Tend to agree or strongly agree	Neither agree nor disagree/ don't know	Tend to disagree or strongly disagree
***Model of care*: To what extent do you agree or disagree with the proposal to bring the four specific services (trauma unit, emergency surgery, paediatric (children's) and complex medical inpatient services) together at one hospital?**	Care Plus Group East Lindsey Distric Council (Community Leadership and Wellbeing Directorate) Louth Town Council LTHT Accident and Emergency Services The Roxton Practice, Healthcare Management Trust and Ullumina Diagnostics Trent Cliffs Private Healthcare	Grimsby, Cleethorpes & Distric Civic Society Humberside Fire and Rescue Service, North Lincolnshire Kirton Lindsey and Scotter Surger North East Lincolnshire Young Minds Matter	Belton Parish Council Burrington Parish Council Councillor Max Bell, North Lincolnshire Council Gunness Parish Council North Lincolnshire Council (Senior Leadership Teams for Children and Families and Adults and Health) Parochial Church Councils of the Parish of Crosby and Old Brumb Scunthorpe Central Mosque West Butterwick Parish Council Winterton Disabled Club/the Poirier Foundation
***Proposed location for the four speciality services*: If the four specific services were brought together in one hospital, to what extent do you agree or disagree that this should be at Diana Princess of Wales Hospital in Grimsby?**	Care Plus Group East Lindsey District Council (Community Leadership and Wellbeing Directorate) Kirton Lindsey and Scotter Surgery Louth Town Council The Roxton Practice, Healthcare Management Trust and Ullumina Diagnostics Trent Cliffs Private Healthcare	Councillor Max Bell, North Lincolnshire Council Grimsby, Cleethorpes & Distric Civic Society Humberside Fire and Rescue Service, North Lincolnshire LTHT Accident and Emergency Services North East Lincolnshire Young Minds Matter	Belton Parish Council Burrington Parish Council Gunness Parish Council North Lincolnshire Council (Senior Leadership Teams for Children and Families and Adults and Health) Parochial Church Councils of the Parish of Crosby and Old Brumby Scunthorpe Central Mosque West Butterwick Parish Council Winterton Disabled Club/the Poirier Foundation

4.186 A few organisations commented on their agreement or disagreement with the specific proposals, while many used this opportunity to voice their concerns, mainly relating to travel and access for specific people or groups.

4.187 While North Lincolnshire Council's Senior Leadership Teams for Children and Families and Adults and Health welcomed the prospect of improvements to services, they retained serious doubts about the proposals. Similarly, a representative of Humberside Fire and Rescue Service in North Lincolnshire felt reform should be considered but had concerns about the potential impact on ambulance response times.

> *"…We welcome proposals that improve services to the residents of North Lincolnshire and can certainly see the merit in some elements, for example, moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms is very welcome. We do however have a significant number of concerns about the implications of the proposals […] We consider that some of the challenges outlined by the ICB in the consultation document could have been tackled at an earlier stage, which may have largely avoided the need to alter services at this point. We question that no other option exists to tackle these challenges…"* ***[North Lincolnshire Council Senior Leadership Teams for Children and Families and Adults and Health]***
>
> *"We [...] must always endeavour to provide adequate and appropriate services to the communities that we serve. If this requires reform to meet this challenge, then this should be carefully considered […] My only concern would be the impact on ambulance availability and the potential detrimental effect on: response times to emergency incidents […] and patient care..."* ***[Humberside Fire and Rescue Service, North Lincolnshire]***

4.188 There was agreement with the proposals from some organisations including Trent Cliffs Private Healthcare Care Plus Group, East Lindsey District Council, and Louth Town Council, all of whom strongly agreed with the need for change.

> *"Scunthorpe General Hospital is better equipped for elective surgery and lends itself well for patients to traverse their patient journey seamlessly"* ***[Trent Cliffs Private Healthcare]***
>
> *"Support basing the four specific services Diana Princess of Wales Hospital, Grimsby as stated – it would directly impact on fewer people. It will also bring services closer to residents in East Lindsey, a District whose coastal communities have significant poor health outcomes, high levels of deprivation and poor transport links to access Lincolnshire (ULHT) hospitals."* ***[East Lindsey District Council]***

4.189 North Lincolnshire Council's Senior Leadership Teams for Children and Families and Adults and Health expressed disagreement with the proposals and stated that, if bringing services together on one site were clinically appropriate, then at least some should be consolidated at SGH.

> *"…We do not fully accept the rationale for the proposed changes, and as such, in general disagree with the proposals. We disagree that all four services should be centralised at the Diana Princess of Wales Hospital, and we believe there will be a negative impact for the residents and place of North Lincolnshire. We believe that, if centralisation was clinically appropriate, then this should have been delivered more equitably, with some services centralised in Scunthorpe..."* ***[North Lincolnshire Council Senior Leadership Teams for Children and Families and Adults and Health]***

4.190 Councillor Bell (North Lincolnshire Council) disagreed strongly with the proposed changes and location for the four specific services and was critical of the consultation process and the evidence presented in the consultation, as well as the lack of alternative options considered.

4.191 In response to the proposals, the main concerns raised in text comments by organisation representatives related to the increased travel time and the impact on specific groups of people who may be disproportionately affected by the proposals, such as those living in areas with higher levels of deprivation and without access to transport.

> *"…The suggestion of moving crucial medical care to Grimsby, while Scunthorpe is simultaneously experiencing housing and population growth is highly unacceptable. Services should be maintained at both hospitals…"* ***[The Parochial Church Councils of the Parish of Crosby and Old Brumby]***
>
> *"This depends where you live. People to the west of Scunthorpe may have travel difficulties in getting to Grimsby on a regular basis. The stress of driving 30+miles to see a relative in hospital will be an potential hazardous journey."* ***[Grimsby, Cleethorpes & District Civic Society]***
>
> *"Parking horrendous at Grimsby Hospital when patients brought in by Community Transport (with minibus unable to access car park due to height). Call Connect or Just Go totally useless as doesn't do door to door and doesn't go out of North Lincs. Transport must be accessible for wheelchairs and scooters."* **[Winterton Disabled Club/Poirier Foundation]**

4.192 Both West Butterwick Parish Council and Belton Parish Council disagreed with all aspects of the proposals and commented that the proposals may impact patients on the Isle of Axholme, who may find it more difficult to access DPoW if the proposed changes were to go ahead.

> *"Patients on the Isle of Axholme will be severely restricted from accessing services at Grimsby due to lack of public transport. The travelling times from the Isle will be far greater for patients. Accessing services should not be dependent on a cost saving exercise."* **[West Butterwick Parish Council]**
>
> *"Patient care should be as close to a patient's home address as possible. These proposals would adversely affect patients on the Isle of Axholme."* ***[Belton Parish Council]***

4.193 While many comments related to broader issues around travel and access to services and hospital sites, a specific concern was also raised about the impact on paediatric inpatients, highlighting the risk of disjointed or disrupted mental health support in the event of a patient being transferred from SGH to DPoW.

> *"For children and young people who have taken an overdose or have another mental health need alongside a physical need, e.g., eating disorder – this needs multi-agency approach. Both Scunthorpe and Grimsby CAMHS provide the mental health part of the care package for the respective areas. How is it anticipated that Scunthorpe service users will access mental health support if they are admitted to DPoW?"* ***[Young Minds Matter, NEL CAMHS – NAViGO]***

Views on potential impacts and mitigations

4.194 In response to the question about groups or people who might be positively or negatively affected by the proposed changes, fifteen of the nineteen organisations provided an answer. These comments predominantly identified similar groups as individual questionnaire respondents, including the elderly, those who are disabled or neurodivergent, children and their families, and people living in rural areas, etc.

4.195 A few organisational responses included comments raising more specific points about the potential impacts on groups and communities they believed might be affected by the proposed changes, some of which are included below for consideration:

> *"The potential impact on individuals from diverse faiths and ethnicities who reside in close proximity to Scunthorpe General Hospital cannot be overstated. It is crucial to recognise that these communities often face language and cultural barriers, relying on family members and their communities for support. As such, the proposed transfer of services 30 miles away raises significant apprehensions about the potential isolation and adverse outcomes they may experience..."* ***[Parochial Church Councils of the Parish of Crosby and Old Brumby]***
>
> *"… We believe strongly that this will exacerbate health inequalities in North Lincolnshire, and could adversely affect health outcomes for many residents […] The Board notes the creation of a 'multi-agency transport working group' to address the issues that the proposals inevitably create. However, our strong view is that this work should have been developed prior to consultation, so solutions were clear to all, rather than to simply assign this work to a group to seek solutions in the future. The ICB argues that the negative impact in North East Lincolnshire would be more strongly felt if services were centralised at Scunthorpe, given the respective rates of deprivation. However, we cannot accept this as a valid justification for centralisation in Grimsby."* ***[North Lincolnshire Council Senior Leadership Teams for Children and Families and Adults and Health]***

4.196 Councillor Bell raised concerns about the impacts of the proposed changes on vulnerable patients and those with disabilities and was sceptical of the feasibility of provision of shuttle buses for patients in the light of the existing challenges around ambulance services.

4.197 The Parochial Church Councils of the Parish of Crosby and Old Brumble suggested that alternative solutions should be found through discussions with political decision makers rather than the public.

> *"… Instead of implementing reductions to services in a large urban centre, we would urge trust managers to engage in candid conversations with political decision-makers. It is crucial for these discussions to highlight the pressures faced by the hospital and the potential impact on the whole community. By fostering open dialogue, work can be made towards finding alternative solutions that address the financial and staffing challenges while maintaining the quality and accessibility of healthcare services. It is manifestly unfair to ask local people for solutions to a problem that can only be addressed by political leaders..."* ***[Parochial Church Councils of the Parish of Crosby and Old Brumble]***

Easy Read questionnaire feedback

4.198 200 Easy Read questionnaires were distributed during consultation, either to existing groups or on request; 8 copies were returned, all of which were from respondents living in North Lincolnshire. Respondents had multiple opportunities to explain the reasons for their answers.

4.199 In response to the question, 'We need to make changes to try and deal with these problems? Do you agree or not?', 5 of the Easy Read questionnaire respondents agreed with the need to make changes, while 3 responded that they don't know. Some commented on the issues with the existing services:

> "I agree with this as the hospital need the right staff."
>
> "When a system is not functioning well and does not meet the needs of it's users; then it is time to change that system."

4.200 The Easy Read questionnaire explained the principle of keeping most services for the majority of patients at both hospitals but did not include a question on the proposal, focusing instead on the four services that might change.

4.201 In response to the question, 'Some services for complicated emergency care and for children staying in hospital overnight should only be at one hospital? Do you agree or not?', views were split; 6 Easy Read questionnaire respondents answered the question, of which 3 agreed and 3 disagreed (2 didn't know).

4.202 When asked, 'These services should just be at Diana Princess of Wales Hospital in Grimsby. Do you agree or not?', all 8 respondents (all of whom live closest to Scunthorpe General Hospital) disagreed with the proposed location. In contrast, when asked, 'These services should stay at both our hospitals in Grimsby and Scunthorpe? Do you agree or not?', 7 of the respondents agreed and 1 didn't know.

4.203 Some respondents commented on the proposals, suggesting that more staff are needed so that services can stay at both locations, while other noted that provisions, such as transport, would be required for disabled people if the proposals were to go ahead.

> "… Need more staff at both hospitals. Both hospitals should retain their services. You cannot guarantee the services will be better handled."
>
> "Help everyone not just some!"
>
> "As long as there is transport so I can get there and back as I am wheelchair."

4.204 In comments discussing the people who could be impacted by the proposals, a number of people/groups were identified, including people with speech impairments and individuals who have to travel further for treatment:

> "Need people to support people who have a speech impediment. Need to think how people communicate. Also when people are on their own, they are stressed."
>
> "These ideas may [affect] people's risk of isolation if they have to attend hospitals outside their locality."

5. Public engagement activities

Introduction

5.1 This chapter provides a summary of the feedback received at the public exhibition events organised by the engagement team, break-out discussions at the same events facilitated by Verve, and at other pop-up engagement activities. In a few instances there were opportunities for some one-to-one conversations at these events which garnered more in-depth feedback based on individual participants' personal experiences of services. The feedback from those specific conversations is included, alongside that from the programme of in-depth and targeted engagement activities, in Chapter 6 of this report.

5.2 The programme of events and engagement activities from which notes were received and reported in this chapter can be seen in the table below.

Table 8: Public engagement events

Event/Activity	Date	Approximate number of participants
Public Exhibition Events		
Goole (included 3 break-out discussion sessions)	12th October 2023	88 (13 attended break-out discussion sessions)
Grimsby (included 2 break-out discussion sessions)	16th October 2023	12 (8 attended break-out discussion sessions)
Scunthorpe (1) (included 4 break-out discussion sessions)	20th October 2023	98 (27 attended break-out discussion sessions)
Scunthorpe (2)	4th December 2023	36
Gainsborough	7th December 2023	4
Scunthorpe (3)	9th December 2023	135
Pop-up Engagement Roadshows		
Crowle Community Hub	11th November 2023	20
Immingham Civic Centre Hub	20th November 2023	50
Brigg Garden Centre	21st November 2023	30
Scunthorpe Christmas Market	25th November 2023	200
ASDA Scunthorpe	28th November 2023	180
Louth Library	29th November 2023	12

Additional Engagement		
Patient engagement at Goole Outpatient Department	8th November 2023	20
Online deliberative event	6th December 2023	4

5.3 The key questions and themes arising from these events are reported in this chapter.

Summary of main findings

The need for change

5.4 While many participants gave positive feedback on current services, there was also widespread recognition of the challenges faced by the NHS in the Humber area. In particular, people acknowledged the staff shortages that make it difficult to provide every service at every hospital; and some specifically noted the inefficiency of maintaining two low usage operating theatres 24/7. Some illustrative positive comments can be seen below.

> "What you are doing is absolutely spot on" (Goole Exhibition Event)
>
> "We understand that you can't have everything everywhere" (Goole Exhibition Event)
>
> "Totally get the benefits from a clinical perspective" (Gainsborough Exhibition Event)
>
> "I do understand the need to bring things together and I get that people want to be in the best place for their care." (Scunthorpe Exhibition Event)
>
> "Really don't mind travelling if you get the best care. You go where the specialist is." (Scunthorpe Market Exhibition Event)

5.5 More widely, there was recognition that external influences like population growth, demographic changes, incoming industry, and housing developments are likely to necessitate adjustments to healthcare services.

> "We know that things have to change; they can't go on as they are … You have to adapt to changing times." (Grimsby Exhibition Event)

5.6 There was some feeling, though, that changes are only necessary due to poor management within the NHS locally, and that the proposals for change represent 'crisis management' rather than proper planning for the future; and some Scunthorpe participants felt that many people would oppose the case for change as a matter of principle, rather than on the grounds of rejecting the stated challenges.

Proposed model of care

Agreement with the model of care

5.7 Having attended the sessions and heard the explanations, many participants described the proposed model of care as logical, particularly in terms of creating centres of excellence (which several people said they would be willing to travel further to attend); and pooling staff resources if it ensured 24/7 service availability. Two

participants said they had attended many meetings about NHS services over the years and recognised the proposed model of care as a positive culmination of many years' work.

5.8 Specifically, several participants could see the sense in having emergency surgery in one place, recognising the expense of duplicating personnel across sites. Indeed, there was some surprise that two overnight emergency surgery teams are currently on call every night when few patients are seen. There was also an assumption among some discussion group participants that these teams would be mostly locums and agency staff, further increasing costs.

Concerns about the model of care

5.9 Many participants recognised that services are currently understaffed but did not understand how the proposed model of care would remedy this. Wider NHS budgets and workforce recruitment, retention and capacity issues were thought to be the main ongoing constraining factors.

> "Recruitment of workforce should be the main focus, because even if you move services … this workforce issue will still remain and the problem will reoccur in the future." (Gainsborough Public Exhibition)

5.10 Others commented that the proposed model of care offers no certainty that specialist services would improve through consolidation.

5.11 Some participants were concerned about the potential for confusion or lack of knowledge around what hospital patients should attend for what service. This was already said to be an issue: for example, one couple travelled to SGH on four different occasions for pre-operative appointments that could have been done at Goole and District Hospital if they had known to ask. It was felt that the proposals could exacerbate patients' confusion, and that knowledge of available pathways would need to be strengthened among healthcare staff and members of the public.

> "How often are people told they can go to other hospitals that might be more convenient…?" (Goole Exhibition Event)

5.12 On a related note, having different specialist services at different hospitals was thought to have the potential to place pressure on paramedics to decide who to take where.

> "… What if they make the wrong call and take someone to the wrong place?" (Gainsborough Exhibition Event)

5.13 A few members of staff were concerned that they would not be afforded opportunities to improve their skills within a revised model of care, and that they would just be doing 'more of the same'.

5.14 Two staff members expressed particular concern about staff on medical wards being able to care for surgical patients, emphasising the differences in necessary skills and competencies. It was said that individuals often specialise in either medical or surgical care, leading to potential difficulties in managing post-operative patients or providing adequate wound care on medical wards.

Proposed location of services

Agreement with the proposed location of services

5.15 Some participants (mainly in Grimsby, but also a handful at both Scunthorpe and Goole) felt that the proposals are logical both geographically, and because DPoW has the space for new equipment and is more modern than SGH.

> "I totally understand why you would choose Grimsby over Scunthorpe. The hospital is much more modern and £25 million vs. £89 million is a no-brainer." (Grimsby Exhibition Event)

5.16 Furthermore, participants at the online deliberative meeting felt that better Emergency Department (A&E) facilities at DPoW hospital are a positive step towards accommodating additional demand.

Concerns about the proposed location of services: general

5.17 Many Scunthorpe participants disagreed with the geographical logic of the proposal, arguing that SGH is more centrally situated and accessible than DPoW. Moreover, some said that Scunthorpe is a more deprived area than Grimsby with lower life expectancy, and so at risk of higher detrimental impacts through the removal of some services from the local hospital.

Concerns about the proposed location of services: travel and access

5.18 The most common concerns raised across all events related to travel and access. In particular, longer journeys to hospital were said to result in financial burdens due to increased fuel costs; parking costs were thought to be higher at DPoW than at SGH; and the distance of DPoW from bus stops and train stations was said to necessitate expensive taxi rides for those travelling by public transport.

5.19 For those without cars, reaching any hospital was considered difficult due to the limited availability and cost of public transport, and the complicated journeys often required.

> "Transport to Grimsby is a real problem; it takes four hours, three changes including a one hour wait … The train is quicker but I'm not sure how to use it … I wouldn't know how to get from the train station in Grimsby to the hospital..." (Crowle Pop-up Roadshow)

5.20 In this context, the importance of visitors for patient recovery and outcomes was emphasised, and travel constraints could, it was felt, hinder the ability of loved ones to provide this essential support. Indeed, challenges related to travel and transport were thought to have a significant impact on the emotional well-being of patients and their families.

> "A patient will recover better with family support. You might be the only person who can visit and now you have to go to Grimsby." (Scunthorpe Christmas Market Pop-up Roadshow)

5.21 There were also concerns about parking provision at DPoW if services are consolidated there:

> "It adds to the pressure on parking if more visitors are going to Grimsby for these extra patients. It is already difficult to park there." (Louth Library Pop-up Roadshow)

5.22 Several participants felt that services should remain as local as possible to reduce vehicle emissions from people travelling between sites.

Concerns about the proposed location of services: ambulance availability

5.23 Current challenges within the ambulance service were frequently raised, and there was a sense that these might be exacerbated by the proposed consolidation of services at DPoW. Questions were raised about the impact of ambulance availability and timeliness on patient outcomes, and there were concerns about the potential for queuing ambulances outside a consolidated Trauma Unit, tying up resources unnecessarily.

Concerns about the proposed location of services: transfers to and between hospitals

5.24 Many participants felt that the proposals would mean additional transfers between hospitals, increasing the time taken for patients to see specialists, and potentially impacting on their recovery and outcomes. Current ambulance pressures and delayed handovers of care would, it was felt, exacerbate delays.

5.25 Participants also discussed how patients who are taken or transferred to a hospital further away would return home after treatment (for example if they lived in Scunthorpe or Goole and were transferred to DPoW), especially those without access to private transport. Moreover, the same concerns applied to family members who travel with the patient to the more distant hospital. This apprehension could, it was said, cause patients and families additional stress and cost.

5.26 On this note, several participants at the Goole Exhibition Event sought to understand where they would be taken in an emergency. They expressed a preference for hospitals in Hull or Doncaster given their proximity and accessibility but were concerned about whether their medical records would be easily accessed by clinicians there given they are within different Trusts.

> "People from Goole (moving forward) should be transported … to Doncaster or Hull (if they would end up in Grimsby) as these are much easier to get to and have good public transport links." (Goole Exhibition Event)
>
> "I want to be treated in a hospital where they know me and know my history." (Goole Exhibition Event)

5.27 There was some discussion about the need to widen eligibility for the patient transport service to alleviate some of these issues. A particular issue for participants is that carers and family members are currently unable to travel with patients.

Concerns about the proposed location of services: potential future impacts

5.28 Many participants felt that the proposed relocation of some services to DPoW is the first step towards 'downgrading' SGH with a view to more 'closures' and reduced operating hours. This was considered unfair to Scunthorpe residents and SGH staff.

> "Is it a House of Cards?" (Scunthorpe Exhibition Events)
>
> "Risks taking the heart out of Scunthorpe Hospital." (Scunthorpe Exhibition Event)

5.29 In particular, there was considerable concern about the hospital eventually becoming a 'cottage hospital', not least due to the potential loss of skilled staff to DPoW, an inability to attract skilled doctors in the future, and the impact on *"impact on students who want to train and work in the specialties that are being taken away."* (Scunthorpe Exhibition Event)

> "Concerns that as staff are transferred out to Grimsby to cover extra work load then Scunthorpe will be a less attractive proposition in terms of recruitment and then will end up losing even more staff." (Scunthorpe Exhibition Event)

5.30 Even though Goole and District Hospital is not directly impacted by the proposals, there were also worries about the long-term impact on services there. The hospital was widely praised for its short waiting times, calming environment, and adequate parking provision, and there was significant resistance to any changes to provision there in the future.

Concerns about the proposed location of services: staffing issues

5.31 There was some suggestion that attracting specialist staff to work at a hospital in Grimsby may be challenging given its relatively isolated geographical position, and distance from areas like Leeds which, as a city with a large teaching hospital that is a centre for tertiary services, may be more desirable to clinicians due to the availability of more career opportunities.

> "Key area of concern is: how will you recruit staff to work in Grimsby? Would it not have made more sense to bring services together in Scunthorpe where you have a bigger geography to draw staff from? It will be very difficult to recruit specialist staff to work in this part of the world and will this mean it won't work?" (Grimsby Exhibition Event)

5.32 A few participants felt that staff at SGH would be 'de-skilled' and left behind in terms of opportunities for specialisation and development if some services were to be consolidated at DPoW. The loss of the Trauma Unit was considered especially problematic in this regard (and also in light of the amount of heavy industry and farming in the Scunthorpe area).

> "Concerned about lack of progression. Having to go to Grimsby for the more specialised roles… " (Scunthorpe Exhibition Event)

5.33 Others felt that there would be an 'unfair' impact on SGH staff if they had to commute to DPoW instead of SGH due to the additional time it would add to their working day, and with no compensation for the costs involved. Indeed, some staff members in attendance said they would be unable to relocate for this reason.

Concerns about the proposed location of services: capacity and infrastructure at DPoW

5.34 Questions were raised around capacity at DPoW: members of the public and NHS staff were sceptical about the ability of the hospital to deliver the proposed changes, particularly within its current footprint. There was also concern about patients from elsewhere occupying hospital beds in DPoW, potentially affecting local residents' ability to be admitted if necessary.

> "… It may only be a small number of patients who are transferred BUT how long will patients from Scunthorpe be in Grimsby hospital and will that mean less space for Grimsby patients?" (Grimsby Exhibition Event)

5.35 Furthermore, the cost of providing additional infrastructure should it be required was raised; as was the cost of refurbishment and the need to ensure it is done to a good standard to avoid further issues in the long-term.

5.36 In terms of capacity within particular services, staff members were concerned about whether DPoW would be able to accommodate more trauma cases than it already receives.

Concerns about the proposed location of services: paediatric overnight (inpatient) care

5.37 Many Scunthorpe participants felt that centralising inpatient paediatric services at DPoW would mean considerable disruption for children, young people, and families. They were particularly worried that longer journey times would result in children having to be taken out of school for longer periods, and difficulties for parents in getting time off work to accompany them.

