Opinion Research Services

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Humber and North Yorkshire
Integrated Care Board (ICB)

Changes to Some Services Provided by Scunthorpe and Grimsby Hospitals

Public consultation feedback report: Appendix III: Written Submissions

Opinion Research Services
April 2024

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1. NHS and Healthcare Organisations

Lincolnshire Integrated Care Board

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5 January 2024

Stephen Eames CBE
Chief Executive
Humber and North Yorkshire ICB
Health House
Grange Park Lane
Willerby
HU10 6DT
Sent via email

Dear Stephen,

Ref: Humber Acute Services – Consultation

I am writing to you on behalf of the statutory NHS organisations in Lincolnshire in relation to the consultation that the NHS Humber and North Yorkshire ICB is undertaking on proposed changes to how complex medical, urgent and emergency care and paediatric (children's) services are delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby.

The proposal relates specifically to:

1. 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.
2. 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.
3. Some medical specialities (inpatient) – for people who need a longer stay in hospital (more than 72 hours) and to be looked after by a specialist team for their heart, lung or stomach condition.
4. Paediatric overnight (inpatient) care – for children and young people who need to stay in hospital for more than 24 hours.

As NHS organisations we have reviewed the proposal and I can confirm we have no material concerns with the proposals being consulted on.

We understand that those Lincolnshire residents in the north of our ICB geography who access these services at NLaG would, if the proposals were to be agreed and implemented, experience different pathways within NLaG services, and we have no concerns in relation to that.

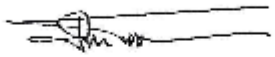
In terms of any impact on Provider Services in Lincolnshire, we believe that proposals 2, 3 and 4 above are unlikely to have any impact. In terms of proposal 1 above we note the potential impact being in relation to circa 90 trauma patients per annum being taken to Lincoln County Hospital. If proposals are formally approved, then we would request to be involved in further discussions in relation to the Trauma pathway. This would allow us to

understand the modelling in further detail and start to explore ways in which we can work in partnership to prepare and implement the final agreed changes, and assess and respond to this impact.

Thank you for asking us to respond to the consultation. We appreciate the opportunity to respond. We look forward to working with you in relation to next steps in due course.

With best wishes

Yours sincerely



John Turner
ICB Chief Executive
NHS Lincolnshire

South Yorkshire Integrated Care Board

South Yorkshire Integrated Care Board
Management Office: 722 Prince of Wales Road
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0114 305 1905

04 January 2024

Sent via email: hnyicb.consultation@nhs.net

Re: Humber Acute Services – Consultation on Changes to Some Services Provided at Scunthorpe and Grimsby Hospitals

Dear colleague,

Thank you for sharing the details of your public consultation on the proposed changes to the way some elements of complex medical, urgent and emergency care and paediatric (children's services) are delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby.

We are pleased to have the opportunity as wider stakeholders to consider your proposed plans and provide feedback, and the information you have shared clearly articulates your rationale for the proposals. We understand that our response will be considered in conjunction with feedback from other stakeholders and we have linked in with partner trusts in South Yorkshire to ensure that they are aware of the changes you are proposing and the potential implications for them, including Doncaster and Bassetlaw Teaching Hospitals FT (DBTH) and Sheffield Children's NHS FT.

The NHS South Yorkshire Integrated Care Board covers the whole of South Yorkshire, including Barnsley, Doncaster, Sheffield and Rotherham. As the changes you are proposing impact on provision at hospitals in Scunthorpe and Grimsby, Doncaster and Rotherham residents are amongst those that maybe potentially impacted by the changes. After seeking further information from your team on the likely number of people that maybe affected by your proposals, we understand that this is relatively low and appreciate the time you have taken to break this down into ICB areas for all the different elements of the proposed changes.

We understand that where possible the proposal is to maintain pathways locally and support this approach. We also understand if implemented the consolidation of trauma services will mean an increase in trauma attendances at Doncaster by circa 44-104 per annum according to ORH monitoring and implementation of the wider proposal will result in a small number of other pathways changes for South Yorkshire residents.

Given that DBTH is an acute hospital site under significant pressure from an urgent and emergency care perspective we advocate that further work is undertaken with that Trust regarding the impact and what potential mitigations could be made. We are keen to support the dialog you have already initiated with East Midlands Ambulance Service NHS Trust to work within the 10 minute threshold for border cases to keep as many as possible within your local footprint and minimise the implications for additional patient flow to DBTH.

We are keen to ensure that the local communities in Doncaster and Rotherham are well informed about the proposed changes and what it will mean for them and their families. We want to ensure that primary and community services understand the changes and what this means for those they care for. We would therefore seek reassurance that the onward change process will include a robust engagement approach encompassing both people and communities and health and care services in Doncaster and Rotherham, and we offer our support to enable this through our existing mechanisms and communication routes.

Thank you for confirming that there will not be any impact on existing children's specialist pathways into Sheffield Children's NHS FT, and sharing that you are working with partners to identify how best to mitigate and manage potential risk for level 1 / 2 high dependency children that in the new model require transfer from Scunthorpe to Grimsby if they deteriorate and require onward transfer to Sheffield. This is an area of concern for us and it is helpful to understand that you are examining this element of the proposal closely to mitigate this risk, and this could result in changes to your proposal.

Finally, after consideration by the maternity arm of the NHS South Yorkshire Integrated Care Board and the South Yorkshire Local Maternity and Neonatal Network it is understood that there will be no direct implications for South Yorkshire. However, it has also been identified with support from the Yorkshire and Humber Neonatal Operational Delivery Network that it was originally anticipated neonatal services would be included in the public consultation on proposed change plans, and this is now no longer the case.

It is our understanding that the Yorkshire and Humber change plans for neonatal services are an important element of responding to the Neonatal Critical Care Review recommendations. Hence, we support the Neonatal Operational Delivery Network and note the need to continue to progress the work on neonatal service transformation at pace to enable delivery of the recommendations in the neonatal critical care review.

Thank you for the opportunity to consider your proposal. We look forward to seeing the feedback you receive and supporting you in the next phase of the work.

With kind regards,

Gavin Boyle
Chief Executive Officer
NHS South Yorkshire

North East Lincolnshire Health and Care Partnership

North East Lincolnshire Health and Care Partnership
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Sent by email from kevin.turner12@nhs.net

5th January, 2024

Email to: hnyicb.consultation@nhs.net

Humber Acute Services – Consultation on Changes to Some Services Provided at Scunthorpe and Grimsby Hospitals

Thank you for the opportunity to respond to the HASR consultation process. This response is on behalf of the North East Lincolnshire Health and Care Partnership (excluding NLaG for the purposes this response) which is a partnership of the following Health and Care Organisations:

- St Andrews Hospice
- Care