> "… Travelling in between Scunthorpe to DPoW for urgent stays and the impact on daily life. Managing other children and work commitments would be difficult" (Scunthorpe Exhibition Event)

5.38 Scunthorpe residents also felt that the proposals would be particularly difficult for longer-stay paediatric patients and their families, especially single parent families and those with multiple children to consider and care for. They questioned what support might be available to families in such circumstances, including transport and accommodation.

> "I have three kids and no transport. What would I do? It might not seem far for some, but it is for us." (Scunthorpe Market Exhibition Event)

5.39 An NHS consultant felt that inpatient paediatric services should remain in Scunthorpe due to concerns about children being transferred from SGH to DPoW, and then additional travel back west to Sheffield Children's Hospital if they require specialist care.

Concerns about the proposed location of services: Cardiology services

5.40 Participants in one of the break-out sessions at the Scunthorpe exhibition event objected to the removal of Cardiology services from SGH due to the need for co-location with the stroke services provided there. The two services were thought to be inextricably linked and thus not appropriate for separation. In addition,

Cardiology services were said to be in high demand at DPoW and SGH, and participants could not see how consolidation would positively impact waiting times.

Some misunderstandings and misconceptions

5.41 It should be noted that misconceptions and misunderstandings were evident at several events, including that most hospital services (including A&E) were relocating to DPoW, and that patients from elsewhere would be expected to travel there for follow-up appointments as opposed to their local hospital. There was also some belief that all clinicians are the same, and that in an emergency, the crucial factor is reaching any doctor rather than the right doctor. Additionally, there was some confusion around service availability at Goole and District Hospital, with several participants asserting that the Urgent Treatment Centre (UTC) there used to be, or still is, an A&E[8].

5.42 In this context, as participants were informed about the specifics of the proposals, some changed their views having been reassured by explanations from clinicians or through watching the video that was played at the events.

> "I heard this was really terrible but now I've seen what you're proposing and I understand it's only a small element of the service, it's not that big a change." (Goole Exhibition Event)

5.43 Of particular importance was understanding that most medical care would still be available locally, and that people would not be required to arrange their own transportation to DPoW for routine follow-up appointments.

Equalities issues

5.44 As mentioned in the previous section, patients and visitors without access to a car who rely on public transport were repeatedly highlighted as being at higher risk of negative impacts because of the proposals. This included older people, people with disabilities, those on lower incomes, and those living in rural areas.

> "… The thing that concerns me is that it takes away your independence, and as an older person I would have to start asking people to help me as I couldn't just get a taxi or bus. In Scunthorpe hospital, I can catch a bus" (Scunthorpe Market Exhibition Event)

5.45 Some participants noted that wheelchair accessible transport, especially taxis, is in short supply in the area. This, it was felt, is an additional barrier to access for patients with physical disabilities.

5.46 People living with dementia and people with autism (especially children) were thought to be potentially more impacted by the proposals to consolidate services as a result of changes to familiar environments and routines. Moreover, longer ambulance journeys were thought to have the potential to be overstimulating and unsettling for autistic patients during an already stressful time.

5.47 Possibly detrimental impacts on carers were raised by several participants, with parents of children needing inpatient paediatric services again frequently mentioned. Consolidating services could, it was felt, put

[8] It should be noted that, in fact, there has never been an Emergency Department (A&E) at Goole District Hospital

parents/guardians further from loved ones if they are not local to DPoW, with lengthy journeys to and from the hospital meaning they have less time to spend with their children.

5.48 Other groups thought to be at risk of negative impacts as a result of the proposals were residents of Scunthorpe and surrounding areas with long-term and/or complex conditions necessitating frequent trips to DPoW in Grimsby. More generally, residents of areas like Barton-on-Humber, Gainsborough, the Isle of Axeholme, were said to be especially affected by the potential for longer, more complex, and costly journeys to DPoW if required.

> "Problems getting to Grimsby from Barton-upon-Humber. The buses are few and far between and don't go into the hospital site. The parking at DPoW is really bad and relatives would find it difficult. There is no help at all if you couldn't use public transport for whatever reason." (Scunthorpe Market Exhibition Event)
>
> For people in Gainsborough, transportation is a big problem. It would impact those who don't drive and rely on public transport. In these rural areas the issue is sometimes getting to the bus stop itself and having to take multiple buses." (Gainsborough Exhibition Event)

Alternatives and mitigations

5.49 A number of people put forward mitigations for understaffing, most commonly increased salaries; better recruitment efforts; more training and development opportunities to aid retention; encouraging more staff to join the NHS on a permanent basis, rather than working through an agency; offering more secondments and training placements locally; and removing the degree requirement for nursing and opening up alternative routes into the profession for local residents. Indeed, it was felt that people who live and train locally would be more likely to remain in the area longer-term; and in this context, a councillor and a few other individual residents suggested offering incentives for those who train in the area to stay for a period of time once qualified.

5.50 Suggested alternative proposals included a geographically central hospital to serve both Grimsby and Scunthorpe, or the consolidation of services at SGH instead of DPoW. People also highlighted the need to invest in other hospitals in the area that are apparently not being used to their full potential, Goole and District Hospital in particular.

5.51 'Health corridors' – using health professionals to provide more outreach in communities to drive health improvements – were mentioned by an NHS staff member as a potential way to improve health outcomes for people locally. They suggested that this approach would have more impact than moving and consolidating acute hospital services, but that it needed support from the ICB and other partnerships.

5.52 Other specific suggested alternatives were as follows:

- *"Why not do elective operations during the night to keep the surgeons busy since they are not doing enough emergency operations? I would come in at 3am for my minor surgery."* (Goole Exhibition Event)
- *"Keep trauma and paediatrics at both sites (ok to consolidate other services), take admin staff out of the hospital site (work off-site/home) and convert space into additional wards/clinical space to maintain trauma and paeds on both sites".* (Scunthorpe Exhibition Event)
- *Move planned care services but keep urgent care as it is (people are more willing/able to travel for planned care than urgent care…"* (Scunthorpe Exhibition Event)
- *"Use existing buildings in Scunthorpe better – some clinical areas are being used for admin staff, put these back to clinical use. Use other assets in Scunthorpe better (e.g. Ironstone Centre)"* (Scunthorpe Exhibition Event)

5.53 Other specific suggested mitigations were as follows:

- *What happened to the Shuttle bus which operated between the two sites? Is this something that can be re-instated? (Scunthorpe Exhibition Event)*
- *"Current patient transport is not very efficient (one vehicle, one patient). Could we 'lift share' or pull transport together to make it cheaper and support more people." (Scunthorpe Exhibition Event)*
- "I think you should look to expand the voluntary driver service. This would help to stop people falling through the net and support the most vulnerable communities." (Scunthorpe Library Exhibition Event)

The consultation process

5.54 Several participants claimed there was widespread lack of knowledge about the consultation process and proposals, and poor promotion of the opportunities available to engage. There was also some feeling that the consultation is something of a 'fait accompli' and that the proposed changes will be made regardless of its outcomes.

> "Can't believe that the decision hasn't been made already. People will have already decided and no matter what is said it will all go ahead." (Crowle Pop-up Roadshow)

5.55 Several participants also suggested that the benefits of the proposals had not been communicated effectively enough, leading to what they considered to be unwarranted negativity and a lack of understanding of the NHS's challenges among many residents. A couple of people noted the successful centralisation of stroke services at SGH, suggesting that this should have been highlighted as an example of beneficial service change.

> "Your marketing has not been very good … need to talk about the benefits/advantages more and stress that people are getting the service they deserve (which they are not getting at the moment)" (Grimsby Exhibition Event)

> "People don't know enough about it. It makes sense when you explain it." (Scunthorpe Exhibition Event)

5.56 One staff member at the Immingham pop-up roadshow was particularly keen to see the ICB encouraging staff to engage with patients and the public around the consultation proposals.

> "Use people like me, who are trusted in the community to engage … People will tell me it like it is, they trust me." (Immingham Pop-up Roadshow)

6. In-depth/targeted engagement

Introduction

6.1 During the consultation process, a range of targeted engagement was planned to ensure the views of potentially impacted populations, and those most likely to be affected by the proposals due to underlying health inequalities or barriers to access, was fully understood.

6.2 Verve Communications and the NHS engagement team organised and facilitated a wide range of deliberative consultation activities adapted to the needs and expectations of each population group. This included detailed conversations that arose at some of the public engagement events and/or with specific equalities groups that are appropriate to report within this chapter. The feedback obtained has been reported in this chapter according to the following classification.

Table 9: Classification of in-depth feedback

Activity	Core audience/demographic/meeting type
Drama-based workshop Playing ON sessions (young people and vulnerable adults)	Adults with experience of homelessness/substance misuse
	Adults with learning difficulties (Starlight Arts)
	Children aged 7-11
	Young people aged 8-14
	Parents of children attending 8-14 years Playing ON session
Targeted focus group discussions and in-depth conversations	Armed forces veterans (mainly men aged 55+)
	Autism support worker specialising in neurodivergence and LGBTQ+
	Carers Voice Northern Lincs
	Carers in Partnership (parent-carers of children with SEND and/or complex health and care needs including current carers, ex-carers, and professionals from Carer Support)
	Experts by experience (carers, ex-carers, people with learning disabilities)
	Members of the Learning Disability Partnership and carers
	Members of the LGBTQ+ community
	Men in Sheds (men experiencing social isolation due to, e.g., substance misuse, homelessness, disability, health issues, mental ill-health)
	Mindful Sisters Coffee Morning (Black, Asian and Minority Ethnic women)
	Moorlands Community Centre Luncheon Club (mix of people from various equalities groups)
	Mothers of children with Special Educational Need and Disability (SEND)
	Parent/carer individual conversations (at North Lincolnshire Parent Carer Conference)
	People living in areas of deprivation, including several mothers of children with SEND and/or health issues
	Representatives of local Voluntary, Community or Social Enterprise (VCSE) organisations
	Scotter Textile Group members

	Winterton Disabled Club (older people living in a rural area, predominantly with physical disabilities)
	Winterton Seniors Forum (aged 65+)
NHS staff discussions	Allied Health Professionals and support teams in Radiology in Northern Lincolnshire and Goole (NLaG)
	Clinical Admin Forum
	Digital and information workstream meeting
	Goole Hospital staff
	Joint Medical Advisory Committee (MAC) and Hospital Consultant Committee (HCC) meeting
	Joint MAC and HCC meeting for consultants
	Joint Liaison and Negotiating Committee (NLaG)
	Joint Negotiating Consultative Committee
	NLaG Children's Safeguarding team
	NLaG theatre nursing and support teams
	Radiology consultant meeting (Radiology consultants, allied health professionals lead, and operations manager)
	Trust-wide anaesthetic briefing (anaesthetic consultants, specialty and specialist doctors, NLaG theatre managers)
	Trust-wide theatres briefing (NLaG)
	Urology business meeting (Urology consultants, specialty and specialist doctors, clinical nurse specialists, Urology business team)
Discussions with external clinical stakeholders	Yorkshire & Humber Paediatric Critical Care Operational Delivery Network Executive Group
	North Yorkshire and Humber Major Trauma Operational Delivery Network
	South Yorkshire Major Trauma Strategic Board Operational Delivery Network
	Critical Care Operational Delivery Network
	Operational Manager representatives from the East Midlands Ambulance Service and the Yorkshire Ambulance Service
	Meeting with representatives from Lincolnshire ICB and United Lincolnshire Hospitals NHS Trust (ULHT)
	Primary and Secondary Care Interface Group
	Mental health practitioners and service providers (Paediatric Mental Health Act/CAMHS/Community Eating Disorders)
	Clinical leads for trainees and deanery doctors
	Meeting with representatives from Doncaster and Bassetlaw Teaching Hospitals Trust (DBTHT) and South Yorkshire ICB
	Embrace Transport (for infants/children who require care in another hospital in the region or further afield)

	Meeting with representatives from Navigo and RDaSH (mental health providers) to discuss impacts of the proposed paediatric changes
	Humber Clinical and Professional Leaders' Board meeting (covered in its own section as it comprises both internal and external stakeholders)
Discussions with political and statutory stakeholders and partner organisations	North Lincolnshire Council Conservative group
	North Lincolnshire Council Labour group
	Humber Acute Services & Safeguarding Children
	Humber and North Yorkshire Inclusion Assembly
	Integrated Children's Trust (partnership of organisations that commission and provide services for children, young people and their families within North Lincolnshire)
	North Lincolnshire Health and Wellbeing Board
	Joint Health Overview and Scrutiny Committee
	North Lincolnshire Overview and Scrutiny Committee
	North East Lincolnshire Overview and Scrutiny Committee
	Lincolnshire County Council Overview and Scrutiny Committee
	East Riding of Yorkshire Council Elected Members

Drama-based workshop 'Playing ON' sessions

Overview

6.3 Four drama-based workshops were undertaken by an external organisation called 'Playing ON'.

6.4 Two sessions were undertaken with children and young people; one for those aged 7-11 years and the other for those aged 8-14 years. Some ad hoc conversations were undertaken with parents during the latter session, and notes were provided; the findings from these have also been included in this section.

6.5 Two further sessions were undertaken with adults with learning difficulties and people who had experienced homelessness or substance misuse.

The need for change

6.6 Several participants at the Playing On sessions recognised the challenges facing the NHS in Humber, highlighting long waiting times for A&E and hospital appointments, and more general efficiency issues like not keeping to appointment times and cancelling clinics. One adult who is homeless suggested that the Covid-19 pandemic had worsened this and acted as a barrier to accessing specialist care.

> *"Due to it being Covid it was so difficult to get into an appointment to see the doctors and specialists and everything at the hospital ... It was ongoing and ongoing for a couple of years." (Adult with experience of homelessness/substance misuse)*

6.7 Some people felt that hospitals are too crowded: A&E waiting rooms were described as busy and hectic for example. SGH came in for particular criticism in terms of being 'old fashioned', poorly equipped (a child aged 7-11 stated that a blood pressure monitor did not work during their time there), and difficult to park at. One

member of the discussion group for children aged 7-11 also felt that it is difficult to navigate around SGH due to a lack of signage.

> *"This hospital's so complicated" (Child aged 7-11)*

6.8 One parent of a child/children attending the 8-14 years Playing ON engagement event compared the quality of NHS services to those in her home country in Eastern Europe. They felt that NHS services were significantly poorer quality, citing longer waiting times and a poor experience in A&E where she felt neglected by staff.

6.9 Other recognised challenges included difficult access to GPs, which in turn puts pressure on hospitals; and ambulance service pressures leading to delays.

Proposed model of care

6.10 There was some understanding of the challenges and need for service consolidation among participants. However, there were also reservations around, and differing views on, the nature and extent of the changes required to address these issues.

Agreement with the model of care

6.11 Positive comments on the proposed model of care included that some specialist services would be available seven days a week; and that there would be reduced waiting times and faster access to the right and good quality care.

> *"If moving services to Grimsby would improve the quality, I don't mind." (Parent of a young person aged 8-14)*

Concerns about the model of care

6.12 For many, though, the proposed consolidation of four urgent and emergency services in one area was a concern (mainly due to travel and access worries, which will be discussed later in this chapter).

> *"I know we can't have everything, but … [I don't like this proposal]" (Parent of a young person aged 8-14)*

6.13 Indeed, even where participants accepted the rationale for specialist services to be located at 'centres of excellence', they questioned whether some provisions within those services (abscess draining for example), actually require specialist input, or whether they could be provided more locally.

6.14 There was a particular concern around the potential impact of having one 24/7 Trauma Unit on the ambulance service, specifically in terms of increased waiting times and treatment delays.

Proposed location of services

Agreement with the proposed location of services

6.15 While reservations were expressed around the proposed consolidation of the four specialist urgent and emergency services at DPoW, the logic of doing so was widely acknowledged. Participants highlighted SGH's

expansion constraints due to its situation in a housing estate, and its poor infrastructure; whereas participating adults with learning difficulties noted that DPoW is a modern hospital and can be extended to accommodate additional facilities. Others felt that there is easy access to DPoW by road and public transport.

Concerns about the proposed location of services: travel and access

6.16 Travel and access were the key concerns for participants across all sessions, who generally wanted to see as many services as possible kept as locally as possible.

6.17 Some people questioned whether consolidating services at DPoW would require more time from patients in attending appointments due to the increased travel time.

> *"One hospital appointment and we lose a whole day" (Parent of a young person aged 8-14)*

6.18 Parents of young people aged 8-14 were particularly concerned that the longer journey to DPoW would increase distress for young patients and their families (especially those with Special Educational Needs and Disability (SEND)), as would admission to an unfamiliar Paediatric inpatient ward there.

6.19 The potential impact of the increased distance on visitors from Scunthorpe and surrounding areas was also raised. The benefit of visitors for inpatients' hospital experience and recovery was frequently highlighted (one example given was of Starlight Arts[9] staff visiting adults with learning difficulties), and there was concern that visits would be more difficult for many people in future, especially those who cannot drive.

6.20 Indeed, the cost of public transport was discussed at the discussion for adults with experience of homelessness/substance misuse, where it was said that those claiming Universal Credit and other benefits would be unable to afford transport home.

Concerns about the proposed location of services: potential future impacts

6.21 There was speculation around the long-term impacts of consolidating services at DPoW on SGH, with some participants apprehensive that other services could be moved to DPoW in future. There was also concern about the loss of outpatient clinics at SGH, given specialists would be based at DPoW.

6.22 A further query was raised regarding the impact of consolidating some services at DPoW on staff competencies and skills at SGH. Participants questioned whether staff would get the experience they need, or whether their skills would diminish over time if they were required to deliver fewer services.

Some misunderstandings and misconceptions

6.23 Some misconceptions around the proposals were evident at the Playing ON sessions. For example, one participant was of the view that A&E services were being consolidated at DPoW, as opposed to remaining at both sites.

6.24 Many participants were of the view that it would be a patient's responsibility to arrange transport home from Grimsby following an emergency overnight stay at DPoW, a concern highlighted on several occasions in all discussion groups as an argument against the proposed relocation of services.

[9] Starlight Arts was the group engaged with.

> *"I understand you've brought us there but no-one's going to bring us back." (Adult with experience of homelessness/substance misuse)*

Equalities issues

6.25 Childcare was discussed in the group for adults with experience of homelessness/substance misuse. Participants said that single parents with more than one child would find it especially difficult to look after their other children if one was admitted to Grimsby as an inpatient and no other carer was available.

6.26 Another concern raised in the discussion for adults with experience of homelessness/substance misuse was the impact a loss of some NHS services in the Scunthorpe area would have on the local economy, and subsequently the support available to the homeless population.

6.27 It was said that children find hospitals scary, and when asked what would make them feel safer, young people aged 8-14 said that a familiar hospital environment is somewhat comforting. Consolidating Paediatric inpatient services at DPoW would mean some patients having to travel to and stay in an unfamiliar environment, potentially leading to anxiety and distress. While they were not speaking directly about the hospitals in question, a parent said they had found their experience staying in a hospital elsewhere with their poorly child "*really isolating*."

6.28 Adults with autism, ADHD and/or poor mental health were also said to be potentially negatively affected by having to attend DPoW for appointments and treatment, as new and unfamiliar environments and processes can be challenging for them to navigate.

6.29 Some participants highlighted that children with SEND and other additional needs would be most adversely impacted by the consultation proposals as they are more likely to need a longer stay in hospital and are therefore more likely to be transferred to DPoW. It was said that the ambulance environment is not suitable for people with autism or ADHD, and several people highlighted the possible sensory impact of the route between SGH and DPoW, including bumps in the road, bright lights, and loud noises.

6.30 A parent of a young person aged 8-14 worried that they would be unable to provide their child (who suffers from an eating disorder) with the food they are willing to eat if they were in DPoW in Grimsby. If the child was at SGH, their parents could maintain the temperature of their food so they would eat it, which would not be possible if the child was at DPoW, risking major setbacks on their recovery journey.

6.31 There was some discussion around whether some people would feel reluctant to use services as a result of the proposed changes, for example families with social services involvement who would not want to travel further to a hospital out of the area where their needs are not known; and refugees, migrants, and people for whom English is not their first language, who are already reluctant to use services, but would be even more so for fear of the unknown.

Alternatives and mitigations

Suggested alternatives

6.32 A suggestion from participants in the discussion group for adults with experience of homelessness/substance misuse was to keep inpatient Paediatric and Trauma services at SGH. They felt that that retaining or even

expanding NHS services in the area would regenerate the town, meaning more support for other services and communities in the area, specifically the homeless population.

> *"... If you were bringing in the trauma care or … overnight childcare, that would bring … families here to stop with the ones they love in the hospital and the staff and it would improve the whole town itself, bringing in commerce..." (Adult with experience of homelessness/substance misuse)*

Suggested mitigations

6.33 A couple of parents of young adults aged 8-14 made suggestions for mitigating the impact of the proposals, including making better use of virtual appointments where applicable, particularly for children with autism and ADHD who struggle with the sensory experience of a hospital environment; and making hospitals more welcoming and less daunting, especially for children.

6.34 When discussing hospital visits, several participants at the discussion group for young people aged 8-14 felt that a green room for children would help ease anxiety and boredom, especially if it included provisions like internet access, a games console, phone chargers, colouring templates, and books. One young person also suggested having inspirational posters on the walls.

Targeted focus group discussions and one-to-one conversations

Overview

6.35 Notes were provided from 18 focus groups and other meetings (including detailed conversations at some of the pop-up events) that captured in-depth feedback from a range of specific groups including: carers, disabled people, veterans, people with learning disabilities, parents of children with special educational needs and disabilities (SEND), Black, Asian, and Minority Ethnic women, LGBTQ+ communities.

The need for change

6.36 The challenges facing the NHS in Humber were discussed and recognised as a case for change across all but one of the targeted discussions. An autism support worker who participated in a one-to-one interview felt unconvinced that the need for change was sufficient to justify the *"drastic"* changes proposed.

6.37 The need for easier and quicker access to specialist care was the most frequent issue raised, with other recognised challenges including the pressure on ambulance services; financial and resource shortfalls; barriers to accessing primary care; inefficiencies within some services; long waiting times; and a lack of hospital beds (in SGH particularly).

6.38 Workforce issues were also said contribute to the need for change: employee shortages, staff moving overseas for work, low wages, and 'too many managers and administrators' were suggested as key challenges.

> *"It seems to me you don't have enough doctors or enough nurses to do everything; if you did have enough, none of this would be happening." (Winterton Seniors Forum)*

Proposed model of care

Agreement with the proposed model of care

6.39 Some participants recognised and understood the benefits of travelling further for consolidated specialist care, highlighting that this is already happening in some instances.

> *"Not many people know you have to travel for specialist care, I get it." (Men in Sheds)*

6.40 Indeed, two parents at the North Lincolnshire Parent Carer Conference said they would be happy to travel further for specialist Paediatric care, having done so in the past (to Sheffield Children's Hospital and Hull Royal Infirmary). One even said they had asked for referrals to Sheffield, despite being closer to SGH.

6.41 Other support for the proposed model of care is outlined below.

- One participant from the Carer's Support Centre thought it was a *"brilliant idea"* and would work well.
- The Winterton Seniors Forum endorsed the arguments around recognising the skillset of current workforce and treating the required number of patients and highlighted the importance of having the right staff with the right skills in the right place.
- The Winterton Disabled Club commented that service consolidation as proposed would allow for faster access to specialist care. Some also felt it could contribute to improvements in continuity of care and employee retention. Members did, though, want to see more pre- and post-operative care undertaken locally.
- The Carers in Partnership group hoped that the proposals would bring improvements to what it viewed as limited care provision in Cardiology.

Mixed views on the proposed model of care

6.42 Several participants in different groups said they would not mind travelling further for short and one-off treatments, planned care, or for very specialist care. However, it was said that longer journeys would be difficult and disruptive in the event of longer stays (particularly for visitors) and frequent follow-up appointments at the more distant hospital.

6.43 At the North Lincolnshire Parent Carer Conference, there was some support for the proposed model of care in principle, but also some queries as to how it would address staffing challenges in practice.

> *"If moving the service to Grimsby makes it better I would definitely support this, but I assume it would be the same doctors as [Scunthorpe General Hospital] so I don't know if it would make much difference" (North Lincolnshire Parent Carer Conference)*

6.44 Participating armed forces veterans supported the proposed model of care, with the caveat that displaced patients should be offered support with getting to and from the more distant hospital.

> *"As long as you are taken to the other hospital and brought home again, there shouldn't be a problem with moving the services." (Armed forces veteran)*

Concerns about the proposed model of care

6.45 VCSE organisation representatives felt that the model of care is a cost-cutting exercise with the potential to put people's lives at risk. They were of the view that patient care is likely to be adversely affected by the proposals, despite assurances to the contrary.

6.46 Additionally, an Autism Support Worker questioned whether this proposal is paving the way for all services to be transferred elsewhere in future.

6.47 Others again had doubts that the proposed changes would address some of the challenges facing the NHS in Humber, particularly those relating to staffing.

> *"Short-term sticking plaster solutions, not long-term answers to problems." (Autism support worker)*

Misconceptions about the proposed model of care

6.48 One person at the North Lincolnshire Parent Carer Conference had heard that A&E services were to be consolidated in one location.

Proposed location of services

6.49 While participants who supported the model of care typically also supported the proposed consolidation of the four complex services at DPoW, many more concerns were raised across the targeted engagement sessions about the proposed location.

Agreement with the proposed location of services

6.50 Some people praised DPoW. Members of the Moorlands Community Centre Luncheon Club commented that it is a *"lovely"* hospital that provides excellent care and treatment for example.

Concerns about the proposed location of services: travel and access

6.51 Key concerns were around travel and access, not least that the transport infrastructure to and around DPoW is insufficient to cope with the anticipated increase in patient numbers. In particular, it was said that the roads are in poor condition, and that it is a difficult drive to and from Grimsby in bad weather.

> *"Are the NHS consulting with the Highways Agency to ensure there are road improvements?" (Parent of child/ren with SEND)*

6.52 The cost and limited availability of public transport (especially to and from rural communities) was frequently highlighted, and some on-demand bus services were criticised for not being accessible to those with mobility issues, for not having a home pick-up option, and for finishing at 7pm. The limited number of taxis available was also said to be an issue, especially those that can accommodate people in wheelchairs.

> *"There is a lot of poverty; people shouldn't have to pay to travel to Grimsby for care, it's not fair and not easy for people to do" (North Lincolnshire Parent Carer Conference)*

6.53 Community and patient transport was said to take days to arrange, and so not useful in emergency situations or for last-minute appointments. Several participants were especially frustrated with frequent changes in eligibility for Patient Transport Services and that family members are not permitted to travel with patients to appointments.

6.54 The effect of longer and more costly journeys on visitors was discussed in various groups. For example, some participants at the Carer Support Centre session worried that patient outcomes could be worse if they received fewer or no visits from loved ones due to travel and access challenges.

6.55 There was also a general concern across all groups that the already-struggling ambulance service would not be able to cope with extra demand. Queries were made around whether there are enough fully trained paramedics to cope with the increasing demands; and if and how the changes would impact the provision of air ambulances.

6.56 Participants from Goole expressed frustration that Goole and District Hospital has been 'stripped' of its services and were upset at the prospect of having to travel to DPoW for treatment, when they already have to travel to SGH and Hull Royal Infirmary.

6.57 Additionally, there were concerns that additional journeys could have a negative environmental impact.

Concerns about the proposed location of services: staffing issues

6.58 Some concerns were raised around how current staff would respond to the proposed changes; whether some might refuse to transfer from SGH for example. This, it was felt, would lead to decreased morale and a reliance on agency staff.

> *"I'm not sure frontline staff would rather work in Grimsby over Scunthorpe. And that also applies to living there." (Learning Disability Partnership group)*

Concerns about the proposed location of services: potential future impacts

6.59 The long-term viability of SGH was a consideration for some of those involved in the targeted engagement discussions, particularly in light of financial constraints within the NHS and maintenance backlogs at the site. The key concern was the loss of additional services from SGH in future.

Concerns about the proposed location of services: capacity and infrastructure at DPoW

6.60 It was also highlighted that SGH and DPoW cover a wide geographical area, and that if consolidated, some services could potentially be overrun. Indeed, the prospect of additional pressure on services and bed capacity at DPoW was a concern for many participants.

Concerns about the proposed location of services: inpatient Paediatric services

6.61 There was considerable concern about the proposed consolidation of inpatient Paediatric services at DPoW at a few groups. The key issue was how parents from Scunthorpe and surrounding areas would cope with having a child in DPoW in Grimsby, especially with other children at home. It was said that although the changes may look fine on paper, the impact on real people using real services would be significant.

> *"It is absolutely ludicrous to move Paediatric care" (Focus group for people living in areas of deprivation)*
>
> *"Taking Disney Ward away from Scunthorpe would be a disaster for my family – I genuinely don't know what I would do." (Parent of children with a long-term illness)*

6.62 The Disney Ward (paediatric inpatient ward) at SGH was praised by a few people in different groups. Concerns were raised around children moving to DPoW and feeling uncomfortable due to the unfamiliarity of the Paediatric inpatient ward there.

Concerns about the proposed location of services: Emergency Surgery

6.63 The rationale for consolidating operating teams at DPoW was supported by some from a staffing point of view, as doing so would ensure more staff to provide cover and would reduce the number of staff moving between sites.

6.64 There were several concerns across various groups around travelling to DPoW from SGH for emergency surgery at night, however. One participant at the focus group for parents of children with SEND spoke of their own experience, saying that they probably would not have survived had they been transported to DPoW in an emergency. Several other parents at the same group were concerned that consolidating overnight emergency surgery on one site could have a detrimental impact on patient outcomes due to transfer times.

> *"Wating for an ambulance is the glitch in the system" (Parent of child/ren with SEND)*

Concerns about the proposed location of services: Trauma services

6.65 Armed forces veterans and representatives of VCSE organisations felt that Trauma services should be retained at SGH due to the local steelworks and other industry.

> *"What about industrial accidents at places like the steelworks? What happens if there is no Trauma Unit in Scunthorpe?" (Representative of a VCSE organisation)*

Equalities issues

Equalities issues: inpatient Paediatric services

6.66 Most equalities concerns related to the proposed consolidation of inpatient Paediatric services, and specifically the impact on patients with SEND and their families.

6.67 Firstly, it was considered stressful and difficult to transport a child with SEND any great distance by any means. However, there was particular concern around the transfer of children with autism or who are neurodiverse in ambulances, as long journeys in a confined space with strangers could be traumatic for them.

> *"I couldn't imagine taking a child to Grimsby" (Parent of child/ren with SEND)*

6.68 It was also said that having the ability for a parent stay in hospital with a child with SEND is vital. Even so, a few individuals highlighted that the distance to DPoW would make it increasingly difficult for parents in the

Scunthorpe area to 'swap' duties as regularly (that is, to rotate who stays in hospital with the child). Additionally, parents worried about how a sibling with SEND would cope with visiting the inpatient child at DPoW.

6.69 There was concern for parents who cannot afford to travel to Grimsby to be with their child or do not have access to a vehicle; and there were said to be logistical difficulties for single parents staying in hospital if they have more than one child, especially if one of the other children has SEND. Some parents worried that social services would see this as abandonment.

6.70 Several participants questioned how inpatient young children, especially those with SEND, would cope with being so far away from their family and friends, who might have visited more regularly were they admitted to SGH.

6.71 More generally, the emotional strain for parents whose children are admitted to hospital was highlighted and there was a sense that this would be worsened by the additional 30+ mile distance between home and hospital. 'Sandwich carers' who care for both their elderly relatives and their children were also considered at risk of heightened stress because of the proposed changes, as they would be pulled in several directions.

> *"I went through a really difficult time last time he [participant's son] was in hospital, trying to do everything myself. I don't really know how we would cope if he had to go to Grimsby." (Parent of children with a long-term illness)*

Other equalities issues

6.72 Other equalities issues were as follows:

- There was a general concern among participants that the proposals would increase inequalities. During the focus group for representatives of VCSE organisations it was said that there is already a high reliance on their sector, which is left to *"pick up the pieces"*, and there were fears that this would worsen in future.
- Armed forces veterans said that travelling further for follow up appointments would be very difficult for them and other individuals who are unable to drive for medical reasons.
- There were concerns around how homeless people would return to Scunthorpe if they were taken to DPoW in an ambulance or by the police.
- D/deaf people could, it was felt, experience difficulties accessing services under the proposed model of care. An individual from Winterton Disabled Club worried that key information would be missed during an emergency transfer leading to miscommunication and confusion for the patient's family.
- Residents of Goole expressed concern for deprived communities in their area as public transport is both inaccessible and unaffordable.
- An elderly person at the Moorlands Community Centre Luncheon Club said they would not be visited by their partner if admitted to hospital at DPoW as they cannot drive and public transport journeys would be too lengthy.
- Similarly, older people and people with dementia travelling to Grimsby, whether driving or using other means of transport, were said to be potentially disadvantaged as they are

less likely to be familiar with areas that are far from home. These groups also often need to rely on others for transport.

- Equality concerns raised in the LGBTQ+ focus group concerned continuity of care for LGBTQ+ patients as unknown staff would be less aware of a patient's needs: using correct pronouns, not using 'dead names', and being mindful of the specific needs of transgender patients for example. An autism support worker emphasised that these problems exist now, and was concerned that they could worsen as a result of the proposed changes.
- Those in the Scunthorpe area suffering from mental health conditions were said to be at risk of care avoidance due to the potentially long, expensive, and distressing journey to DPoW, and a reluctance among some to call an ambulance.
- Similarly, VCSE organisation representatives suggested that moving some services to DPoW could increase stress for those with poor mental health, as being in a different town during a mental health crisis would likely heighten their anxiety. The increased distance from their support network and friendship circle could also, it was said, be a trigger for trauma.
- People with disabilities were said to be at a disadvantage as disability transport passes do not work before 9:30am, making the journey expensive for patients and visitors. In addition, there is apparently poor parking with limited spaces for people with disabilities at DPoW, increasing the reliance on public transport.
- It was said that Muslim women would potentially be affected by the changes as they often do not drive and would/may? Need a chaperone if seeing a male doctor. The Muslim community in general would also be impacted by the lack of a dedicated prayer room at DPoW.
- Finally, a lack of translation services at DPoW could, it was said, be a barrier to access and understanding for those for whom English is not their first language.

Alternatives and mitigations

Suggested alternatives

6.73 Several groups suggested maintaining the Paediatric inpatient service at SGH and prioritising children's services as an option of 'least disruption'.

> *"Don't focus on the ageing population at the cost of the children" (Focus group for people living in areas of deprivation)*

6.74 Some participants echoed the suggestion to centralise services in SGH as it is more geographically central. Others suggested a more equitable distribution of complex services, with some consolidated at DPoW, and others at SGH.

> *"Rather than everything go to Diana, Princess of Wales Hospital, why can't some services be focused at Scunthorpe General Hospital and some at Diana, Princess of Wales Hospital. An even spread is surely better than making everyone in Scunthorpe and surrounding areas suffer." (Learning Disability Partnership)*

6.75 One participant at the focus group for people living in deprivation suggested standing down the Hospital@Home service to fund and protect services at SGH. Contrastingly, though, members of the Experts by Experience group and an autism support worker proposed running more virtual wards at home with consultant care.

Suggested mitigations: travel and access

6.76 Some suggestions around travel and access included providing physical and digital information about travel options and support that is easy to access; establishing an hourly shuttle bus service (or one that coincides with visiting times) between hospitals for patients, staff, and visitors, as well as medical documentation and specimens; running bus services from Scunthorpe town centre directly to SGH and DPoW; a park and ride service; and simplifying and clarifying the process of claiming travel expenses. It was also said that more funding is needed to support the patient transfer system.

6.77 Other proposed mitigations were to:

- Create a transport hub to improve transport links.
- Obtain sponsorship deals from businesses for transport vehicles (business logos on sponsored cars for example).
- Staggering visiting times at DPoW to alleviate parking issues and aligning visiting times with public transport timetables.
- Discharging people before 3pm if they are unable to drive or cannot drive at night.
- Providing accommodation for parents of inpatient children and young people, and a parking pass for the families of patients from Scunthorpe and surrounding areas.
- Have doctors travel between sites to see patients.

Suggested mitigations: staffing

6.78 It was said that some staffing shortages could be overcome by offering different routes into nursing as degree courses can be unappealing, mainly due to cost. Apprenticeships were suggested as an alternative. One participant also suggested staff visiting schools to encourage children to consider the NHS as a career choice.

6.79 Other suggestions to tackle workforce issues were to offer contracts that require students to work locally for a number of years; offer incentives that come with teaching hospitals, research, and innovation; increase the number of permanent roles available; and adjust permanent job descriptions to make them more desirable, thus reducing the NHS's reliance on bank staff.

6.80 Additionally, one participant suggested offering exchange programmes for staff to maintain skills, for example theatre nurses at DPoW could exchange with Major Trauma staff at Hull Hospital.

6.81 With regards to discharging patients, an individual suggested a liaison officer to work between families and clinicians to support patients during the process.

Suggested mitigations: inpatient Paediatric services

6.82 All the mitigations proposed for children with SEND were made during the focus group for parents of children with SEND, unless otherwise stated.

6.83 It was said that better understanding is needed of what a 'reasonable adjustment' is, rather than being told 'this is the way we do it'. For example, eye drops could be given to parents for use at home, to ensure waits at clinics are shorter and less stressful.

6.84 With regard to annual appointments, it was suggested that paediatricians could visit special schools to see children in spaces they are comfortable in, rather than those children being agitated by travel, and waiting in an unknown environment, surrounded by strangers. Alternatively, children could be seen in a sensory room at hospitals rather than a consulting room, and by staff who are experienced with children with autism/SEND and in the use of Makaton. Parental accommodation was also considered essential for inpatient stays.

> *"Looking at the bigger picture, if they are going to do this in Grimsby there needs to be a better structure to deal with the children they are receiving. If parents need to stay with children there should be the infrastructure to do that." (Parent of children with SEND)*

6.85 Mitigations suggested by people in various groups included training A&E and ambulance staff to deal with the complex needs of children with SEND; and upgrading facilities at DPoW to ensure they would be suitable for children with autism. Requests were made for sensory rooms and other appropriate environments, more than one specialist bed, and somewhere for parents to sleep. Sheffield Children's Hospital was seen as an example of good practice in this respect.

Suggested mitigations: other

6.86 Some specific proposed mitigations were to:

- Upgrade facilities at DPoW to include private rooms in A&E for people in crisis or who have attempted suicide; and gender-neutral toilets.
- Create and provide video tours of unfamiliar sites, including where access points are and key rooms that people might need to use.
- Have coloured walkway routes for different services for ease of navigation around the site.
- Offer patients a choice over which hospital they would like to attend.
- Ensure patient details and records are updated prior to discharge, using their hospital passport which should be able to be used across all hospitals. Those who are neurodiverse can, it was said, work with carers/family to set acceptable boundaries to be recorded in their passport, for example how often the hospital can call to check in on a patient, etc.
- Improve service integration, as delayed hospital discharges are 'clogging up' the system. On this issue, during the LGBTQ+ focus group, the impact of the Greater Lincolnshire Devolution Deal on social care and discharge into the community was highlighted as an area that needs consideration.

- Address issues around discharges from one local authority to another, for example from North East Lincolnshire to North Lincolnshire.
- Encourage more support for community volunteers to build community capacity and help prevent the need for people to go to hospital, reducing pressures on acute services.
- Provide inclusion training to staff and hold more multi-disciplinary team meetings, so that all relevant parties are aware of each patient's condition and needs (this was suggested at the LGBTQ+ focus group). An autism support worker proposed creating a professional advocacy for those from vulnerable groups including the LGBTQ+ community, people who are neurodiverse, and those with other needs.
- Ensure adequate follow-up care from GPs to reduce readmissions.
- Provide pastoral support to patients and families to accompany the changes.

Discussions with NHS staff

Overview

6.87 A range of briefings were held to inform staff about the proposals, answer questions and capture feedback. These included targeted briefings for potentially impacted staff groups, staff drop-in sessions in hospital canteens, online staff Q&A sessions, and staff forums. Feedback from 14 sets of meeting notes was provided for inclusion in this report.

The need for change

6.88 The need for change was widely recognised and accepted. Recruitment and retention were highlighted as the biggest challenges to be addressed: it was acknowledged that the NHS in Humber does not have the clinical workforce or enough specialist staff to maintain all current services.

6.89 However, those who spoke at the NLaG Trust-wide Anaesthetic Briefing fundamentally disagreed that there is a need for change.

Proposed model of care

Agreement with the proposed model of care

6.90 There was broad support for the principle of consolidating services. The Clinical Admin Forum also reported a degree of reassurance that the proposed programme of change is a long-term project and that clinicians have been involved in shaping it.

Concerns about the proposed model of care

6.91 Several staff members across the different discussion groups disagreed with the proposed model of care and were unconvinced that it would solve current workforce issues.

6.92 The impact of the proposed changes on existing staff was a key concern across all discussions, particularly in relation to cross-site working and the potential for changing working patterns. Questions were also asked about how the proposed model of care would facilitate improvements to recruitment and retention, systems, and investment. Goole and District Hospital staff felt that what they saw as a decrease in service provision does not reflect patient numbers, and therefore demand, which has remained consistent.

6.93 Allied Health Professionals and support teams working in Radiology discussed possible pathway changes and interdependencies that are required regardless of the outcome of this consultation, for example the use of scanners 'at the front door' considering the number of acute pathways.

Proposed location of services

Concerns about the proposed location of services: travel and access

6.94 The Hospital Consultants Committee's main concerns around the consolidation of some complex services at DPoW related to geography, travel, and access; and how the changes would affect the emergency services. Other staff members also questioned whether lengthier journeys to access services at DPoW may cause travel and access difficulties for patients, families, and carers.

Concerns about the proposed location of services: capacity and infrastructure at DPoW

6.95 Goole and District Hospital staff raised concerns around capacity at DPoW and suggested that the sites at which services would be consolidated (the Paediatric ward for example) would need expanding to accommodate additional patients.

6.96 The Joint Negotiating Consultative Committee asked several questions of the engagement team during their consultation meeting, including how additional demand at DPoW would be accommodated.

Concerns about the proposed location of services: inpatient Paediatric services

6.97 The consolidation of inpatient Paediatric care was said by the Joint Liaison and Negotiating Committee to be an area of concern for many staff members and stakeholders. The Committee did not elaborate on why.

Concerns about the proposed location of services: Emergency Surgery

6.98 Some staff members expressed concerned that there may be an uneven workload split across theatres in terms of who would be providing elective surgery and who would be providing acute surgery. Questions were asked around what would happen to SGH if all acute surgery is centralised to DPoW, and whether the theatre at Goole and District Hospital would remain active.

6.99 Staff at the Radiology Consultants Meeting advised that if emergency surgery is consolidated to DPoW, slot allocations may need to change to reflect the increase in acute pathways at the site.

Equalities issues

Equalities issues: inpatient Paediatric services

6.100 A key issue raised by several groups was the need for safeguarding considerations when dealing with a Paediatric inpatient who is under child protection. These considerations, as outlined by the North Lincolnshire and Goole NHS Foundation Trust's Children's Safeguarding Team, would include the safe transportation of the child from SGH to DPoW; supervised visits from relatives requiring the presence of a local authority social worker; the operational process of transferring a child between hospitals and to a new consultant; and the need for a local authority social worker to discharge the child to if they are out of area.

Alternatives and mitigations

Suggested mitigations

6.101 Goole and District Hospital staff stated that there are five good and qualified candidates for every training post and suggested there should be more posts advertised to solve recruitment and retention issues. This group also suggested that:

> *"Doctors in training go where they are sent so you could get more people to cover more gaps and do more to keep them working here after their training is finished" (Goole Hospital staff)*

6.102 It was also suggested that more action (beyond the consultation proposals) could be taken to improve recruitment and retention initiatives.

The consultation process

6.103 During the Joint Liaison and Negotiating Committee meeting staff members highlighted the need for better engagement with NHS staff to ensure all staff are given the opportunity to have their say on the proposals.

Discussions with external clinical stakeholders

Overview

6.104 Feedback from 13 sets of meeting notes with external clinical stakeholders was provided for inclusion in this section of the report, along with one further set from a meeting of Humber Clinical and Professional Leaders' Board. The latter included NHS staff as well as external stakeholders and reported separately at the end of this section.

The need for change

6.105 While there was a general emphasis on discussing concerns around the proposed model of care and offering alternative approaches, some external clinical stakeholders discussed and acknowledged the need for change within the NHS in Humber.

6.106 Some of the recognised challenges included nationally under-commissioned beds; increasing pressure on some services; and difficult recruitment and retention, particularly of internal medical trainees. System challenges were also highlighted by members of the Humber and North Yorkshire Inclusion Assembly, however these were not elaborated on.

Proposed model of care

6.107 There was broad support for the principle of consolidating services, though several concerns were highlighted around the potential impact of some of the proposed changes.

Concerns about the proposed model of care

6.108 The concerns raised about the model of care were varied and often specific to particular groups. They are summarised below.

- Participants in several discussions worried about the potential impact of the changes on the provision of mental health services for Paediatric inpatients; for example facilities and specialists for detaining[10] within Paediatric Assessment Units. There was also discussion around the provision of sitters by Rotherham, Doncaster, and South Humber Foundation Trust (RDaSH) and Navigo[11] during the Northern Lincolnshire and Goole & Mental Health Providers' meeting.
- Several participants expressed concern that consolidating services on one site might affect the attractiveness of the area for trainees, given the potential need to move between different sites some distance apart (i.e. while working at SGH during the day and then on-call at DPoW in the night) and the impact of this on people's work/life balance.
- The issue of patient transfers was raised several times during the Humber Acute Services & Lincolnshire Programme Discussions. Participants sought clarification on the operational and decision-making processes for transferring patients; whose responsibility it would be to decide on transfers; and whether there would be flexibility in the Paediatric transfer criteria if staying in hospital for more than 24 hours was deemed clinically appropriate. Some were concerned that Emergency Medical Advisors[12] would be expected to provide hospital transfers.
- The main concerns raised by the Yorkshire & Humber Paediatric Critical Care Operational Delivery Network Executive Group[13] were around transferring level 1 and 2 patients, especially those on long-term ventilation (LTV), between sites.
- One concern among attendees of the Embrace[14] meeting was that there is no other Trust to benchmark against for transferring these volumes of patients with a team trained in critical care.

6.109 Other issues raised included job security for theatre nurses and support teams; the time it would take to implement the changes; the need for a consistent senior presence for trainees across all sites; and potential 'cultural change' issues (which were not elaborated on).

Proposed location of services

Concerns about the proposed location of services: travel and access

6.110 Again, there were some specific travel and access concerns about consolidating the four complex services at DPoW, as below.

- The Yorkshire & Humber Paediatric Critical Care Operational Delivery Network Executive Group raised the issue of additional transfers if patients are required to go from SGH to DPoW, and then on to Sheffield Children's Hospital for tertiary care. This was also discussed in other meetings, where the focus was on the risk of treatment delays on patient outcomes, particularly for a potentially destabilising child enroute from SGH to DPoW.

[10] 'Detaining' was the terminology used within the groups, but it is also known as sectioning.

[11] A social enterprise that provides mental health services to the NHS and beyond across North East Lincolnshire.

[12] Emergency Medical Advisors are trained to supply lifesaving advice to members of the public in the most critical situations, as well as guidance around alternative treatment options other than an ambulance response.

[13] The Network also submitted a lengthy written response to the consultation, which has been summarised in Chapter 7, and can be seen in its entirety in Appendix IV.

[14] Embrace is a highly specialist, round-the-clock transport service for critically ill infants and children in Yorkshire and the Humber who require care in another hospital in the region or further afield.

- Participants at the Embrace meeting highlighted that there are currently no pathways to support level 1 and 2 transfers between District General Hospital sites regionally or nationally. They also emphasised the additional travel time of approximately 32 hours per annum in collecting a patient from DPoW instead of SGH.
- Several stakeholders worried about the knock-on effect of having to travel longer distances to visit a chid in hospital would have on siblings and family dynamics.

Concerns about the proposed location of services: Trauma services

6.111 In several meetings with external clinical stakeholders, the potential impacts of consolidating the Trauma Unit at DPoW on Doncaster Royal Infirmary (DRI) were raised and clarified at an estimated 90 additional trauma patients per annum. The Operational Manager representatives from East Midlands Ambulance Service and Yorkshire Ambulance Service were, however, content with this estimate. It was also confirmed at the South Yorkshire Major Trauma Strategic Board Operational Delivery Network meeting that paediatric Major Trauma will continue to flow to Sheffield Children's Hospital, and adult Major Trauma to Hull Royal Infirmary.

6.112 An individual at the Yorkshire & Humber Major Trauma Operational Delivery Network quarterly board meeting highlighted how admissions to the Trauma Unit at DPoW from the North Lincolnshire area would require a transfer *"out of area"* for rehabilitation follow-up closer to home.

Concerns about the proposed location of services: Critical Care

6.113 Local network leads expressed some concerns around the ability to easily identify level 1 patient bed requirements, and the workforce staffing for the proposed increase in beds. On the other hand, the Critical Care Network Board understood that there may be some changes to Critical Care bed requirements across the sites but were supportive of the proposed changes to the service.

Equalities issues

6.114 Concerns were raised around long-term inpatients with specific medical needs, specifically eating disorders, and how care for these patients should be provided. Navigo confirmed that it does not have the same services as RDaSH for eating disorders, which are covered by the crisis team, leading to concerns that RDaSH would not in-reach into DPoW.

Alternatives and mitigations

6.115 External clinical stakeholders offered several mitigations for consideration.

- Several suggestions were made during the Humber Acute Services Impact Assessment meeting around trainees and training provision. These included running the Higher Specialist training programme at DPoW as it is best for inpatients; placing third year medical trainees into general internal medicine departments or centres of excellence; referring trainees to a specialty rather than a hospital site so they become NLaG trainees and can be allocated where required; redistributing trainees dependent on levels of training (though it was acknowledged that this could lead to fragmentation and further challenges); and considering incentives or flexible on-call rotas to limit the stress of having to choose a site to work at.

- During the Humber Acute Services Impact Assessment meeting, it was highlighted that speciality medicine is currently facing challenges in gastroenterology, and that different options will need to be considered to rotate to inpatient wards. One attendee suggested placing gastroenterology surgical technologists in NLaG as outpatients would still be provided at DPoW and SGH, meaning there would be electives present at both sites.
- Mental Health Providers suggested building requirements into capital planning for the SGH Paediatric Assessment Unit to accommodate facilities for detaining/sectioning young people. The possibility of providing RDaSH with access to a bay in SGH for a day unit or sending patients with eating disorders to Doncaster, Rotherham, or Hull instead of DPoW was also discussed. Having a bank contract for support of sitters was noted in this meeting as another possible mitigation.
- Setting up a standalone transport team for transfers was suggested during the Embrace meeting, but the regulatory requirements of additional training and ongoing education, competency, and cover for sickness and absence was recognised as a potential barrier to implementing this.

Humber Clinical and Professional Leaders' Board meeting

6.116 This Board is chaired by the ICB Clinical Lead and includes NHS staff and external clinical and professional stakeholders from health and care organisations across Humber and North Yorkshire.

6.117 The benefits of consolidating some services were widely recognised by the Board, although it felt that the proposed changes alone would not be sufficient to solve the challenges facing the NHS in Humber.

6.118 A key discussion at the meeting was around how to implement the changes as successfully as possibly (for example by ensuring that 'out of hospital' services are delivered across all providers, with a single helpline or single point of access for patients and professionals to ensure they receive the appropriate care). It was also felt that improving IT and digital systems, and future-proofing virtual wards, would help avoid moving patients, link people to hospitals virtually, and reduce hospital avoidance.

6.119 Other themes were transport and access, which Board members felt needed to be looked at in more detail; a lack of understanding of the investment needed in community and primary care to enable the proposed changes to complex acute care; and the need to help care homes support residents to avoid hospital admissions.

Discussions with political and statutory stakeholders and partner organisations

Overview

6.120 Notes from 11 discussions with political and statutory stakeholders and partner organisations were provided and included for reporting within the in-depth chapter. These included political stakeholders, local authority members, representatives of neighbouring health economies, health and clinical stakeholders, and mental health service providers.

6.121 Many of these organisations also provided fuller written submissions that are summarised separately in the relevant chapter.

The need for change

6.122 The rationale for the proposals was recognised by some political stakeholders, who highlighted issues including ambulance service resource pressures; difficulties attracting staff to the area; clinicians' desire to work in bigger cities; and a lack of investment in the workforce.

6.123 There was some confusion, though, around the argument that recruitment is difficult due to low numbers of patients, as this does not correlate with the assertion that clinicians are overworked due to high demand.

Proposed model of care

Agreement with the proposed model of care

6.124 Members of the North East Lincolnshire Overview and Scrutiny Committee were generally positive about the proposed model of care, commenting that it is difficult for people to disapprove or disagree with the proposal as it will improve services across the region. Some Committee Members felt that a five-year implementation period is too long to solve some of the challenges within the NHS in Humber however, and asked whether some of the proposed changes could be implemented sooner.

6.125 The commitment to providing 24/7 access to specialist care was commended by some external political stakeholders, who could see the logic for and benefits of this. Indeed, one councillor specifically asked if the proposal is a way of formalising fast-track through to specialist care, commenting that this already happens in some instances and is a sensible solution.

6.126 Attendees at the informal East Riding of Yorkshire Council meeting of Elected Members accepted the premise of travelling to access specialist care but caveated their support with a need to ensure the scope of consolidation is limited to the complex services in question.

> *"I totally buy into what you are trying to do." (East Riding of Yorkshire Council Meeting)*

Concerns about the proposed model of care

6.127 Concerns were primarily around the potential impact of the proposed changes on the already pressured ambulance service, particularly that additional resource demands could worsen response times further, and limit access to transfers when needed. In light of this, it was said that ambulance service resource challenges must be addressed and suitable transfer solutions implemented before any changes are made.

6.128 A lack of workforce investment was an area of concern for some, particularly with regard to clinicians. One Member of the North East Lincolnshire Overview and Scrutiny Committee commented that money spent on agency staff is *"dead money",* suggesting that anything that can be done to reduce this would be beneficial.

6.129 Some felt that the ICB is over-promising with its proposed model of care, specifically in terms of providing a seven-day service.

> *"How confident are you that you can deliver it [a 7-day service]?" (Joint Health Overview and Scrutiny Committee Meeting)*

6.130 Other specific concerns were as follows:

- The Integrated Children's Trust was concerned that the proposed model of care is in contravention of North Lincolnshire Council's 'One Family Approach', which is a commitment to keeping families together, maintaining local support, and focusing on families first as the best support for a child. It was said that the model *"doesn't feel quite right"* in that context as it is moving things away from local people in Scunthorpe and surrounding areas.
- "Families cannot offer emotional support to a child in hospital in Grimsby whilst their other children are at home." (Integrated Children's Trust)
- Members of the Joint Health Overview and Scrutiny Committee identified what it saw as gaps and areas for further work in the consultation Integrated Impact Assessment (a sustainability assessment for example). The Committee also worried that the plans set out in the proposal could destabilise other health systems, and asked what would be done to ensure this does not happen.
- The North Lincolnshire Overview and Scrutiny Committee felt that nurses are less likely to want to travel and work cross-site, which may hinder recruitment. Moreover, some Lincolnshire County Council Overview and Scrutiny Committee Members worried that staff may leave if they do not want to work in a new way or at a different site.

Misconceptions about the proposed model of care

6.131 At the North Lincolnshire Health and Wellbeing Board meeting, it was said that there is some anxiety among parents/carers, who think they would be responsible for transporting their child to a consolidated inpatient Paediatric unit.

Proposed location of services

Agreement with the proposed location of services

6.132 The North East Lincolnshire Overview and Scrutiny Committee was generally supportive of the approach and direction of travel set out in the proposals.

Concerns around the proposed location of services: general

6.133 Some political stakeholders expressed a sense of unfairness and inequity in relation to the proposed consolidation of some complex services at DPoW. They anticipated a significant impact on SGH, and indeed the Scunthorpe area more generally, as a result of doing so. Moreover, there were some concerns about the impact the proposal on Hull and the wider area; specifically with respect to increased patient numbers and demand on local services.

6.134 The economic argument for keeping services as local as possible was raised during one of the North Lincolnshire Council group meetings, in addition to the positive societal and community impacts of doing so.

Concerns around the proposed location of services: travel and access

6.135 Travel and access was an issue raised in several meetings, not least in relation to transport infrastructure. Frequent closures and disruptions on the M180, A180, and Humber Bridge were a cause for concern, as was the quality of the roads toward Grimsby making for uncomfortable journeys.

6.136 The reliability of public transport was discussed at one of the North Lincolnshire Council group meetings. Members questioned whether local authorities should prioritise getting people to work or patients to hospital.

6.137 The Integrated Children's Trust highlighted how increased travel times to DPoW could negatively impact families in the Scunthorpe area, particularly those with children with long-term conditions who may need go to hospital more regularly. Participants asked about the availability of transport support, and whether families could choose to go to a different site (Doncaster for example) instead of DPoW.

6.138 There was also some concern around transporting elderly, frail individuals, and children who need specialist care, between sites as they can quickly destabilise. The North East Lincolnshire Overview and Scrutiny Committee questioned whether there is 100% confidence that these individuals could be safely transferred.

6.139 Some comments also concerned potentially difficult travel for visitors, and the detrimental effect this could have on patient recovery.

6.140 Other comments on travel and access were as follows:

- The East Riding of Yorkshire Council discussed the long distances Goole-based patients are currently travelling for outpatient appointments at DPoW, and the negative impact this is having on families.
- One of the North Lincolnshire Council groups noted the poor connectivity between outlying villages and Scunthorpe, let alone Grimsby.
- Members of the Lincolnshire County Council Overview and Scrutiny Committee felt there is insufficient detail in the transport action plan.

Concerns around the proposed location of services: staffing issues

6.141 There was some cynicism around the idea of rotational posts: attendees at the North Lincolnshire Health and Wellbeing Board meeting were unconvinced that this would work and worried that all specialist staff would be relocated to DPoW, leading to a de-skilled workforce at SGH.

Concerns around the proposed location of services: potential future impacts and capacity/infrastructure impacts at DPoW

6.142 Other key issues related to capacity and a potential increase in waiting times at DPoW; the long-term viability of SGH; and the consolidation of services at DPoW being something of a 'fait accompli' given the poor condition of some buildings at SGH.

6.143 During the North Lincolnshire Health and Wellbeing Board meeting, the potential negative impact of consolidating services at Grimsby on public perception was discussed. It was felt that Scunthorpe residents could lose faith in SGH, not knowing if it can provide the treatment they need, possibly creating a barrier to accessing care. Public misconceptions, such as residents thinking they must attend DPoW for all services, could also act as a barrier.

Equalities issues

Equalities issues: general

6.144 Several groups worried that vulnerable families on low incomes or living in deprivation in the Scunthorpe area would experience greater difficulties visiting inpatients at DPoW due to a lack of vehicle access and the cost of public transport.

Equalities issues: inpatient Paediatric services

6.145 The North Lincolnshire Health and Wellbeing Board raised safeguarding concerns. It felt particularly worried about whether the changes would impact on the ability to safeguard vulnerable children (and adults) if they are taken to hospital within a different local authority.

6.146 The impact of consolidating paediatric services at DPoW for families with multiple children was discussed at one of the North Lincolnshire Council group meetings. It was said that the increased distance for those in the Scunthorpe area would affect visiting, family dynamics, and the ability to 'parent' children other than the one in hospital.

> *"You can't nip home to do the school run." (North Lincolnshire Council group meeting)*

6.147 The Integrated Children's Trust felt that single-parent households with multiple children may struggle more to support both a child in hospital and a child or children at home.

> *"Families cannot offer emotional support to a child in hospital in Grimsby whilst their other children are at home" (Integrated Children's Trust)*

6.148 Another concern expressed by the Integrated Children's Trust was around the support available to young inpatients with eating disorders, especially those who experience numerous re-admissions. It was thus suggested that DPoW should be able to link with wider services across boundaries to support these children if the proposals are approved.

Equalities issues: Humber and North Yorkshire Inclusion Assembly meeting

6.149 The Humber and North Yorkshire Inclusion Assembly, which represents people with one or more protected characteristic, asked whether the proposals have been designed to reduce health inequalities, emphasising that minority groups should be considered during all service changes to remove barriers and make healthcare more accessible. Possible equalities impacts of the proposal were considered during their discussion and are outlined below.

- Distance between sites would have a greater impact on older people without access to transport; people impacted by deprivation and/or on low incomes; and women, as they are more likely to be primary carers.
- The changes could have a disproportionate impact on disabled employees and/or those who require reasonable adjustments in the workplace because they would have fewer prospects for promotion and career enhancement if they are unable to move easily between sites; and cross-site working may not be as easy for a person with a disability as an able-bodied colleague.
- Some participants noted that a significant proportion of transgender people avoid seeking healthcare, particularly in a new setting, due to a fear or previous experience of discrimination from healthcare providers. This leads to worsening health inequalities and, subsequently, worse outcomes.
- Finally, some emphasised the need to consider equality considerations as part of service design at the outset, and not as an afterthought.

Alternatives and mitigations

Suggested alternatives

6.150 The North Lincolnshire Overview and Scrutiny Committee suggested an alternative approach of consolidating some of the complex specialist services at DPoW and others at SGH to reduce the local impact on Scunthorpe.

6.151 One of the North Lincolnshire Council groups felt that consolidating services at SGH would be more sensible as SGH is more central than DPoW.

6.152 Although not an alternative per se, it was asked whether the ICB could take advantage of the staff specialism in stroke at SGH and develop a stroke 'centre of excellence' at the site.

Suggested mitigations

6.153 Suggested travel and access mitigations included providing free car parking to people travelling from SGH to DPoW; helping visitors with transport to DPoW; and simplifying the process to reclaim travel expenses.

6.154 A member of the Humber and North Yorkshire Inclusion Assembly suggested providing a Trust-run taxi service that generates revenue to subsidise other journeys, rather just running a shuttle bus between sites.

6.155 In terms of staffing mitigations, improving the joint-working and sharing of resources across the north and south bank was suggested.

6.156 The East Riding of Yorkshire Council suggested allowing patients to choose whether they would prefer to wait longer for specialist medical input rather than be transferred to a hospital further away. It also advocated clinicians moving around instead of patients.

7. Written submissions

7.1 During the consultation process, 30 formal written submissions were received as below.

Table 10: Summary of submissions received

NHS AND HEALTHCARE ORGANISATIONS	
Lincolnshire Integrated Care Board	
South Yorkshire Integrated Care Board	
North East Lincolnshire Health and Care Partnership	
Yorkshire & Humber Paediatric Critical Care Operational Delivery Network	
Hull University Teaching Hospital NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	
Leeds Children's Hospital	
East Midlands Ambulance Service NHS Trust	
Yorkshire Ambulance Service NHS Trust	
The Roxton Practice, St Hugh's Hospital, and Illumina Diagnostics	
LOCAL AUTHORITY HEALTH BOARDS AND SCRUTINY COMMITTEES	
Humber and Lincolnshire Joint Health Overview and Scrutiny Committee, *including individual responses from…*	East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee
	Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee
	Health Scrutiny Committee for Lincolnshire
	North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel
Health Scrutiny Committee for Lincolnshire [submitted an identical response to the overall Joint Health Overview and Scrutiny Committee]	
North Lincolnshire Health and Wellbeing Board	
Overview and Scrutiny Committee for Doncaster City Council [did not provide specific feedback]	
LOCAL COUNCILS AND ELECTED REPRESENTATIVES	
Barton Upon Humber Town Council	North Lincolnshire Council (Ashby Lakeside ward)
PATIENT PARTICIPATION GROUPS	
Killingholme Surgery Patient Participant Group	
Oswald Road Medical Centre Patient Participation Group	
INDIVIDUAL SUBMISSIONS	
12 individual residents	

7.2 ORS has read all the written submissions and reported them in this chapter. Individual responses have been reviewed in a thematic, summary format in order to identify the range of views and issues as well as common

themes. Others that have presented unique or distinctive arguments, that refer to different evidence, or were submitted on behalf of organisations and individuals representing groups of people, have been summarised individually for accessibility and to highlight their main arguments and any alternative proposals.

It is important to note that the following section is a report of the views expressed by submission contributors. In some cases, views may not always be fully supported by the available evidence and while ORS has not sought to highlight or correct incorrect statements or assumptions, this possibility should be borne in mind when considering the submissions.

Summary tables of themes from individual written submissions

7.3 The main themes emerging from the written responses received from individual respondents are outlined in the summary tables below.

Proposed model of care

7.4 Several respondents disagreed with the proposed model of care. They suggested improving and increasing services at SGH, and that monetary investment would be better directed toward improving staffing levels.

Table 11: Summary of main themes raised in written submissions – suggestions

Sub-Theme	Example Comments
Local hospitals should retain all essential services	*…All hospitals should provide equal available and reliable services to all patients, young and old and not just to some especially in areas that are within easy reach already…* *Our local hospital [SGH] should stay as it is. And be given more services, rather than removing them…*
Money should be spent upgrading Scunthorpe General Hospital instead	*…Just upgrade Scunthorpe instead of ideas that will cost a lot more than thought and still not provide a decent service. Just the cost of all this consultation would go along way on improving Scunthorpe hospital…*
Money should be spent solving staffing issues instead	*… instead of paying huge amounts for agency staff it should be directed at permanent loyal staff in all areas to ensure by employing and supporting steady reliable loyal staff will be cheaper in the long run…*

7.5 One individual, however, acknowledged the rationale behind the model of care, stating that "… I would love in an ideal world for all services to be at both hospitals however I understand and appreciate that it can't happen…".

Concerns about the proposed location of services: travel and access

7.6 In terms of the proposed location of services, similar themes were raised as in the other consultation feedback channels, including issues around travel and access. Some respondents disagreed with the proposal

to consolidate the particular services at DPoW, citing an overstretched ambulance service, a lack of patient transport, and difficult access to the site as reasons why.

Table 12: Summary of main themes raised in written submissions – travel and access

Sub-Theme	Example Comments
Potential lack of transport provision/ambulances	*Don't see how there will be enough transport provided. It won't happen and people will struggle…* *…Ambulances are going to be stretched beyond belief trying to get patients to DPoW along with all the patients that don't actually need an ambulance…*
Accessibility of DPoW by public transport	*…Lincolnshire is a vast rural area therefore not possible to rely on valid and reliable public transport which makes it virtually impossible to travel for treatments to outpatient departments or visiting sick patients...*
Accessibility of DPoW by car	*…The M180 is always a terrible road for road works and if there is an incident on this road the main artery road for delivering patients will now have been compromised, this will also be magnified by more people heading that way for their procedures…*

Concerns about the proposed location of services: staffing issues

7.7 Recognising existing challenges like waiting times within the NHS, a few respondents were sceptical that DPoW could manage an increased workload. Furthermore, concerns were raised about the risk of staff becoming 'de-skilled' at SGH if services are moved to DPoW.

Table 13: Summary of main themes raised in written submissions – staffing

Sub-Theme	Example Comments
Potential to exacerbate existing capacity issues at DPoW	*…these staff [at DPoW] cannot cope it's the slowest conveyor belt I don't think it could go any slower… Unless you are planning to take on lots more already trained staff this is a stupid idea…*
Potential for de-skilling of staff at Scunthorpe General Hospital	*…What happens if there is a major incident at BOC or the steel works? There won't be enough staff at SGH to deal with it and they will have de-skilled in a lot of the different specialities…*

Equalities issues

7.8 Some respondents raised concerns around the impacts of additional travel to DPoW on specific groups such as older people and those who cannot drive.

Table 14: Summary of main themes raised by individual respondents – equalities issues

Sub-Theme	Example Comments
Impacts of additional travel on specific groups (e.g., older people, those unable to drive)	*…People over 70 years of age worry about transport problems and find it very difficult to cope with the treatment of the type I have received or being able to foot the expense of taxis when you do not arrange transport…* *…I personally do not drive on motorways or long distances and public transport is not sufficient in our area, family or friends are not available so that option is also not reliable, and we need to keep our independence at all times…* *…My partner had to drive to Scunthorpe at nearly midnight with me to get a prescription at Boots. It was agonising I thought I would never get there. I could not drive, what if someone else could not?...*

7.9 In addition to their feedback on the consultation, one respondent suggested that the LGBTQ+ community faces a number of barriers when accessing NHS hospital services, including that they often do not feel acknowledged for "who they are." The respondent suggested "*mandatory training for all NHS staff on LGBTQ+ and how people should be treated…*".

The consultation process

7.10 Finally, there was some frustration that Goole was not involved in the consultation proposals. One respondent stated that "*you are more interested in North Lincolnshire than the East Riding*".

Summaries of detailed submissions

7.11 As previously mentioned, some written submissions have been summarised in more detail to highlight their main arguments. Those reported here have been chosen either because they cite sources of evidence or raise 'different' issues to those repeated by a number of respondents, or because they represent the views of larger groups of people.

7.12 The detailed written submissions do not lend themselves to easy summary and so readers are encouraged to consult the remainder of the chapter below to read a full account of the views expressed, and to refer to Appendix IV to see the full documents. Nonetheless, the following summary of key findings gives a sense of the types of issues raised - a 'summary of summaries'.

7.13 Several respondents (East Midlands Ambulance Service NHS Trust; Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust; Leeds Children's Hospital; Lincolnshire Integrated Care Board; North East Lincolnshire Health and Care Partnership; Yorkshire Ambulance Service; and the Roxton Practice, Illumina and HMT Hospitals) fully understood the case for change and endorsed

both the proposed model of care and the consolidation of the four specific services at DPoW. The proposals would, it was felt:

- Enable patients to access more specialist care, including at weekends.
- Help overcome long-standing recruitment and retention challenges.
- Deliver more sustainable future services that meet national clinical standards.
- Consolidate and enhance staff skills and competencies.
- Offer best value for money.

7.14 Others (Doncaster and Bassetlaw Teaching Hospitals Foundation Trust; East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee; Humber and Lincolnshire Joint Health Overview and Scrutiny Committee; South Yorkshire Integrated Care Board; North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel; and the North Lincolnshire Health and Wellbeing Board) understood the rationale for the proposals, but also had concerns about their implications – as outlined below.

7.15 Some other stakeholders though, mostly or wholly rejected the case for change and the proposals themselves, (including Barton upon Humber Town Council, Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee; Health Scrutiny Committee for Lincolnshire; Killingholme Surgery Patient Participant Group; Oswald Road Medical Centre Patient Participation Group; and the North Lincolnshire Councillors from Ashby Lakeside Ward).

7.16 A key concern was the impact of the proposed changes on acute activity within neighbouring Trusts, who themselves are under existing pressure (though it should be noted that concerns were typically raised on behalf of neighbouring Trusts, who themselves were largely happy with the proposed changes). Travel and access considerations were also prevalent, particularly in relation to some patients' ability to get home from a more distant hospital on discharge; difficult and costly journeys (especially by public transport) for patients and visitors from Scunthorpe and surrounding areas; the impact of longer journeys on wider ambulance response times and patient outcomes; and the need for a safe and effective transfer service between acute sites.

7.17 Other concerns were around the impact of the proposals on:

- The long-term sustainability of SGH and acute services in the region more widely.
- The de-skilling of local workforces in Scunthorpe and surrounding areas.
- Bed capacity, appointment availability, and parking at DPoW.
- Staff retention due to longer commutes.

7.18 A number of specific concerns were raised by the Yorkshire & Humber Paediatric Critical Care Operational Delivery Network, namely: the risks and impacts of displacing paediatric inpatients, especially those at level 1 or 2, from SGH; the risks of transferring increasing numbers of sick children (including those on long-term ventilation) between sites, and further away from specialist tertiary provision in Sheffield; the impact on the

Embrace[15] transport service of longer journeys to Grimsby from its base in Barnsley; and the challenges of recruiting the required skilled and experienced staff for a secondary paediatric transport service. It also stressed the need to learn from other areas that have implemented a similar model.

7.19 Across the submissions, several other issues for consideration were raised, including:

- The need to ensure collaborative implementation if the proposals are approved, including with primary, community, social care, and voluntary, community and social enterprise (VCSE) sector partners to ensure acute services are effectively supported by out-of-hospital services.
- The need to ensure patient records held by one Trust are easily accessible by another if patients are transferred across boundaries.
- The need to consider potential detrimental impacts on certain groups, such as elderly and disabled residents; residents with learning difficulties and/or mental health difficulties, residents for whom English is not their first language; those without access to their own transport and/or are ineligible for support with transport; deprived communities more widely; and those in particular geographies (like Scunthorpe and surrounding areas, and north Lincolnshire).

NHS and healthcare organisations

Hull University Teaching Hospitals (HUTH) NHS Trust and Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust

7.20 HUTH and NLaG face a number of challenges that impact on their ability to provide high-quality, sustainable hospital services:

- The way services are organised leads to inefficiency, double-running, and makes it difficult to meet national clinical standards.
- Services do not deliver NHS Constitutional Standards or performance standards, particularly in relation to waiting times and patient access.
- Staff are spread too thinly, and recruitment and retention is difficult.
- The Trust faces significant financial challenges and is not delivering efficient services due to their site reconfiguration and service models.

7.21 In terms of addressing these challenges, HUTH and NLaG fully support the proposed model of care, which they believe will provide several key benefits for patients and help ensure sustainable future services. In particular, they feel that consolidating specialist teams will help tackle long-standing recruitment and retention challenges and "*enable NLaG to meet key clinical standards, such as delivering seven-day consultant-led services across northern Lincolnshire*".

7.22 HUTH and NLaG recognise that further detailed engagement with clinical and operational teams will be needed to ensure any changes are implemented efficiently, effectively, and safely. If plans are approved, HUTH and NLaG also trust that the ICB will continue to work with colleagues across the region to develop

15 Embrace is a highly specialist, round-the-clock transport service for critically ill infants and children in Yorkshire and the Humber who require care in another hospital in the region or further afield.

detailed plans for implementation, the success of which will be reliant on key dependencies with pre-hospital and out of hospital care, as well as services provided by partners in the primary, community, social care, and VCSE sectors.

Lincolnshire Integrated Care Board (ICB)

7.23 The Lincolnshire ICB has no material concerns about the proposals, understanding that Lincolnshire residents in the north of the Lincolnshire ICB geography who access these services within NLaG would, if the proposals were to be implemented, experience different pathways.

7.24 The only issue of concern raised by the Lincolnshire ICB is the potential impact of around 90 trauma patients per annum being taken to Lincoln County Hospital. If the proposals are approved, the Board requests further discussions on the trauma pathway so it can start exploring ways to work in partnership to implement any final agreed changes and assess and respond to their impacts.

South Yorkshire Integrated Care Board (ICB)

7.25 The South Yorkshire ICB is reassured that the number of people potentially affected by the proposals in its area is relatively low, and supports the approach that where possible, local pathways should be maintained.

7.26 However, there is some concern that the proposed consolidation of trauma services will mean an increase in trauma attendances within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), and that implementation of the wider proposal will result in a small number of other pathway changes for South Yorkshire residents. DBTH is said to be under significant pressure from an urgent and emergency care perspective, and so the South Yorkshire ICB advocates further work around impacts and mitigations. It is also keen to support dialog with EMAS to work within the 10-minute threshold for border cases to minimise the implications for additional patient flow to DBTH.

7.27 The South Yorkshire ICB is keen to ensure that primary care, community services, and local communities in Doncaster and Rotherham are well informed about the proposed changes and their implications. It therefore seeks reassurance that the onward change process will include a robust engagement approach.

7.28 The South Yorkshire ICB is reassured that there will not be any impact on existing children's specialist pathways into Sheffield Children's NHS Foundation Trust, and that NHS Humber and North Yorkshire ICB is working with partners to identify how best to mitigate and manage potential risk for level 1/2 high dependency children that would require transfer from SGH to DPoW, and then onward to Sheffield if required.

North East Lincolnshire Health and Care Partnership (HCP)

7.29 The North East Lincolnshire HCP recognises and endorses the case for change to secure the provision of sustainable acute services. It also supports the proposed model of care and has a strong preference for bringing together the proposed urgent and emergency services at DPoW. The HCP also understands that there will be a review of the future of maternity and related services, and planned care, and urges that these are concluded quickly so it can better understand the totality of any changes.

7.30 The HCP feels that meeting assumptions around patient activity levels, patient flows, and process efficiency improvements is critical to delivering the stated benefits of the proposed model of care. In this respect, it

sees a need to set out range of actions or interventions outside the acute hospital setting. While recognising that some of the actions to deliver the assumptions are solely within the control of NLaG, it is said that many can only be met by the collective actions of the HCP.

Leeds Children's Hospital

7.31 Leeds Children's Hospital describes the proposed change as a "very sensible and measured proposal". It feels that from a tertiary care position "*it makes sense to have a more combined in-patient secondary care paediatric unit to increase knowledge in both nursing and medical workforce and therefore improve clinical care*".

East Midlands Ambulance Service NHS Trust (EMAS)

7.32 EMAS understands the rationale for the proposals, acknowledges the benefits to patients and wider NHS delivery, and recognises that they will enable patients to access more skilled specialist care, deliver more sustainable staffing models, and offer best value for money.

7.33 EMAS recognises that a small number of patients will be affected by the consolidation of services at DPoW. However, if someone from in or around Goole or Scunthorpe were to require a trauma unit or major trauma centre, EMAS says it will "*continue to utilise appropriate trauma pathways to convey to the most appropriate destination as we currently operate*".

7.34 EMAS is grateful that the potential impact of the proposed changes on EMAS resourcing has been acknowledged and hopes that recognition of a required increase will be enough to mitigate the impact of longer journeys on wider ambulance response times and patient outcomes. It is also keen to explore further opportunities with the ICB and acute partners to provide a safe transfer service between the acute sites; and to ensure EMAS can maximise patient outcomes without a detrimental effect on system flow and on neighbouring acute organisations that may receive additional activity.

Yorkshire Ambulance Service NHS Trust (YAS)

7.35 YAS recognises the increasing patient demand in the area, along with the increasing complexity of patients' conditions. The Service also recognises the challenges of staff recruitment and retention in the NHS, and the limited capital funding available to invest in and improve buildings and estate.

7.36 YAS strongly agrees with the proposal to keep most urgent and emergency care services for most patients at both SGH and DPoW, ensuring availability of services close to local populations. For more complex and specialised services, YAS strongly supports providing these in one location, recognising the clinical and patient benefits and sustainability of running them together as one service.

7.37 YAS says that locating the proposed services at DPoW may lead to some extended journey times for a small number of patients, and a subsequent impact on crews returning to their base station. However, given the likely numbers of patients involved, the impact for YAS is expected to be small and *"… given our core geographical footprint of Yorkshire and the Humber, we would be expecting to convey patients from the potential catchment area for these four specific services to either Hull Royal Infirmary or Doncaster Royal Infirmary*". YAS says that previous experiences of reconfigurations of services have not led to any significant issues and its staff have the knowledge and experience to identify the most clinically appropriate destination for patients.

7.38 In terms of particular groups or people that might be affected by the possible changes being considered, YAS feels that there are likely to be transport challenges for patients who are not treated at their local hospital; and that some groups of patients may be disadvantaged by NHS England changes to the eligibility criteria for those able to claim for support with transport.

Roxton Practice, Illumina Diagnostics, and HMT Hospitals

7.39 The Roxton Practice, Illumina and HMT Hospitals support the proposals but would be keen develop a working relationship with the acute sector to explore:

- How, as a partnership, they could compliment and add value to acute care pathways through personalised bespoke solutions and improved continuity of care.
- How they can work with acute providers to develop single comprehensive pathways for people from primary care, through diagnostics, pre-hab, surgery, and through to re-hab.
- Specialist pathways for patients with complications due to dementia and frailty; and the provision of enhanced community support to these individuals to reduce their lengths of stay in the acute sector and improve their personal experience and outcomes.
- The potential role of the independent sector in improving workforce recruitment and retention in assessment, imaging, investigations, and diagnosis; and how it could help to reduce locum and agency staff bills within the acute sector.
- How the current and future 'out of hospital' estate could be used more effectively to manage outpatient and low risk inpatient work to create more capacity on the DPoW site, which is likely to experience increased demand through managing more complex cases needing acute sector support.

Doncaster and Bassetlaw Teaching Hospitals Foundation Trust (DBTH)

7.40 DBTH understands the rationale underpinning the proposals and appreciates the challenges faced by the Humber and North Yorkshire Integrated Care Board (ICB). However, it has some concerns.

Understanding total potential additional activity at DBTH

7.41 DBTH says that the proposed changes will impact on some patient populations who currently choose to receive care at SGH but who will subsequently be geographically equidistant to Doncaster Royal Infirmary (DRI). Therefore, it anticipates a significant impact on activity, with modelling suggesting between 44 and 104 trauma patients annually across the Trust. DBTH is said to be under significant pressure from an urgent and emergency care perspective, so further work is needed around impacts, mitigations, and minimising the implications for additional patient flow.

Impact on 'out of area' patient outcomes

7.42 While acknowledging that the proposals set out the intention for patient pathways to stay local, DBTH considers it unclear whether public/patient behaviour has been accounted for in the modelling. That is, the Trust anticipates that some patients would choose to self-present at DRI rather than risk being transferred to DPoW, due to the distance from home. As a result, DBTH would require additional beds, and funding for them, as well as special agreements with social care providers across NHS Humber and North Yorkshire to minimise discharge delays.

7.43 DBTH also says that care for patients out of area tends to be prolonged, due to limited access to records in different systems often leading to repeat investigations.

Impact on capital/estate depreciation

7.44 DBTH says that if changes are made to patient flow that would see increased numbers of patients arriving at DRI, the DRI estate cannot support the additional activity without relevant capital investment to ensure it can be delivered safely. There is concern that, at present, there seems to be no provision for this.

Workforce, education and training

7.45 DBTH is concerned that the proposed changes may negatively impact locally trained people (with fewer people being trained in the specialities concerned local to Scunthorpe and Doncaster) and, potentially, future workforce provision. It also seeks assurance that there is full support from the Yorkshire and Humber NHS England Team for any impact on doctors in training from this proposed change to service delivery models.

Engagement, communications and patient behaviours

7.46 DBTH suggests that one of the most significant challenges with the proposed changes is how they will be communicated and how patient populations respond. It says it is already anecdotally experiencing more patients presenting at DRI by choice from the most affected geographic area, and wants to keep this under review.

Yorkshire & Humber Paediatric Critical Care Operational Delivery Network

7.47 The Network says that demand for paediatric services is increasing year on year, and the increased acuity and complexity of patients should mean all provider trusts enhance existing services for children and young people. It feels that the risks of the proposal to consolidate inpatient paediatrics outweigh any benefits to staff, patients, and their families for the following reasons.

Displacement of paediatric critical care (PCC) level 1/2 inpatients cared for at SGH

7.48 The Network has concerns around the risks of displacing all paediatric inpatients, particularly those at PCC level 1/2, from SGH, and the resultant impact on the child, their family, and interdependent services. Audit data collected by the Network during the 2022/2023 three-month winter period shows that:

- SGH cared for more patients meeting the audit criteria than DPoW (57 versus 34).
- Excluding Leeds and Sheffield Children's Hospitals, SGH provided most 'level 2 bed days' across all the District General Hospitals within Yorkshire & Humber.
- SGH is the largest level 1/2 PCC provider feeding into Sheffield Children's Hospital, in the south of the Yorkshire & Humber region.

7.49 The Network says that the loss of paediatric inpatient care in SGH "will almost certainly affect flow of level 1 & 2 paediatric critical care patients across the system, displaced from a service which has proven to successfully provide high quality care close to home for many years".

7.50 In terms of transfer for ongoing patient care, future modelling suggests that three inpatients per day from Scunthorpe would require transfer, 0.6 as PCC level 1/2 children, and the remaining as low dependency (non-

critical care). The Network is concerned that these children will not benefit from Hospital@Home services or other alternative models of care and will continue to require high quality inpatient care close to home.

7.51 The Network also feels that the proposed model of care does not support a move toward 'green' and sustainable services within the NHS due to longer distances travelled, and a financial burden for families travelling frequently to visit their children.

Transfer of PCC level 1/2 critically ill children between hospital sites, and further away from specialist tertiary provision

7.52 The Network says that transfer of PCC patients always carries a certain amount of risk. It is particularly concerned for level 2 patients, who can be considerably unwell and unstable when presenting to hospital. In this context, the Network highlights that:

- Current PCC guidance suggests that should any patient moves be necessary between hospital sites for capacity reasons, the most stable patients should be reassessed and moved, rather than incurring the risk of transferring a critically ill or unstable patient. In a hub (tertiary) and spoke (DGH) model, pathways do not recommend transfer of level 1/2 patients between hospital sites due to the potential for deterioration.
- Regional and national pathways support that a child who requires escalation of care is transferred to a tertiary paediatric service, then stepped down to level 1/2 care. The Humber Acute Services model proposes paediatric inpatient moves from SGH to DPoW, "30 miles further away from Specialist tertiary and Paediatric Intensive Care at Sheffield Children's Hospital."
- Most existing pathways for escalation of care for children from NLaG are delivered at Sheffield Children's Hospital. The Humber Acute Services model would see level 1/2 PCC patients displaced from Scunthorpe and likely to be transferred to Sheffield Children's Hospital, where they would be utilising regional/tertiary High Dependency Unit beds, reducing the availability of those beds to acutely unwell children in other hospitals across the region.
- Any loss of loss of paediatric inpatient beds directly affects flow out of paediatric intensive care, with reduced step-down capability and less turnover of level 3 beds.
- While HUTH provides tertiary care to neonates and is a regional adult Major Trauma centre, it does not provide enhanced provision for children aged 0-16 years over and above the care delivered at SGH and DPoW.

Concerns around a secondary transfer service in Yorkshire & Humber and/or any additional impact on Embrace Specialist Transport service

7.53 The Network feels that the loss of paediatric inpatient beds at SGH may impact on the Embrace Specialist Transport service when being asked to move displaced PCC level 1/2 patients from SGH to Sheffield Children's Hospital or other level 2 providers.

7.54 The Humber Acute Services model proposes a secondary paediatric transport service to facilitate the transfer of paediatric patients requiring ongoing inpatient care from SGH to DPoW, some of whom will require continued nursing, medical and/or anaesthetic care to facilitate a safe transfer. This service would be required to meet the same standards as set out by the NHS England Paediatric Critical Care Transport Service Specification. The Network says that recruitment of skilled and experienced nursing and medical staff, and

the engagement of Anaesthetic colleagues who have maintained paediatric experience, confidence, and competence will be very challenging, and "*may compete for the same small pool of nursing and medical staff employed by Embrace*[16]".

7.55 Moreover, it is said that if paediatric inpatients are moved to DPoW, then require tertiary PCC, Embrace would be required to undertake a longer journey to Grimsby from its base in Barnsley to support stabilisation and transfer. This will increase the time taken to reach the patient and time away from base.

The impact on long-term ventilated (LTV) patients, as a rapidly increasing patient cohort

7.56 The Network states that the number of children requiring long-term ventilation (LTV)[17] has grown exponentially over the past five to ten years, and that they often have comorbidities and complex health needs, requiring specialist input from multiple speciality teams. Data collected by the Network shows that a high proportion of level 2 care at SGH consists of LTV activity, when compared against other similar services.

7.57 The Network does not support the move of LTV patients to DPoW– a service "without the relationships and less experience (than SGH) of caring for this patient group within their children's ward." It also feels that families are unlikely to want to actively move their child further away from the specialist and tertiary services whose care they are under.

7.58 The Network also does not support moving these children to Sheffield Children's Hospital and away from the care closer to home model "*which is delivered successfully as things stand in Scunthorpe*". Neither does it consider it sensible to move them to Hull, where families have no access to their local specialist nursing, education, and community services, or a link to their tertiary teams in view of Hull paediatric services linking with Leeds rather than Sheffield Children's Hospital.

Consequences of reconfiguration: learning from other models

7.59 In seeking to understand the risks and benefits of the proposed changes, the Network engaged with others who have implemented a similar model (though it does not specify who or how many other organisations). It highlights the following consistent findings.

- Service reconfigurations were implemented due to a critical lack of necessary and suitably skilled staff and interdependent services. This is not the case in Scunthorpe.
- Transfer of stable patients was to a site an equal distance from, or closer to, tertiary specialist paediatric services. The HASR model moves children further away.
- No established services successfully providing level 2 PCC were lost in other models.
- Short stay assessment teams became skilled in the rapid assessment of children, with confident decisions to discharge or transfer.
- The short stay assessment model was successful for most patients, but those requiring transfer for admission had "an awful patient experience" with disjointed care.

16 Embrace is not commissioned to provide a service for the transfer of non-critical care paediatric patients.

17 LTV is classified as a level 2 PCC activity, and needs can range from a child requiring additional non-invasive ventilatory support at times of sleep, to being invasively ventilated 24/7 via a tracheostomy.

- The provision of additional paediatric inpatient beds at the receiving hospital site did not materialise due to an inability to recruit paediatric nursing staff. This resulted in either moving patients across the region, or consultant-led decisions to keep the child beyond the short stay period, believing that the risk of a transfer was too great.
- At one site, the conversion rate for admission of children presenting to their short stay unit was as much as 30%, with up to two-thirds of these patients being transferred to the tertiary centre, rather than their Trust's own paediatric inpatient site.
- The regional Paediatric Specialist Transport service facilitated transfer of many patients, despite not being commissioned to do so, and where level 3 patients took priority there was no transport and/or a prolonged wait for the next available team.
- Sites that are not regularly providing elective surgery (whereby anaesthetic teams are not regularly anaesthetising and managing children) saw an increase in adverse incidents when critically ill or injured children presented to their care needing to be resuscitated and stabilised.
- All teams spoken to wanted to reverse their service reconfiguration due to increasing patient numbers, increased acuity, transfer and transport risks, and strong feelings around adverse patient and family experience.

Health Overview and Scrutiny Committees

Doncaster City Council Overview and Scrutiny Committee

7.60 The Overview and Scrutiny Committee at Doncaster City Council responded to say it had no comments on the proposals.

Health Scrutiny Committee for Lincolnshire

7.61 The Committee does not fully accept the rationale for change and is not convinced by the proposals put forward. It suggests that one of the key drivers to consolidate some services at DPoW was the substantial capital funding required for improvements at SGH and that "*this is an example of the NHS providing a service within its available resources, rather than a better service, as factors such as staff availability and building costs are the key determinants*".

7.62 The key comments made by the Committee were as follows:

- While it is recognised that patients affected by the proposals would often be transported to hospital by ambulance, there is concern that when they are discharged, they will need transport. The Committee says that many people in Gainsborough and the surrounding area, who currently use SGH and rely on public transport, will be adversely affected through more difficult and expensive journeys from DPoW to the Gainsborough area. This will have a negative impact on deprived communities.
- It is not convinced that these proposals will have limited impact on the services provided by neighbouring trusts and intends to request monitoring information if they are implemented.
- The Committee recognises that for NHS purposes, Greater Lincolnshire has always been divided into two separate NHS regions and feels that this approach has not always helped the overall planning for NHS services. It highlights this through the example of two previous stroke service

consolidations, which have resulted in the concentration of hyperacute and acute stroke services in the west of Lincolnshire at SGH and Lincoln County Hospital respectively. This remains a concern, and the Committee feels that decisions on the proposals should consider the wider impacts on the NHS, across NHS regional boundaries.

- It welcomes the fact that cardiology patients will receive an improved service, including at weekends, where patients attending SGH would have access to cardiologists sooner than currently. It also notes the provision of step-down services for cardiology patients, and the fact that local facilities would be used for rehabilitation where appropriate.
- It would like reassurance that that efforts will continue to ensure that patient records held by one part of the NHS remain or become accessible to other parts of the NHS.
- It is disappointed that no consultation event was initially planned in the administrative county of Lincolnshire. While it acknowledges that two events were subsequently held, the Committee feels that the 'last-minute' arrangement of these two events may have limited the overall number of responses to the consultation from these areas. Furthermore, it queries the extent to which these events engaged with the public, rather than simply provided an opportunity to circulate questionnaires and other information.
- The Committee also suggested that a leaflet be delivered to every household in the affected areas drawing attention to the consultation. The absence of this, it feels, raises a question over the adequacy and inclusivity of the consultation.

Humber and Lincolnshire Joint Health Overview and Scrutiny Committee (JHOSC)

7.63 The JHOSC fully understands the rationale for the proposals, both in terms of the challenges that the health and care system faces, and the desire to provide the best possible services. The Committee welcomes proposals that improve services for residents and can see the merit in some aspects like moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms. Despite this, it has a number of concerns about the implications of the consultation proposals.

7.64 The common conclusions are summarised here, followed by the individual responses from constituent scrutiny committees.

Travel implications and health inequalities

7.65 As part of the documentation supporting the consultation, the ICB published an Integrated Impact Assessment which identifies:

- 'Potential increased stress and anxiety for both patients and family members from North Lincolnshire' if services were transferred to DPoW.'
- 'A potential negative impact on families/carers living in the North Lincs and/or Goole area in being able to visit, as DPoW is further away.'

7.66 The JHOSC says it raised this issue with the ICB and was told that the proposals represented a 'least worst' model in that the alternate model of centralising some services at SGH rather than DPoW would result in higher number of people travelling (and increased stress and anxiety). Regardless, the JHOSC says it cannot support proposals which increase health inequalities around accessibility; and also feels that the Integrated Impact Assessment is "*wholly incomplete*", with whole sections left blank.

7.67 The JHOSC notes the creation of a 'multi-agency transport working group' to address the transport and access issues but feels strongly that this work should have been developed prior to consultation, so solutions were clear to all.

Long-term sustainability of services

7.68 The JHOSC is concerned that the proposed changes will impact on the long-term sustainability of SGH and local acute care generally. It also feels that the future model of care for residents is largely unclear and feels that these proposals "*will not resolve the financial or infrastructure issues … we face locally*".

Consultation process

7.69 The JHOSC is concerned that the consultation process was launched prior to a range of issues being resolved. Whilst it acknowledges that the relatively lengthy implementation period will allow this work to be completed, it would have been better, in its view, to complete it and allow for a fully informed consultation. Some of the issues highlighted include:

- The development of multi-agency transport solutions, arising from the additional need to travel for many patients and visitors, including funding implications.
- The increased need for ambulance provision.
- The need for a long-term, funded plan for the capital estate.
- The outlined steps to move some acute services into the community, including a sustainable clinical model for some outpatient care and diagnostics.
- The implications of the above on the capital sites at SGH, DPoW and other acute sites, with associated funding.
- A joint, integrated workforce and development plan.
- The safeguarding implications of centralisation of services.
- The detrimental impact on health inequalities for residents accessing services.
- The JHOSC does not agree with the ICB's position that these issues are matters for future discussion as some will require a fundamental shift of resources, primarily from acute to community settings.

Summary and conclusions

7.70 In summary, while understanding the rationale for them, the JHOSC believes the proposals to be "*significantly premature, potentially damaging to local healthcare services, and widely unsupported by informed representatives, including many clinicians*". The changes, it feels, will increase health inequalities and reduce choice and accessibility for patients.

Responses from Constituent Scrutiny Committees: East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

Quality of care

7.71 The sub-committee raises concern around the ability of family and friends to visit patients being treated further away and the impact of this on the patient experience. Moreover, transport more generally is a point of contention, with some Members concerned that the issue has not yet been given adequate consideration.

Consultation process

7.72 Though the extent of the consultation was generally praised, there were concerns about the lack of realistic alternatives presented beyond those proposed. Moreover, while Members were pleased to see that community groups were directly engaged with, they felt that responses from service-users would likely only be received from those currently affected, not future users.

Long-term sustainability of services

7.73 While supportive, East Riding of Yorkshire Council were keen to see how the proposed changes would affect workforce planning to ensure the long-term sustainability of acute services. Some Members feared that the changes proposed could lead to "*service reduction creep*" and an overall move to centralisation of more secondary care services.

Summary and conclusions

7.74 Despite some concerns, a net gain to quality of care was the consensus of Members, subject to effective implementation and appropriate forward workforce planning. As such, they presented no significant objections to the proposed changes and cautiously gave their endorsement.

Responses from Constituent Scrutiny Committees: Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee

7.75 Hull City Council's primary concerns are as follows:

- A number of staff commute from north of the River Humber to the Scunthorpe and Grimsby hospitals, and also across the south bank region. This may lead to some staff whose roles move/change leaving to secure a job closer to home, exacerbating the staffing situation.
- As the Humber Acute Services process has been ongoing since 2018, it is disappointing that local authorities have been engaged so late.
- If ambulance crews responding to an emergency in the west of the region are likely to take a patient to Lincoln, Doncaster or Hull rather than Grimsby, resulting in a knock-on effect at those hospitals, resources should be made available to them to ensure no degradation of service.
- The only proposal being considered involves the withdrawal of services; and should it be implemented only the statistical results will be considered and not the real impact on real people.
- Patient outcomes and recovery could be negatively impacted by the additional difficulty of having family visit due to difficult journeys using public transport, and the cost of additional travel. This would hit the most deprived residents hardest.
- Consideration of transport issues for patients and their families seems to be an after-thought, introduced at a very late stage of the process.

Responses from Constituent Scrutiny Committees: Health Scrutiny Committee for Lincolnshire

7.76 The Health Scrutiny Committee for Lincolnshire's component of this overall response is identical to that summarised earlier in this chapter, which it submitted separately.

Responses from Constituent Scrutiny Committees: North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel

Quality of care

7.77 The panel respects that the proposals are trying to achieve better outcomes through a 24/7 service and accepts that NLaG will be able to retain and develop staff, enabling them to maintain their competences. A further positive for the panel is that patients will be seen at weekends, shortening hospital stays and enabling people to return to their own homes as soon as possible.

7.78 The panel seeks reassurance that there would be at worst no detriment to patient flow, and at best an improvement due to the seven-day availability of senior decision makers.

7.79 The panel is concerned about the impact of the proposed changes on the ambulance service and response times; and seeks reassurance that capacity would be in place prior to any implementation. Ensuring clarity around which patient transport would be used to transfer people between sites and back to their homes is also recommended.

7.80 The panel also highlights the potential impact of the cost of additional travel on family and friends, understanding that outcomes are better for patients when they have visitors. Car parking provision is considered essential, and the panel would hope to see support for those without cars in making the journey to DPoW.

Consultation process

7.81 The panel welcomed the consultation documents, and the "*useful and informative*" sessions by the engagement team at the JHOSC and scrutiny panel meetings.

Long-term sustainability of services

7.82 The panel recognises that this is a five-year programme but would welcome timely updates within a year of any proposed changes being implemented.

Other considerations

7.83 The panel is not convinced by the rationale to move inpatient paediatrics to DPoW, especially as maternity is staying on both sites.

Summary and conclusions

7.84 The panel welcomes the proposals in the consultation, which attempts to mitigate staff shortages, improve patient outcomes and improve services.

Responses from Constituent Scrutiny Committees: North Lincolnshire Council's Health, Integration and Performance Scrutiny Panel

7.85 The Panel confirms that the rest of this submission represents fully the views of the Health, Integration and Performance Scrutiny Panel on behalf of key stakeholders.

North Lincolnshire Health and Wellbeing Board

7.86 The Board understands in part the rationale for the proposals, both in terms of the challenges faced by the health and care system, and the desire to provide the best possible services. However, it has significant concerns about the implications of the proposals.

7.87 The Board disagrees that all four proposed services should be centralised at DPoW. It believes that if centralisation was clinically appropriate, this should have been delivered more equitably, with some services centralised in SGH. There is particularly concern that the proposals may impact negatively on the longer-term sustainability of acute care in North Lincolnshire; and that capacity and resource issues at DPoW may be compromised if centralisation goes ahead.

7.88 The ICB's Integrated Impact Assessment is noted, which asserts that the proposals will have a detrimental impact on thousands of North Lincolnshire residents every year. This, it is felt, will exacerbate health inequalities in North Lincolnshire, and could adversely affect health outcomes for many residents. The Board suggests that the impacts "*will be particularly so for those residents who are most vulnerable, deprived or are without a car*".

7.89 The Board also notes the ICB's suggestion that the negative impact in North East Lincolnshire would be more strongly felt if services were centralised at Scunthorpe, given the respective rates of deprivation. It states that deprivation and inequalities impact residents in both North and North East Lincolnshire and would therefore support a "*more equitable configuration of services*".

7.90 Ultimately, while the Board accepts that services evolve over time and will need to change depending on circumstances, finances and demographics, it is concerned that that the challenges outlined in the case for change were not tackled at an earlier stage, which may have largely avoided the need to alter services now. The Board would like further opportunity to discuss alternative options to tackle these challenges.

Local Councils and Councillors

North Lincolnshire Council (Ashby Lakeside Ward)

7.91 Three district councillors representing Ashby Lakeside ward on North Lincolnshire Council strongly oppose the "*de-facto downgrade*" of SGH for the following reasons.

The pre-consultation decision-making process

7.92 The councillors say that throughout the consultation, the ICB has claimed that 120 options were considered for the future of local NHS service delivery, and that the current proposal is the only affordable one. It is the Councillors' view that this is misleading because only four of the potential 120 proposals (and not including the status quo) were taken to the financial viability assessment stage. That the ICB only fully assessed the proposal being consulted on, the reverse relocation of the aforementioned services from DPoW to SGH, plus these two options alongside the removal of all maternity services from North Lincolnshire, is in their view "*a wholly unacceptable failure*".

7.93 The Councillors urge the ICB to pause the current proposal until a time that the status quo, and retention of all respective single, double, and triple combinations of the affected services have been assessed for their financial viability.

The consultation

7.94 The Councillors have significant doubts relating to the integrity and effectiveness of the consultation, mainly because within the consultation document, it is acknowledged that patients, families, and carers would be negatively impacted by increased travel to Grimsby from Scunthorpe and further away. The Councillors call it a "*significant failure to have not had concrete transport solutions identified prior to consultation on a singular proposal*" and feel that it is "*nowhere near good enough to only be able to boast a 'transport working group', when asking both residents and senior NHS staff to adequately judge whether the as yet un-mitigated harm to disproportionately vulnerable residents means that a proposal should not proceed*". In light of this, the Councillors urge pausing the proposals until a detailed, fully funded transport mitigation plan has been co-produced with all relevant expert stakeholders, consulted on, and is ready for immediate implementation.

7.95 The Councillors also say that:

- The consultation questionnaire contains "leading and extremely limited" questions that do not provide meaningful opportunity for "structural issues" to be raised.
- If, as the official consultation document claims, no other option is affordable, the consultation is "purely performative."
- No guarantees have been given that any weight of feeling expressed throughout the consultation will be accurately reflected in any post-consultation decisions.
- There is significant cross-party opposition to the consultation proposals, and a threat of judicial review if they are agreed.

Harm to patients, carers, families, and their dependents

7.96 The Councillors note that SGH recently earned a Gold Award from the National Joint Registry Quality Data Providers for high-quality care, patient safety, and overall value in orthopaedic surgery; whereas DPoW received a lower silver-level classification. This, they feel, contradicts the consultation's "central conceit that superior care can only be achieved by removing healthcare services from Scunthorpe General Hospital".

7.97 The Councillors also feel that no concrete evidence has been presented to prove that the complete removal of the affected services from North Lincolnshire will secure such an improved service that cannot either be secured within the status quo, or that would outweigh the significant harm directly caused by the proposal. They also say that the long-standing maintenance backlog at local hospitals and underfunding of the Northern Lincolnshire and Goole NHS Foundation Trust, is not going to go away; and that "if we allow the precedent of huge service cuts to be set; then we will be imminently looking at the widespread mothballing of numerous sections of Scunthorpe General Hospital, and the likely removal of all maternity services...".

7.98 Other issues raised by the Councillors are that:

- Moving large numbers of secure NHS jobs out of Scunthorpe would have a significant negative economic impact on the community.
- Many areas of Scunthorpe have a significant number of elderly and disabled residents, residents with learning difficulties and/or mental health difficulties, and residents for whom English is not their first language. Expecting them to be able to "confidently and successfully navigate complicated NHS bureaucracy (which will inevitably increase if a significant number of hospital

services are moved 30 miles), will lead to increasing numbers of appointments not made, cancelled, and unfulfilled."

- Significant road closures on the M180 and A180 (the main roads from the Isle of Axholme and Scunthorpe to Grimsby) are common; patient transport eligibility criteria is limited; public transport between Scunthorpe and Grimsby is poor (non-existent in the case of rural communities); and there is considerable distance between DPoW and the nearest railway station.
- The benefits of patients receiving regular visits is well-known, but the increased time missed from employment and family commitments "will inevitably reduce visits, increase the costs faced by the public, and hit vulnerable patients the hardest..."
- Should there be a major incident at either Scunthorpe steelworks or any nearby industrial site, neither the local transport network nor the infrastructure around DPoW would be able to cope.

Barton upon Humber Town Council

7.99 Barton upon Humber Town Council echoes the objections raised by North Lincolnshire Council, stating that: "*This council strongly objects to the clinician-led proposals recently announced by the ICB regarding the transfer of some vital NHS services from Scunthorpe General Hospital to Diana, Princess of Wales Hospital, Grimsby. Transferring services to Grimsby would mean that patients and visitors would face additional transport costs which is an unnecessary barrier to accessing important health services*".

Patient Participation Groups

Patient Participation Group (PPG) for Killinghome Surgery

7.100 The PPG opposes the proposed changes for the following reasons:

- There are already bed shortages at the hospital which could be exacerbated by consolidating the four specialist urgent and emergency services there.
- The transfer of more patients from Scunthorpe to Grimsby would "reduce even further the public's access to ambulance services".
- There would be a knock-on effect on follow-up clinic appointments at Grimsby, as the specialists will be based there. There would be less availability for the local population.
- It will be difficult for families, carers, and visitors to reach Grimsby from Scunthorpe if they do not have their own transport (visits from family aid the recovery process).
- Parking at DPoW is already difficult, if not impossible at times.
- Long-term staff recruitment and retention issues should be resolved by NHS England, the Government and NLaG because "with adequate staffing on both Scunthorpe and Grimsby sites, it would not be necessary to make the proposed changes…"

Patient Participation Group (PPG) for the Oswald Road Medical Centre

7.101 The PPG feels it would be better to split services equally between DPoW and SGH, but that "it seems clear that the plan is to downgrade Scunthorpe General Hospital to the status of a cottage hospital, thus causing the population of the area to travel considerable distances". It also feels that the proposal would result in poorer quality services for the residents of Scunthorpe and surrounding areas and would negatively affect

the recruitment and retention of specialist doctors and other staff to the area as they "will understandably want to work at a bigger site with more facilities".

The PPG questions the consideration given to parking provision at DPoW; and the support that will be put in place to assist those patients and their families who rely on already limited public transport or hospital transport. It also seeks reassurance around the rumour that Scunthorpe General Hospital's new Emergency Department is to close after 9pm at night.

8. Social media feedback

Introduction

8.1 A range of social media content was designed, and subsequently posted on Facebook and X (formerly Twitter) on both the Humber and North Yorkshire Health and Care Partnership accounts and the Northern Lincolnshire and Goole NHS Foundation Trust accounts.

8.2 The posts supported the key messages of the consultation and were used to raise awareness and signpost people to the consultation website and the consultation questionnaire. The posts were retweeted and shared onward by a variety of other organisations ranging from Healthwatch North Lincolnshire and UNISON Yorkshire & Humberside, to The Confederation of British Surgery and BBC Radio Humberside.

8.3 A combination of organic social media (i.e., sharing information on existing channels, including ICB and partner channels) and paid-for advertising was used to maximise the reach and influence of the promotional activity. In total around 250,000 people heard about the consultation through social media and paid-for advertising was seen more than half a million times during the consultation.

	No. of posts	Impressions	Reach[18]	Link Clicks
HNY Partnership organic	24	-	9,387	42
NLaG Trust organic	68	-	107,764	7,366
Pay-per-click advertisements	-	536,631	125,887	5,589
TOTAL	**92**	**536,631**	**243,038**	**12,997**

8.4 It is worth noting that (a) many users making comments may not have referred to all or any of the available information on the proposals, and (b) comments made on social media are not always individuals' final, formal feedback, and some users making initial comment on social media, will subsequently go on to provide formal feedback via the consultation questionnaire. Nevertheless, a brief summary of comments arising in response to these social media posts is provided below.

Summary of main findings

Views on the need for change and proposed model of care

8.5 In general, there were very few comments directly addressing the need for change.

8.6 While there was some acknowledgement of the staffing problems that are being faced, these problems were most often attributed to mismanagement and a lack of funding (and as such, tended not to translate into support for the proposed model of care).

[18] Reach describes the number of unique user accounts that viewed a post, Impressions is the number of times a post appeared (with paid-for advertising a post could appear multiple times on the same user's account).

"Staff shortages has been publicly known for years yet what's been done to address these 'risks' to services please by our local trust?"

"The trust obviously through years of poor management now have to take this course of action due to chronic shortages of skilled workers."

"It's… down to the fact that they can't recruit sufficient staff for the existing services. And when they do recruit, they can't retain them. What the NHS needs is proper funding and for senior managers to be accountable (and answerable) for how the funds are utilised."

8.7 There was also some suggestion that the proposed model is financially motivated, and that improving patient care is not the primary priority. Specifically, a couple of users perceived that the proposals were the result of a sustained lack of investment in SGH over a period of many years, to the extent that reducing services there was now the only affordable option.

"This has never been about offering a better service. This is about saving money… They now realise that under investment [that] has gone on for years at Scunthorpe is going to cost financially big time. Closing departments down is the cheapest option."

"Seems to be more focused on the financial side rather than the patient."

"All the underfunding at Scunthorpe is now being used as a weapon against Scunthorpe."

"It basically boils down to money as always, it's cheaper to move services to Grimsby than update anything in Scunthorpe".

8.8 One social media comment suggested that the proposed model would not solve the long-term issues with staffing etc.

"Centralising facilities is not the fix it is sticking a plaster over an injury, you are not correcting the chronic failings."

Concerns raised: travel and access (emergency journeys)

8.9 There was a sense that the distance between the hospitals would have a negative impact on patient outcomes. Specifically, there were concerns about increased travel times in emergency situations, as well as additional pressures being placed on the ambulance service, potentially resulting in slower response times and less availability for patients requiring to be transferred.

"The consultation document gives an example of transferring someone from Scunthorpe to Grimsby after a heart attack. If something happened in transit such as another heart attack just after the Broughton junction, the ambulance can't turn on the motorway that leaves the patient 30 mins away from the nearest hospital. How is that ever acceptable, they are just too far apart to share services."

"…ambulances would be taken off the run to transport to Grimsby."

"How are you going to transport sick children from Scunthorpe to Grimsby?! There isn't enough ambulances/paramedics as it is!"

8.10 Some users challenged whether it would even be appropriate to transfer patients in specific kinds of life-threatening situation (e.g. category 1 emergencies such as a major haemorrhage or ruptured spleen), suggesting that these patients could be treated more safely closer to home.

"So when there is a life threatening situation ie. testicular torsion (cat 1 emergency), Ruptured ectopic pregnancy (cat 1 emergency), Major surgical haemorrhage (cat 1 emergency), Bleeding tonsil (cat 1 emergency), Ruptured spleen (cat 1 emergency) …. I could go on and on and these are just surgery related emergency which happen at all hours of the day and night. Sorry patients we've got to stick you in an ambulance and send you to Grimsby, we hope you will survive, good luck!"

"What a lot of people are worried about is, should I be involved in an accident and need a Splenectomy, or my children's appendix burst etc; etc; wouldn't it be safer for me to be operated on in a hospital in my own town?"

"I need an emergency c-section. I'm bleeding and my baby needs to be born and receive emergency paediatric input. Will my family lose both of us in the ambulance on the way from Scunthorpe to Grimsby?"

8.11 There were also concerns about what would happen to these emergency surgery patients if there was no ambulance available to take them from SGH to DPoW, or if there was insufficient bed or theatre capacity at DPoW.

"It's fine going into your local A&E but if you require emergency surgery you're going to be shipped 30 miles down the road to DPoW and that's only if there's ambulances available, beds on the surgical wards and an available operating theatre."

"What happens when someone comes into Scunthorpe A&E with a ruptured spleen, or a bowel obstruction, or a perforated appendix and needs surgery ASAP? Are these "time critical" patients going to be sat waiting for an already over stretched ambulance service to blue light them 30 miles down the motorway to DPoW? And then what happens when they arrive and the emergency theatre staff are already busy in theatre with another poorly patient?"

Concerns raised: travel and access (general)

8.12 There were also general concerns about the distance between the two hospitals, along with a sense that SGH should retain certain services: due to factors such as its size, number of industrial sites, proximity to the motorway, and recent investment in the A&E department at SGH.

"…for patients from Scunthorpe there would be a delay due to travelling times. We need to keep these services at Scunthorpe so the population are served correctly... Scunthorpe deserves and needs a fully functional hospital with all the industry around."

"We need trauma centres at both hospitals, with motorways, and steel works at Scunthorpe. Nonsense to suggest taking casualties to Grimsby from steel works or motorway, delaying the treatment by length of journey time. When Scunthorpe has a perfectly capable brand-new A&E."

"It's a 60-mile round trip between Scunthorpe and Grimsby hospitals and the road is terrible!! How can this option be in the interest of patients and parents/carers?!"

"Well, that's about all services [being removed from SGH] except outpatients and therapies. People often cannot afford to travel. All that money spent on the new A+E. The trust never ceases to astound me with its decisions."

"You just invested all that money in the new A&E department, WHY move services?"

8.13 Similar concerns about travel and access were also raised generally, and in relation to various groups – including some with protected characteristics. It was suggested that the extra travel would be particularly onerous for people who are elderly, have mobility problems or other disabilities, non-drivers, and low income groups. Issues with public transport were also highlighted.

"They have no consideration for people living in Scunthorpe who have no choice but to make an 80 mile round trip to get to Grimsby where the parking is ridiculous, the park & ride isn't suitable for people with mobility problems…"

"How are the elderly and non-drivers supposed to get access to healthcare? My husband has recently had major surgery at Scunthorpe I had enough stress travelling 15 minutes never mind going to Grimsby every day. I'm sure he would have been very distressed by me having to drive on unfamiliar roads at dark in winter. I am 77 years old."

"How is this going to help the majority of people who have no transport and no direct bus or train service?"

8.14 These issues around travel and accessibility were also felt to be a particular concern for residents of Goole and surrounding areas. There was some perception that the Goole area has been neglected or ignored in the proposed redesign of services and that its hospital is underutilised.

"Goole residents cannot have to travel to these hospitals- as Scunthorpe is almost 30 miles away - and Grimsby lots more than that!"

"[It] would make sense for Goole to go in with another trust where we could get to the hospitals via public transport if do not drive."

"And POOR Goole, never mentioned anywhere!!! Why was even Goole Hospital connected to Lincolnshire when it's in East Riding? I always wonder if Goole Hospital was connected to Hull Royal we will probably have more services operating and a good use of this lovely little hospital."

"Does Goole not exist and also have the people of Goole been taken into consideration when sending to Grimsby especially ones with no transport. We in Goole need get away from this Trust."

Concerns raised: staffing and capacity issues

8.15 In relation to capacity at DPoW, it was also noted that DPoWHospital frequently goes 'on divert' to SGH. It was also claimed that, out of the two hospitals, SGH currently undertakes more out-of-hours surgery.

"Funny at A&E the other night patients sent to SGH from DPOW as no beds available there."

"My late father-in-law was admitted to Scunthorpe A and E a few weeks ago… so much pressure was put on the excellent staff on the same day by hospitals such as Grimsby and others that had reached maximum capacity in their own emergency depts that patients were been diverted to… Scunthorpe!"

"Why are you looking to move it to Grimsby when Scunthorpe currently perform more out of hours surgery than Grimsby? This would suggest demand is greater in Scunthorpe."

8.16 In relation to staffing, it was suggested that the proposed model of care might in fact exacerbate the current problems across both the Scunthorpe and Grimsby hospital sites.

"How will this move enable you to recruit / keep staff at Grimsby hospital? It won't. Do the right thing and try harder to keep the excellent staff you have, and recruit better. Do you honestly think Scunthorpe staff will want to travel or relocate to Grimsby?"

"The current plan is only going to drive staff away from working at Scunthorpe."

"How is this sustainable to the workforce? Are you expecting staff currently at SGH to fill that stop-gap by travelling to and from Grimsby each day?"

Concerns raised: speciality services

8.17 In relation to consolidating inpatient paediatric services at DPoW, there was concern that would entail considerable disruption for children, young people, and families (especially those with a single parent). Specific concerns included: the financial burden on families who need to travel further for hospital visits; the difficulty of balancing this additional travel with work, childcare and other responsibilities; a lack of travel options for those who do not drive; and the emotional impacts on children who are being treated further from home.

"More staff will be needed at DPOW because people won't be able to afford to travel and stay with their child, it is often a balancing act having a child in hospital especially if you have other children. If you are employed, time is often tight to swap over parent to be with your child, this will be increasingly difficult with having to travel to Grimsby. For the parents that do not have a driving licence or a car, how do they get to DPOW?"

"The psychological, financial and practical implications of families being separated from their children is going to be, without doubt, so disruptive. Anyone who is familiar with the needs of a hospitalised child , knows the long term impact of not having their main care giver with them, can be detrimental. Having to prioritise an ill child's needs against limited finances, lack of transport and family support, has the potential to cause delay, at worse prevent them accessing treatment, and so place the child's health at further risk."

"Families with other children, especially single parents will find this proposal impossible to manage."

8.18 One user questioned the reliance on data showing that very few emergency operations take place at night (an average of one patient per night across both hospitals) and suggested that the proposals might therefore not prove to be cost-effective.

> *"When using small numbers in temporal analyses one must be cautious of how logical averages are…. From the sentence construction one may assume someone is questioning the return of investment by having a surgical team at night. However, this is not balanced by the likely cost of not having a surgical team at night."*

8.19 There were also a couple of queries about the implications for the endoscopy service.

> *"What happens when it's Scunthorpe endoscopy week to be on call at night though? We will have to travel over to Grimsby to do emergency bleeds - at least at the moment patients can be transferred to Scunthorpe if they can because there are teams here and not just at Grimsby."*
>
> *"It reads as if SGH trauma surgery is being lost, along with any out of hours bleeds that endoscopy would normally attend. Is this the case?"*

8.20 Finally, there was also some concern that the proposals might be a precursor to more service changes in future.

> *"Just wondering if the amalgamation with Hull trusts will impact this? Will more services be disappearing?"*
>
> *"Obstetrics aren't part of the consultation….yet!"*

8.21 On balance, therefore, there was only very limited support expressed on social media, with most users disagreeing in general with the proposals.

> *"I understand the comments here are only a snippet but not one of them is in agreement with the proposed changes. Every post regarding the changes I see seems to show the vast majority of patients, their families and staff don't want these changes."*

Suggested alternatives

8.22 In general, there were very few comments outlining clear alternatives to the proposals - notwithstanding a small number of comments suggesting that SGH would be a better location for services, or querying whether some services might move in the opposite direction i.e. from DPoW to SGH.

> *"Anything moving to Scunthorpe from Grimsby?"*
>
> *"Geographically Scunthorpe is in the middle, the natural place for a service hub."*
>
> *"What about bringing it the other way? People from Grimsby have to come here?"*

8.23 As such, most suggestions tended to be a variation on the status quo e.g. suggestions that funding could be used to address the staffing problems, as a possible alternative to consolidating services.

8.24 For example, it was suggested that the staffing problems outlined in the consultation material could be addressed by incentivising bank shifts (to address the over-reliance on agency staff).

> *"The bank winter bonus made sure we didn't have problems staffing shifts and is still a little cheaper than agency and from what I have seen safer as they're conscientious being in their own area."*
>
> *"Why can't bank staff be offered a decent rate of pay to bring down agency usage?"*

8.25 In a similar vein, others felt that the NHS should attempt to disincentivise locum and agency work (e.g. by increasing overtime and rates of pay for substantive contracts), and that it should seek to discourage workers from leaving the NHS.

> *"Offer the staff overtime instead of making them work it as bank. Saves money on agency and safer working as they know their ward/area."*
>
> *"Why can't staff be paid better than any bank or Agency staff full stop!!"*
>
> *"The answer is not always just to increase the pay in NHS… Nationwide, locum and agency pay should reduce to encourage substantive contracts. NHS trained staff should be tied to NHS for a period of time with financial penalty if leaving to private / abroad."*

8.26 There was one instance where it was claimed that other Trusts have successfully introduced apprenticeship routes for specialty roles, and have improved their staffing levels as a result.

> *"Apprenticeship routes for speciality roles were put forward to the Trust over 5 years ago and were ignored. Yet other hospitals in the country of similar size and demographic now have a steady stream of newly qualified staff every year."*

The consultation process

8.27 There was a strong feeling among some social media users that the consultation is effectively a 'fait accompli' and that the proposed changes will be made regardless of the views and arguments expressed. A few implied that they would not be responding to the consultation as there was "no point" in doing so, while others *criticised the consultation questionnaire as being 'leading'.*

> *"Do we really think that whatever we say will make a difference. They've already decided and this is to make them look good in the public eye."*
>
> *"No point [responding to the consultation]. It's a done deal. Always has been.... Our opinion counts for nothing."*
>
> *"Already signed, sealed and for sure it will be delivered. Watch preventable death rates increase!!!!!"*
>
> *"Every question is phrased to make it seem we are harming our community if we do not agree".*
>
> *"Very leading questions, extremely unfair. Not exactly a consultation."*

"What's the point you have made the decision and are not interested in what the people of Scunthorpe and surrounding villages want or think."

9. Petitions and locally organised questionnaires

Introduction

9.1 This chapter summarises the findings from a report submitted by a local MP (based on feedback from local residents) that is included in full in Appendix IV, and two petitions that ran during the consultation period.

Holly Mumby-Croft MP – 436 responses to a locally organised questionnaire

9.2 A local MP, Holly Mumby-Croft, designed a short questionnaire and invited local residents and any other interested parties to complete it (as well as encouraging them to complete the official NHS consultation questionnaire). **436** responses were received, 83% from the Scunthorpe area, and a short report was submitted to the consultation summarising the key themes, and including the MP's conclusion.

9.3 The questions residents were asked were:

- Are you satisfied with the level of care you currently receive at Scunthorpe General Hospital?19
- What services are most important to you at Scunthorpe General Hospital?
- What kind of impact will the changing of Scunthorpe General Hospital's service have on you and your family?
- Do you support the proposed changing of services provided at Scunthorpe General Hospital?

9.4 A summary report of results from the bespoke questionnaire was provided; key results include:

- 28% stated that Trauma and A&E were most important to them, 42% stated that ALL services were important, and smaller proportions mentioned Cardiology, Gastro/Respiratory and Paediatric services;
- 65% highlighted travel and access as the greatest potential impact of changing Scunthorpe General Hospital's service, 12% said financial impacts, and 10% said mental health impacts;
- Nearly all respondents to the questionnaire (97.7%) said they were opposed to changes at Scunthorpe General Hospital.

9.5 In conclusion, the questionnaire findings (based on the questions asked), demonstrate that most constituents who chose to take part opposed the proposals. On this basis, Holly Mumby-Croft MP does not support the proposed changes and encourages decision-makers to take these findings into consideration.

[19] Results for this question do not appear to be included in the summary report

"Save Scunthorpe General Hospital" (4,689 signatures on www.change.org, organised in August 2023 before the consultation began)

9.6 The petition "Save Scunthorpe General Hospital" was organised by Lawrence Holtby (on the website www.change.org) in August 2023 prior to the start of the consultation, and had been signed by **4,689** people by close of consultation.

> The A&E at Scunthorpe General Hospital is being altered, but most of the other departments are being transferred to Grimsby and Hull. This is going to impact everything from Wards to Outpatients. Cost of appointments and visiting will increase and our town will no longer have the facilities we need. We need to maintain and improve health care services at Scunthorpe General Hospital and not close down or move services.
>
> A town of our size needs decent health facilities.
>
> Don't you agree? If so please sign my petition.

9.7 The petition page was updated after the consultation launched to direct visitors to the main consultation questionnaire (hosted by ORS and reported in an earlier chapter); and provided the details of two NHS consultation drop-in events.

Labour Party Petition (number of signatures unknown)

9.8 Although not formally submitted to the ICB or ORS, we are aware of a petition organised by the Labour Party: https://action.labour.org.uk/page/136273/petition. The petition statement was as follows:

> Under the Conservatives, the future of Scunthorpe General Hospital is under threat, with a proposed downgrading of our Accident and Emergency Department by moving trauma and a number of associated areas to Grimsby.
>
> We want to protect Scunthorpe's hospital services and are concerned about any services being removed until:
>
> » Hospital at Home in North Lincolnshire is operational and delivering better patient outcomes
> » Ambulance capacity has been rigorously reviewed and improved
> » The transport impact on patients has been evaluated and appropriate mitigations put in place
> » The resilience of the road infrastructure between Scunthorpe and Grimsby be fully appraised in relation to the impact on patients
> » The emergency plan for dealing effectively with a major incident at the Steelworks or any other tier one COMAH (Control of Major Accident hazards) site has been properly stress tested against any new hospital delivery model.
>
> Agree? Add your name to our petition today.

Note on petitions

9.9 Petitions are clearly important in indicating public anxiety about important aspects of the 'Humber Acute Services Review' proposals, and so decision-makers must treat them seriously. Petitions should never be disregarded, for they indicate strong local feelings on specific issues.

9.10 Nonetheless, it should also be noted that petitions seldom provide detailed information explaining the specific proposals under consultation; nor do they tend to direct potential signatories toward available sources of information to consider before deciding whether or not to sign. Petitions can therefore exaggerate general public sentiments if organised by motivated opponents to change. These observations are not intended to undermine the sentiments expressed, but rather to provide a context within which petitions might be interpreted.

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Appendix II: Events and attendance, and written submissions

Public engagement activities

Table 15: Summary of Public engagement activities

Event/Activity	Date	Approximate number of participants
Public Exhibition Events		
Goole (included 3 break-out discussion sessions)	12th October 2023	88 (13 attended break-out discussion sessions)
Grimsby (included 2 break-out discussion sessions)	16th October 2023	12 (8 attended break-out discussion sessions)
Scunthorpe (1) (included 4 break-out discussion sessions)	20th October 2023	98 (27 attended break-out discussion sessions)
Scunthorpe (2)	4th December 2023	36
Gainsborough	7th December 2023	5
Scunthorpe (3)	9th December 2023	135
Pop-up Engagement Roadshows		
Crowle Community Hub	11th December 2023	20
Immingham Civic Centre Hub	20th November 2023	50
Brigg Garden Centre	21st November 2023	30
Scunthorpe Christmas Market	25th November 2023	200
ASDA Scunthorpe	28th November 2023	180
Louth Library	29th November 2023	12

Additional Engagement		
Patient engagement at Goole Outpatient Department and canteen	8th November 2023	15+
Patient engagement at Scunthorpe Hospital Outpatient Department and canteen	6th November 2023	80
Patient engagement at Scunthorpe Hospital Outpatient Department and canteen	9th November 2023	40

Online deliberative event	6th December 2023	4
Promotional Warm Up Events		
Goole Leisure Centre	10th October 2023	50
Grimsby Freeman Street Market	10th October 2023	45
The Pods at Scunthorpe	17th October 2023	50

In-depth/targeted engagement

Table 16: Summary of In-depth/targeted engagement

Activity	Core audience/demographic/meeting type	Approximate number of participants	Date	Location
Drama-based workshop Playing ON sessions (young people and vulnerable adults)	Adults with experience of homelessness/substance misuse	9	15/11/23	Scunthorpe
	Adults with learning difficulties (Starlight Arts)	26	16/11/23	Scunthorpe
	Children aged 7-11	2	25/10/23	Scunthorpe
	Young people aged 8-14	8	15/11/23	Scunthorpe
	Parents of children attending 8-14 years Playing ON session	3	15/11/23	Scunthorpe
Targeted focus group discussions and in-depth conversations	Armed forces veterans (mainly men aged 55+)	11	13/12/23	Scunthorpe
	Autism support worker specialising in neurodivergence and LGBTQ+	1	20/12/23	Online (Microsoft Teams)
	Carers Voice Northern Lincs	5	18/11/23	Brigg
	Carers in Partnership (parent-carers of children with SEND and/or complex health and care needs including current carers, ex-carers, and professionals from Carer Support)	15	30/11/23	Brigg
	Experts by experience (carers, ex-carers, people with learning disabilities)	12	08/11/23	Ashby
	Male group	40	24/11/23	Islamic Centre
	Members of the Learning Disability Partnership and carers	4	04/12/23	Scunthorpe
	Members of the LGBTQ+ community	2	19/12/23	Grimsby

	Men in Sheds (men experiencing social isolation due to, e.g., substance misuse, homelessness, disability, health issues, mental ill-health)	12	23/11/23	Epworth
	Mindful Sisters Coffee Morning (Black, Asian and Minority Ethnic women)	7	11/12/23	Scunthorpe
	Moorlands Community Centre Luncheon Club (mix of people from various equalities groups)	17	18/12/23	Goole
	Mothers of children with Special Educational Need and Disability (SEND)	3	17/11/23	Scunthorpe
	North Lincolnshire Parent Carer Conference (parent/carers of children with SEND and/or complex health and care needs)	80	17/11/23	Scunthorpe
	Parent/carer individual conversations (at North Lincolnshire Parent Carer Conference)	6	17/11/23	Scunthorpe
	People living in a deprived area of Scunthorpe	30	6/12/23	Ashby Hub, Scunthorpe
	People living in areas of deprivation, including several mothers of children with SEND and/or health issues	8	19/10/23	Scunthorpe
	People living in a highly deprived area of Barton	15	14/12/23	Viking Community Centre, Barton
	People living in a highly deprived area of Grimsby at a drop-in exhibition	20	20/11/23	Centre 4, Grimsby
	Representatives of local Voluntary, Community or Social Enterprise (VCSE) organisations	5	08/12/23	Online
	Sikh Gurdwara	5	24/11/23	Scunthorpe
	Scotter Textile Group members	12	27/11/23	Scotter
	Winterton Disabled Club (older people living in a rural area, predominantly with physical disabilities)	25	29/11/23	Winterton
	Winterton Seniors Forum (aged 65+)	23	09/11/23	Winterton
NHS staff discussions	Allied Health Professionals and support teams in Radiology in Northern Lincolnshire and Goole (NLaG)	18	17/11/23	NLaG
	Clinical Admin Forum	63	19/10/23	NLaG
	Digital and information workstream meeting	11	02/10/23	Online

	Goole Hospital staff	10+	08/11/23	Goole Hospital
	ICB Roadshow with staff in Scunthorpe	30	04/10/23	Scunthorpe
	ICB Roadshow with staff in Willerby	20	05/10/23	Willerby
	ICB Roadshow with staff in York	15	09/10/23	York
	Joint Medical Advisory Committee (MAC) and Hospital Consultant Committee (HCC) meeting	17	13/11/23	Online
	Joint MAC and HCC meeting for consultants	17	09/10/23	Online
	Joint Liaison and Negotiating Committee (NLaG)	15	20/11/23	Online
	Joint Negotiating Consultative Committee	30	20/11/23	Online
	NLaG Children's Safeguarding team	3	17/10/23	Online
	NLaG theatre nursing and support teams	32	13/11/23	Online
	Staff evening Q&A session (NLAG and HUTH)	1	11/12/23	Online
	Staff morning Q&A session (NLAG and HUTH)	12	27/11/23	Online
	Trust-wide anaesthetic briefing (anaesthetic consultants, specialty and specialist doctors, NLaG theatre managers)	50	20/10/23	Online
	Trust-wide theatres briefing (NLaG)	40	13/11/23	Online
	Urology business meeting (Urology consultants, specialty and specialist doctors, clinical nurse specialists, Urology business team)	35	03/11/23	Online
Discussions with external clinical stakeholders	Yorkshire & Humber Paediatric Critical Care Operational Delivery Network Executive Group	50	17/10/23	Online
	North Yorkshire and Humber Major Trauma Operational Delivery Network	30	07/12/23	Online
	South Yorkshire Major Trauma Strategic Board Operational Delivery Network	40	26/09/23	Online
	Critical Care Operational Delivery Network	50	13/10/23	Online
	Operational Manager representatives from the East Midlands Ambulance Service and the Yorkshire Ambulance Service	12	16/11/23	Online
	Meeting with representatives from Lincolnshire ICB and United Lincolnshire Hospitals NHS Trust (ULHT)	10	19/10/23	Online
	Primary and Secondary Care Interface Group	30	02/11/23	Online

	Mental health practitioners and service providers (Paediatric Mental Health Act/CAMHS/Community Eating Disorders)	11	20/11/23	Online
	Clinical leads for trainees and deanery doctors	5	17/10/23	Online
	Meeting with representatives from Doncaster and Bassetlaw Teaching Hospitals Trust (DBTHT) and South Yorkshire ICB	10	28/09/23	Online
	Embrace Transport (for infants/children who require care in another hospital in the region or further afield)	6	25/10/23	Online
	Meeting with representatives from Navigo and RDaSH (mental health providers) to discuss impacts of the proposed paediatric changes	7	19/10/23	Online
	Humber Clinical and Professional Leaders' Board meeting (covered in its own section as it comprises both internal and external stakeholders)	12	11/10/23	Online
Discussions with political and statutory stakeholders and partner organisations	North Lincolnshire Council Conservative group	12	27/11/23	Scunthorpe
	North Lincolnshire Council Labour group	18	13/11/23	Scunthorpe
	Humber Acute Services & Safeguarding Children	5	17/10/23	Online
	NEL Health and Care Partnership Leadership Group x2	18	12/10/23 and 09/11/23	Online
	NL Place Partnership meeting x2	12	19/10/23 and 16/11/23	Online
	Humber and North Yorkshire Inclusion Assembly	25	23/11/23	Online
	Integrated Children's Trust (partnership of organisations that commission and provide services for children, young people and their families within North Lincolnshire)	20	13/12/23	Online
	North Lincolnshire Health and Wellbeing Board	21	02/10/23	Scunthorpe
	Joint Health Overview and Scrutiny Committee	15	17/10/23	Scunthorpe
	North Lincolnshire Overview and Scrutiny Committee	15	03/10/23	Scunthorpe

	North East Lincolnshire Overview and Scrutiny Committee	24	04/10/23	Grimsby
	Lincolnshire County Council Overview and Scrutiny Committee	20	08/11/23	Online
	East Riding of Yorkshire Council Elected Members	10	28/11/23	Beverley

Written submissions

9.11 During the consultation process, 30 formal written submissions and a questionnaire organised by a local MP were submitted, as shown below.

Table 17: Summary of submissions received

NHS AND HEALTHCARE ORGANISATIONS	
Lincolnshire Integrated Care Board	
South Yorkshire Integrated Care Board	
North East Lincolnshire Health and Care Partnership	
Yorkshire & Humber Paediatric Critical Care Operational Delivery Network	
Hull University Teaching Hospital NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust	
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	
Leeds Children's Hospital	
East Midlands Ambulance Service NHS Trust	
Yorkshire Ambulance Service NHS Trust	
The Roxton Practice, St Hugh's Hospital, and Illumina Diagnostics	
LOCAL AUTHORITY HEALTH BOARDS AND SCRUTINY COMMITTEES	
Humber and Lincolnshire Joint Health Overview and Scrutiny Committee, *including individual responses from…*	East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee
	Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee
	Health Scrutiny Committee for Lincolnshire
	North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel
Health Scrutiny Committee for Lincolnshire [submitted an identical response to the overall Joint Health Overview and Scrutiny Committee]	
North Lincolnshire Health and Wellbeing Board	
Overview and Scrutiny Committee for Doncaster City Council [did not provide specific feedback]	
LOCAL COUNCILS AND ELECTED REPRESENTATIVES	
Barton Upon Humber Town Council	North Lincolnshire Council (Ashby Lakeside ward)
Holly Mumby Croft MP (locally organised questionnaire)	
PATIENT PARTICIPATION GROUPS	
Killingholme Surgery Patient Participant Group	
Oswald Road Medical Centre Patient Participation Group	
INDIVIDUAL SUBMISSIONS	
12 individual residents	

Appendix III: Tables of coded questionnaire comments

9.12 The tables below provide a more detailed quantification of themes arising in text comments made by individuals responding to the three open-ended questions in the consultation questionnaire, discussed in Chapter 4 of this report. Throughout this section, percentages show how many respondents raised each theme *as a proportion of the individuals who provided comments in response to this question*. Note that respondents could provide detailed feedback; as such, many comments covered more than one theme and therefore the total percentages sum to greater than 100%.

Individuals' comments on the need for change, the ICB's proposals, and any suggested alternative solutions or mitigations

9.13 Table 18 below shows a more detailed account of the responses to the first two open-ended questions, where respondents were invited to provide reasons for their views on: 1) the need for change, 2) the ICB's proposed model of care and proposed location for the four specific services, and 3) any suggested alternative solutions or improvements to address the challenges that they thought should be considered.

Table 18: All individual respondents' comments covering the need for change, the Humber and North Yorkshire ICB's proposals, and any suggested alternative solutions or mitigations.

Summary of comments		No. of respondents	%
AGREEMENT			
Recognise / understand the challenges / need for change	**Agreement:** Recognise/understand rationale/need for change	367	14%
Agreement / positive comments	**Agreement:** General agreement (no location mentioned)	82	3%
	Agreement: Agree with proposals for consolidation including siting services at Grimsby/DPoW	49	2%
	Agreement: Agree majority of services used by most patients should be kept local/at Scunthorpe/SGH	20	1%
	Agreement: Agree with proposed changes to Trauma Care	10	*%
	Agreement: Agree with proposed changes to Emergency Surgery/Inpatient Care	9	*%
	Agreement: Agree with proposed changes to Speciality Medical Inpatient Care, e.g., Gastroenterology, Cardiology, Respiratory	19	1%
	Agreement: Agree with proposed changes to Inpatient Paediatric Care	5	*%
	Positive impact: Would improve quality of care	38	1%
	Positive impact: Will future-proof services/be clinically and/or financially sustainable	22	1%
	Positive impact: Will improve staff recruitment and retention incl. attracting staff to NLaG/Northern Lincs hospitals	17	1%
	Positive impact: Will reduce waiting times	9	*%
	Location: Grimsby/DPoW is a good location/generally good location/accessible/good transport links	21	1%

	Equality: Positive impact on any specific demographic/group	1	*%
DISAGREEMENT			
Disagreement: proposals will not work generally / will increase risk to patients	**Disagreement:** General disagreement/will not make a difference or improve services	350	14%
	Disagreement: Will reduce quality of care/increase risk to patients (general)	418	16%
	Disagreement: Changes will be too costly/waste of money	134	5%
Disagreement: keep services as they are / don't remove services from Scunthorpe	**Disagreement:** Keep services local/leave things as they are (non-specific)	522	20%
	Disagreement: Don't remove services from Scunthorpe/SGH	358	14%
	Disagreement: Emergency Department/A&E should not be removed from Scunthorpe/SGH	59	2%
Disagreement: comments directly mentioning one or more of the 4 specific services	**Disagreement:** Trauma should not be consolidated /should be at both hospitals	80	3%
	Disagreement: Emergency Surgery/Emergency Inpatient Care should not be consolidated /should be at both hospitals	136	5%
	Disagreement: Speciality Inpatient Care should not be consolidated /should be at both hospitals, e.g., Gastroenterology, Cardiology, Respiratory	32	1%
	Disagreement: Inpatient Paediatric Care should not be consolidated /should be at both hospitals	198	8%
CONCERNS RAISED – TRAVEL/ACCESS ETC			
Grimsby/DPoW is a poor location in general/too far away	**Location:** Grimsby/DPoW is too far away/poor location (general)	644	25%
Concerns about accessibility for those in Scunthorpe / Goole / the west	**Location:** Grimsby/DPoW is too far/poor location for Scunthorpe/Goole residents/those living in the west	668	26%
Concerns about accessibility for visitors, family, staff etc	**Location:** Grimsby/DPoW is too far/poor location for staff to travel	91	4%
	Location: Grimsby/DPoW is too far/poor location for visitors/family to travel	502	20%
	Travel/Access: Difficult to attend appointments	71	3%
Concerns about the cost of travel	**Travel/Access:** Travel too costly to Grimsby/DPoW	342	13%
Other travel / access concerns (roads, public transport, parking etc)	**Travel/Access:** Poor road infrastructure to Grimsby incl. traffic/road accidents/delays	152	6%
	Travel/Access: Poor public transport to Grimsby/DPoW	275	11%
	Travel/Access: Poor parking facilities at Grimsby/DPoW incl. cost	176	7%
CONCERNS RAISED – EQUALITIES IMPACTS			
Negative impact on non-drivers/people without private transport	**Equality:** Negative impact on those with no access to private transport/don't drive (including travel/transport/parking/cost)	457	18%
Negative impact on children/young people and/or their families	**Equality**: Negative impact on children/young people/families with children (including travel/transport/parking/cost)	374	15%
Negative impact on other groups incl. elderly, low income, etc	**Equality:** Negative impact on people with physical/sensory/learning disabilities/neurodiversity (including travel/transport/disabled parking/cost)	78	3%
	Equality: Negative impact on minority ethnic communities/population (including travel/transport/parking/cost)	4	*%

	Equality: Negative impact deprived areas/families/people with low income (including travel/transport/parking/cost)	141	5%
	Equality: Negative impact on rural residents	52	2%
	Equality: Negative impact on other vulnerable people, e.g., mental illness/homeless or rough sleeping/alcohol or drug users (including travel/transport/parking/cost)	63	2%
	Equality: Negative impact on any other groups incl. elderly	284	11%
OTHER CONCERNS RAISED			
Increased ambulance response/journey times/emergencies are time sensitive	**Negative impact:** Increased ambulance response/journey times/emergencies are time sensitive	306	12%
Other concerns / comments about potential negative impacts	**Negative impact:** General (non-specific)	32	1%
	Negative impact: Will impact quality of care at Scunthorpe/SGH	21	1%
	Negative impact: Will impact quality of care at Grimsby/DPoW	3	*%
	Negative impact: Visitors important for patient wellbeing/outcomes/recovery	166	6%
	Concern: Delay in transferring patients between hospitals incl. in ambulance	119	5%
	Concern: Current waiting times are too long	119	5%
	Concern: Growing population	116	5%
	Concern: Added strain on Diana Princess of Wales Hospital, Grimsby/already overstretched	195	8%
	Concern: Added strain on local/community services	29	1%
	Concern: Added strain on other hospitals, e.g., Scunthorpe/Hull/Lincoln/Sheffield/Leeds	30	1%
	Concern: Local industry creates more need for hospital services	65	3%
	Concern: Downgrading of Scunthorpe/SGH (including removal of other services in the past)	166	6%
	Concern: Perceived removal of Emergency Department/A&E at Goole and District Hospital in the past	17	1%
	Staffing: Negative impact/more strain on staff incl. causing them to quit/to lose skills	152	6%
SUGGESTIONS AND MITIGATIONS			
Improve staff recruitment / training / retention incl. wages / incentives	**Mitigation/Alternatives:** Improve staff recruitment/training/retention incl. wages/incentives	300	12%
Other suggestions / mitigations / alternatives	**Agreement:** Agree with proposals for consolidation but split/shared between both hospitals	48	2%
	Agreement: Agree with proposals for consolidation but should be at Scunthorpe/SGH instead	175	7%
	Agreement: Agree with proposals for consolidation but at a different hospital site (not Grimsby/DPoW or Scunthorpe/SGH)	24	1%
	Mitigation/Alternatives: Transport services should be provided for patients incl. between sites	82	3%
	Mitigation/Alternatives: Improve/invest in Scunthorpe/SGH services	124	5%
	Mitigation/Alternatives: Improve/invest in local services (general/non-specific)	133	5%
	Mitigation/Alternatives: Improve/invest in hospital buildings	41	2%
	Mitigation/Alternatives: Obtain government funding	83	3%

	Mitigation/Alternatives: Build a new hospital	28	1%
	Mitigation/Alternatives: Reduce non-medical roles incl. admin/management	82	3%
OTHER			
Criticism of the consultation	**Criticism of consultation:** More information needed	79	3%
	Criticism of consultation: This is a money saving exercise	118	5%
	Criticism of consultation: Misleading questions/information	78	3%
	Criticism of consultation: Minds already made up/box ticking exercise	55	2%
	Criticism of consultation: General	27	1%
Views on current care / facilities	**Other:** Positive view of current care/facilities (non-specific)	9	*%
	Other: Positive view of current care/facilities at Grimsby/DPoW	28	1%
	Other: Positive view of care/facilities/better care at Scunthorpe/SGH	97	4%
	Other: Positive view of care/facilities at Goole and District Hospital	15	1%
	Other: Negative view of current care/facilities at Grimsby/DPoW	61	2%
	Other: Negative view of care/facilities at Scunthorpe/SGH	66	3%
	Other: Negative opinion of local NHS services in general	122	5%
Other comments	**Staffing:** Issues with how consultants are employed/work	10	*%
	Staffing: Over-reliance on agency/temporary/bank staff incl. costs to the NHS	52	2%
	Other	271	11%

Base: All individual questionnaire respondents providing comments giving reasons for their views on the need for change, NHS Humber and North Yorkshire ICB's proposals, and any suggested alternative solutions or mitigations (2,574), Themes raised (9,770)

Respondents' views on potential equalities impacts and mitigations

9.14 Questionnaire respondents were invited to identify any specific groups or people that they believed might be positively or negatively affected by the proposed changes and to explain how any positive impacts might be enhanced or negative impacts reduced. Table 19 below shows a more detailed account of the groups or people identified while

9.16 Table 20 shows the types of impacts that were stated in the same comments, and how negative impacts might be mitigated.

Table 19: Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts reduced? (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
General impact on all people / patients	**General/all people/all patients:** No reason stated	158	6%
	General/all people/all patients: Positive impact	8	*%
	General/all people/all patients: General negative impact/increased risk/lower quality of care	215	9%
	General/all people/all patients: Distance will be too far to travel/too far from home	145	6%
	General/all people/all patients: Increased costs (general/cost of living crisis)	30	1%
	General/all people/all patients: Cost/difficulty of private transport including poor/expensive parking	80	3%
	General/all people/all patients: Poor/expensive public transport links	46	2%
	General/all people/all patients: Poor road infrastructure including accidents/delays	12	*%
	General/all people/all patients: Lack of visitors/friends/family/carers including impacting outcomes/recovery	72	3%
	General/all people/all patients: Other reason	6	*%
No impacts on any specific group	**Other:** No impacts on any specific group	31	1%
GROUPS / PEOPLE IMPACTED			
Impacts on older/frail people	**Older/frail people:** No reason stated	325	13%
	Older/frail people: Positive impact	3	*%
	Older/frail people: General negative impact/increased risk/lower quality of care	263	11%
	Older/frail people: Distance will be too far to travel/too far from home	261	11%
	Older/frail people: Increased costs (general/cost of living crisis)	18	1%
	Older/frail people: Cost/difficulty of private transport including poor/expensive parking	124	5%
	Older/frail people: Poor/expensive public transport links	54	2%
	Older/frail people: Poor road infrastructure including accidents/delays	9	*%
	Older/frail people: Lack of visitors/friends/family/carers including impacting outcomes/recovery	172	7%
	Older/frail people: Other reason	19	1%
Children / young people / families (including single parents)	**Children/young people/families (including single parents):** No reason stated	189	8%
	Children/young people/families (including single parents): Positive impact	2	*%
	Children/young people/families (including single parents): General negative impact/increased risk/lower quality of care	194	8%

	Children/young people/families (including single parents): Distance will be too far to travel/too far from home	203	8%
	Children/young people/families (including single parents): Increased costs (general/cost of living crisis)	22	1%
	Children/young people/families (including single parents): Cost/difficulty of private transport including poor/expensive parking	78	3%
	Children/young people/families (including single parents): Poor/expensive public transport links	17	1%
	Children/young people/families (including single parents): Poor road infrastructure including accidents/delays	1	*%
	Children/young people/families (including single parents): Lack of visitors/friends/family/carers including impacting outcomes/recovery	132	5%
	Children/young people/families (including single parents): Other reason	20	1%
People without cars / non-drivers	**People without cars/can't drive:** No reason stated	182	7%
	People without cars/can't drive: General negative impact/increased risk/lower quality of care	110	5%
	People without cars/can't drive: Distance will be too far to travel/too far from home	71	3%
	People without cars/can't drive: Increased costs (general/cost of living crisis)	11	*%
	People without cars/can't drive: Poor/expensive public transport links	63	3%
	People without cars/can't drive: Have to rely on lifts from friends/family members	13	1%
	People without cars/can't drive: Lack of visitors/friends/family/carers including impacting outcomes/recovery	50	2%
	People without cars/can't drive: Other reason	6	*%
	People without cars/can't drive: Cost/difficulty of private transport	29	1%
People with physical / sensory / learning disabilities / neurodiversity	**People with physical/sensory/learning disabilities/neurodiversity:** No reason stated	130	5%
	People with physical/sensory/learning disabilities/neurodiversity: Positive impact	3	*%
	People with physical/sensory/learning disabilities/neurodiversity: General negative impact/increased risk/lower quality	133	5%
	People with physical/sensory/learning disabilities/neurodiversity: Distance will be too far to travel/too far from home	110	5%
	People with physical/sensory/learning disabilities/neurodiversity: Increased costs (general/cost of living crisis)	8	*%
	People with physical/sensory/learning disabilities/neurodiversity: Cost/difficulty of private transport including poor/expensive parking (including disabled parking)	40	2%
	People with physical/sensory/learning disabilities/neurodiversity: Poor/expensive public transport links	38	2%
	People with physical/sensory/learning disabilities/neurodiversity: Lack of visitors/friends/family/carers including impacting outcomes/recovery	51	2%
	People with physical/sensory/learning disabilities/neurodiversity: Other reason	17	1%
Deprived communities / low income	**Deprived communities/low income:** No reason stated	124	5%
	Deprived communities/low income: Positive impact	1	*%

	Deprived communities/low income: General negative impact/increased risk/lower quality of care	95	4%
	Deprived communities/low income: Distance will be too far to travel/too far from home	70	3%
	Deprived communities/low income: Increased costs (general/cost of living crisis)	29	1%
	Deprived communities/low income: Cost/difficulty of private transport including poor/expensive parking	92	4%
	Deprived communities/low income: Poor/expensive public transport links	32	1%
	Deprived communities/low income: Poor road infrastructure including accidents/delays	2	*%
	Deprived communities/low income: Lack of visitors/friends/family/carers including impacting outcomes/recovery	37	2%
	Deprived communities/low income: Other reason	8	*%
People in rural areas / located further away	**Rural/located further away:** No reason stated	75	3%
	Rural/located further away: Positive impact	7	*%
	Rural/located further away: General negative impact/increased risk/lower quality of care	120	5%
	Rural/located further away: Distance will be too far to travel/too far from home	133	5%
	Rural/located further away: Increased costs (general/cost of living crisis)	15	1%
	Rural/located further away: Cost/difficulty of private transport including poor/expensive parking	33	1%
	Rural/located further away: Poor/expensive public transport links	35	1%
	Rural/located further away: Poor road infrastructure including accidents/delays	8	*%
	Rural/located further away: Lack of visitors/friends/family/carers including impacting outcomes/recovery	38	2%
	Rural/located further away: Other reason	3	*%
Those with co-morbidities / long-term illnesses (incl. mental health)	**Co-morbidities/long-term illnesses (incl. mental health):** No reason stated	50	2%
	Co-morbidities/long-term illnesses (incl. mental health): Positive impact	1	*%
	Co-morbidities/long-term illnesses (incl. mental health): General negative impact/increased risk/lower quality of care	53	2%
	Co-morbidities/long-term illnesses (incl. mental health): Distance will be too far to travel/too far from home	42	2%
	Co-morbidities/long-term illnesses (incl. mental health): Increased costs (general/cost of living crisis)	5	*%
	Co-morbidities/long-term illnesses (incl. mental health): Cost/difficulty of private transport including poor/expensive parking	9	*%
	Co-morbidities/long-term illnesses (incl. mental health): Poor/expensive public transport links	10	*%
	Co-morbidities/long-term illnesses (incl. mental health): Poor road infrastructure including accidents/delays	1	*%
	Co-morbidities/long-term illnesses (incl. mental health): Lack of visitors/friends/family/carers including impacting outcomes/recovery	30	1%
	Co-morbidities/long-term illnesses (incl. mental health): Other reason	4	*%
	Minority ethnic communities: Other reason	12	*%

Ethnic minority communities	**Minority ethnic communities:** No reason stated	14	1%
	Minority ethnic communities: General negative impact/increased risk/lower quality of care	34	1%
	Minority ethnic communities: Distance will be too far to travel/too far from home	15	1%
	Minority ethnic communities: Increased costs (general/cost of living crisis)	1	*%
	Minority ethnic communities: Cost/difficulty of private transport including poor/expensive parking	8	*%
	Minority ethnic communities: Poor/expensive public transport links	2	*%
	Minority ethnic communities: Poor road infrastructure including accidents/delays	1	*%
	Minority ethnic communities: Lack of visitors/friends/family/carers including impacting outcomes/recovery	5	*%
NHS staff	**NHS Staff:** No specific reason	10	*%
	NHS Staff: Positive including will improve recruitment/staffing incl. retention	8	*%
	NHS Staff: Negative/poor job satisfaction/moral/lack of training/staff leaving service	39	2%
	NHS Staff: Distance will be too far to travel/too far from home	27	1%
	NHS Staff: Increased costs (general/cost of living crisis)	4	*%
	NHS Staff: Cost/difficulty of private transport including poor/expensive parking	8	*%
	NHS Staff: Poor road infrastructure including accidents/delays	1	*%
	NHS Staff: Other reason	5	*%
Pregnant / nursing mothers	**Pregnant/nursing mothers:** No reason stated	11	*%
	Pregnant/nursing mothers: Positive impact	1	*%
	Pregnant/nursing mothers: General negative impact/increased risk/lower quality of care	15	1%
	Pregnant/nursing mothers: Distance will be too far to travel/too far from home	18	1%
	Pregnant/nursing mothers: Increased costs (general/cost of living crisis)	1	*%
	Pregnant/nursing mothers: Cost/difficulty of private transport including poor/expensive parking	1	*%
	Pregnant/nursing mothers: Poor/expensive public transport links	1	*%
	Pregnant/nursing mothers: Poor road infrastructure including accidents/delays	1	*%
	Pregnant/nursing mothers: Lack of visitors/friends/family/carers including impacting outcomes/recovery	7	*%
	Pregnant/nursing mothers: Other reason	1	*%
Other impacted groups (including other vulnerabilities, working people etc)	**Those in employment/students:** Will have to take time off work/study (incl. loss of income)	31	1%
	Those in employment/students: Other reason	13	1%
	Other vulnerable/named groups: No reason stated	59	2%
	Other vulnerable/named groups: Positive impact	9	*%
	Other vulnerable/named groups: General negative impact/increased risk/lower quality of care	68	3%
	Other vulnerable/named groups: Distance will be too far to travel/too far from home	42	2%
	Other vulnerable/named groups: Increased costs (general/cost of living crisis)	4	*%

	Other vulnerable/named groups: Cost/difficulty of private transport including poor/expensive parking	10	*%
	Other vulnerable/named groups: Poor/expensive public transport links	9	*%
	Other vulnerable/named groups: Poor road infrastructure including accidents/delays	1	*%
	Other vulnerable/named groups: Lack of visitors/friends/family/carers including impacting outcomes/recovery	25	1%
	Other vulnerable/named groups: Other reason	6	*%
OTHER			
Other concerns/negative impacts (not affecting a specific group)	**Negative:** Generally disagree with proposed changes incl. keep services local/worse quality of care/patient outcomes	197	8%
	Negative: Disagree with proposed changes to individual/named services	47	2%
	Negative: Impact on the environment	8	*%
	Negative: Impact on ambulance and hospital transport services	51	2%
	Negative: Proposals are a waste of money/too costly to implement	20	1%
Other comments	**Positive:** Generally agree with the proposed changes/better quality of care/patient outcomes	24	1%
	Positive: Agree with proposed changes to individual/named services	6	*%
	Positive: Agree with proposal to keep majority of Emergency/Urgent Care services locally	1	*%
	Positive: Good opinion of DPoW incl. service, accessibility and parking	2	*%
	Mitigation: Co-locate services in central location (not including Scunthorpe)	3	*%
	Mitigation: Improve ambulance services/hospital transport	17	1%
	Mitigation: Provide shuttle buses between sites	40	2%
	Mitigation: Improve public transport provision incl. cost	19	1%
	Mitigation: Improve road infrastructure/parking	9	*%
	Mitigation: Subsidise transport costs/financial assistance (incl. for NHS staff)	16	1%
	Mitigation: Provide accommodation for visitors/parents/carers	11	*%
	Alternative: Co-locate services at Scunthorpe/SGH	17	1%
	Alternative: Build new hospital/co-locate services in central location (not including Scunthorpe)	8	*%
	Alternative: Improve staff recruitment/training/retention incl. wages/incentives	18	1%
	Alternative: Split/share proposed co-located services between both hospitals (some co-located at Scunthorpe/SGH, some co-located at Grimsby/DPoW)	8	*%
	Alternative: Get more funding/invest in/improve Scunthorpe/DPoW	19	1%
	Suggestion: Invest in/improve local services	22	1%
	Suggestion: Downsize non-medical roles/management/use money better	10	*%
	Other: Criticism of consultation, e.g., misleading/poor information/leading questions/mind made up/money saving exercise etc.	84	3%
	Other	83	3%

Base: Individual questionnaire respondents (2,442), Comments made (5,345)

Table 20: Types of impacts suggested by respondents in response to the same question (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
POSITIVE IMPACTS			
Positive impacts: agree with proposals/better care or outcomes	**Positive:** Generally agree with the proposed changes/better quality of care/patient outcomes	24	1%
	Positive: Agree with proposed changes to individual/named services	6	*%
	Positive: Agree with proposal to keep majority of Emergency/Urgent Care services locally	1	*%
	Positive: Good opinion of DPoW incl. service, accessibility and parking	2	*%
	General/all people/all patients: Positive impact	8	*%
	Older/frail people: Positive impact	3	*%
	People with physical/sensory/learning disabilities/neurodiversity: Positive impact	3	*%
	Children/young people/families (including single parents): Positive impact	2	*%
	Pregnant/nursing mothers: Positive impact	1	*%
	Deprived communities/low income: Positive impact	1	*%
	Co-morbidities/long-term illnesses (incl. mental health): Positive impact	1	*%
	Rural/located further away: Positive impact	7	*%
	NHS Staff: Positive including will improve recruitment/staffing incl. retention	8	*%
	Other vulnerable/named groups: Positive impact	9	*%
NEGATIVE IMPACTS			
General disagreement / negative impact(s) (including more risk / reduced quality of care)	**Negative:** Generally disagree with proposed changes incl. keep services local/worse quality of care/patient outcomes	197	8%
	Negative: Disagree with proposed changes to individual/named services	47	2%
	General/all people/all patients: General negative impact/increased risk/lower quality of care	215	9%
	Older/frail people: General negative impact/increased risk/lower quality of care	263	11%
	People with physical/sensory/learning disabilities/neurodiversity: General negative impact/increased risk/lower quality of care	133	5%
	Children/young people/families (including single parents): General negative impact/increased risk/lower quality of care	194	8%
	Pregnant/nursing mothers: General negative impact/increased risk/lower quality of care	15	1%
	Deprived communities/low income: General negative impact/increased risk/lower quality of care	95	4%
	Minority ethnic communities: General negative impact/increased risk/lower quality of care	34	1%
	Co-morbidities/long-term illnesses (incl. mental health): General negative impact/increased risk/lower quality of care	53	2%
	People without cars/can't drive: General negative impact/increased risk/lower quality of care	110	5%
	Rural/located further away: General negative impact/increased risk/lower quality of care	120	5%

	Other vulnerable/named groups: General negative impact/increased risk/lower quality of care	68	3%
Too much distance to travel to hospital / too far from home	**General/all people/all patients:** Distance will be too far to travel/too far from home	145	6%
	Older/frail people: Distance will be too far to travel/too far from home	261	11%
	People with physical/sensory/learning disabilities/neurodiversity: Distance will be too far to travel/too far from home	110	5%
	Children/young people/families (including single parents): Distance will be too far to travel/too far from home	203	8%
	Pregnant/nursing mothers: Distance will be too far to travel/too far from home	18	1%
	Deprived communities/low income: Distance will be too far to travel/too far from home	70	3%
	Minority ethnic communities: Distance will be too far to travel/too far from home	15	1%
	Co-morbidities/long-term illnesses (incl. mental health): Distance will be too far to travel/too far from home	42	2%
	People without cars/can't drive: Distance will be too far to travel/too far from home	71	3%
	Rural/located further away: Distance will be too far to travel/too far from home	133	5%
	NHS Staff: Distance will be too far to travel/too far from home	27	1%
	Other vulnerable/named groups: Distance will be too far to travel/too far from home	42	2%
Lack of visitors / too difficult for friends, family, carers etc	**General/all people/all patients:** Lack of visitors/friends/family/carers including impacting outcomes/recovery	72	3%
	Older/frail people: Lack of visitors/friends/family/carers including impacting outcomes/recovery	172	7%
	People with physical/sensory/learning disabilities/neurodiversity: Lack of visitors/friends/family/carers including impacting outcomes/recovery	51	2%
	Children/young people/families (including single parents): Lack of visitors/friends/family/carers including impacting outcomes/recovery	132	5%
	Pregnant/nursing mothers: Lack of visitors/friends/family/carers including impacting outcomes/recovery	7	*%
	Deprived communities/low income: Lack of visitors/friends/family/carers including impacting outcomes/recovery	37	2%
	Minority ethnic communities: Lack of visitors/friends/family/carers including impacting outcomes/recovery	5	*%
	Co-morbidities/long-term illnesses (incl. mental health): Lack of visitors/friends/family/carers including impacting outcomes/recovery	30	1%
	People without cars/can't drive: Lack of visitors/friends/family/carers including impacting outcomes/recovery	50	2%
	Rural/located further away: Lack of visitors/friends/family/carers including impacting outcomes/recovery	38	2%
	Other vulnerable/named groups: Lack of visitors/friends/family/carers including impacting outcomes/recovery	25	1%
Difficulty / expense of private transport (including parking)	**General/all people/all patients:** Cost/difficulty of private transport including poor/expensive parking	80	3%
	Older/frail people: Cost/difficulty of private transport including poor/expensive parking	124	5%

	People with physical/sensory/learning disabilities/neurodiversity: Cost/difficulty of private transport including poor/expensive parking	40	2%
	Children/young people/families (including single parents): Cost/difficulty of private transport including poor/expensive parking	78	3%
	Pregnant/nursing mothers: Cost/difficulty of private transport including poor/expensive parking	1	*%
	Deprived communities/low income: Cost/difficulty of private transport including poor/expensive parking	92	4%
	Minority ethnic communities: Cost/difficulty of private transport including poor/expensive parking	8	*%
	Co-morbidities/long-term illnesses (incl. mental health): Cost/difficulty of private transport including poor/expensive parking	9	*%
	People without cars/can't drive: Cost/difficulty of private transport	29	1%
	Rural/located further away: Cost/difficulty of private transport including poor/expensive parking	33	1%
	NHS Staff: Cost/difficulty of private transport including poor/expensive parking	8	*%
	Other vulnerable/named groups: Cost/difficulty of private transport including poor/expensive parking	10	*%
Impacts due to other reasons	**Negative:** Impact on the environment	8	*%
	Negative: Impact on ambulance and hospital transport services	51	2%
	Negative: Proposals are a waste of money/too costly to implement	20	1%
	General/all people/all patients: Other reason	6	*%
	Older/frail people: Other reason	19	1%
	People with physical/sensory/learning disabilities/neurodiversity: Other reason	17	1%
	Children/young people/families (including single parents): Other reason	20	1%
	Pregnant/nursing mothers: Other reason	1	*%
	Deprived communities/low income: Other reason	8	*%
	Minority ethnic communities: Other reason	12	*%
	Co-morbidities/long-term illnesses (incl. mental health): Other reason	4	*%
	People without cars/can't drive: Have to rely on lifts from friends/family members	13	1%
	People without cars/can't drive: Other reason	6	*%
	Rural/located further away: Other reason	3	*%
	Those in employment/students: Will have to take time off work/study (incl. loss of income)	31	1%
	Those in employment/students: Other reason	13	1%
	NHS Staff: Negative/poor job satisfaction/moral/lack of training/staff leaving service	39	2%
	NHS Staff: Other reason	5	*%
	Other vulnerable/named groups: Other reason	6	*%
Poor / expensive public transport	**General/all people/all patients:** Poor/expensive public transport links	46	2%
	Older/frail people: Poor/expensive public transport links	54	2%

	People with physical/sensory/learning disabilities/neurodiversity: Poor/expensive public transport links	38	2%
	Children/young people/families (including single parents): Poor/expensive public transport links	17	1%
	Pregnant/nursing mothers: Poor/expensive public transport links	1	*%
	Deprived communities/low income: Poor/expensive public transport links	31	1%
	Minority ethnic communities: Poor/expensive public transport links	2	*%
	Co-morbidities/long-term illnesses (incl. mental health): Poor/expensive public transport links	10	*%
	People without cars/can't drive: Poor/expensive public transport links	63	3%
	Rural/located further away: Poor/expensive public transport links	35	1%
	Other vulnerable/named groups: Poor/expensive public transport links	9	*%
Other concerns about increased costs	**General/all people/all patients:** Increased costs (general/cost of living crisis)	30	1%
	Older/frail people: Increased costs (general/cost of living crisis)	18	1%
	People with physical/sensory/learning disabilities/neurodiversity: Increased costs (general/cost of living crisis)	8	*%
	Children/young people/families (including single parents): Increased costs (general/cost of living crisis)	22	1%
	Pregnant/nursing mothers: Increased costs (general/cost of living crisis)	1	*%
	Deprived communities/low income: Increased costs (general/cost of living crisis)	29	1%
	Minority ethnic communities: Increased costs (general/cost of living crisis)	1	*%
	Co-morbidities/long-term illnesses (incl. mental health): Increased costs (general/cost of living crisis)	5	*%
	People without cars/can't drive: Increased costs (general/cost of living crisis)	11	*%
	Rural/located further away: Increased costs (general/cost of living crisis)	15	1%
	NHS Staff: Increased costs (general/cost of living crisis)	4	*%
	Other vulnerable/named groups: Increased costs (general/cost of living crisis)	4	*%
Issues with roads / infrastructure (including accidents, delays etc)	**General/all people/all patients:** Poor road infrastructure including accidents/delays	12	*%
	Older/frail people: Poor road infrastructure including accidents/delays	9	*%
	Children/young people/families (including single parents): Poor road infrastructure including accidents/delays	1	*%
	Pregnant/nursing mothers: Poor road infrastructure including accidents/delays	1	*%
	Deprived communities/low income: Poor road infrastructure including accidents/delays	2	*%
	Minority ethnic communities: Poor road infrastructure including accidents/delays	1	*%
	Co-morbidities/long-term illnesses (incl. mental health): Poor road infrastructure including accidents/delays	1	*%
	Rural/located further away: Poor road infrastructure including accidents/delays	8	*%
	NHS Staff: Poor road infrastructure including accidents/delays	1	*%
	Other vulnerable/named groups: Poor road infrastructure including accidents/delays	1	*%

SUGGESTED MITIGATIONS			
Alternatives / mitigations / suggestions	**Mitigation:** Co-locate services in central location (not including Scunthorpe)	3	*%
	Mitigation: Improve ambulance services/hospital transport	17	1%
	Mitigation: Provide shuttle buses between sites	40	2%
	Mitigation: Improve public transport provision incl. cost	19	1%
	Mitigation: Improve road infrastructure/parking	9	*%
	Mitigation: Subsidise transport costs/financial assistance (incl. for NHS staff)	16	1%
	Mitigation: Provide accommodation for visitors/parents/carers	11	*%
	Alternative: Co-locate services at Scunthorpe/SGH	17	1%
	Alternative: Build new hospital/co-locate services in central location (not including Scunthorpe)	8	*%
	Alternative: Improve staff recruitment/training/retention incl. wages/incentives	18	1%
	Alternative: Split/share proposed co-located services between both hospitals (some co-located at Scunthorpe/SGH, some co-located at Grimsby/DPoW)	8	*%
	Alternative: Get more funding/invest in/improve Scunthorpe/DPoW	19	1%
	Suggestion: Invest in/improve local services	22	1%
	Suggestion: Downsize non-medical roles/management/use money better	10	*%
OTHER			
People / group(s) identified as being impacted, but no reason(s) given	**General/all people/all patients:** No reason stated	158	6%
	Older/frail people: No reason stated	325	13%
	People with physical/sensory/learning disabilities/neurodiversity: No reason stated	130	5%
	Children/young people/families (including single parents): No reason stated	189	8%
	Pregnant/nursing mothers: No reason stated	11	*%
	Deprived communities/low income: No reason stated	124	5%
	Minority ethnic communities: No reason stated	14	1%
	Co-morbidities/long-term illnesses (incl. mental health): No reason stated	50	2%
	Rural/located further away: No reason stated	75	3%
	NHS Staff: No specific reason	10	*%
	Other vulnerable/named groups: No reason stated	59	2%
	People without cars/can't drive: No reason stated	182	7%
Other comments	**Other:** No impacts on any specific group	31	1%
	Other: Criticism of consultation, e.g., misleading/poor information/leading questions/mind made up/money saving exercise	84	3%
	Other	83	3%

Base: Individual questionnaire respondents (2,442), Positive/negative impacts raised (4,151)

Appendix IV: Key organisation submissions in full (incl. MP survey)

This appendix is available separately due to its large file size. Please see accompanying document.

Appendix V: Social Media Reports

This appendix is available separately due to its large file size. Please see accompanying document.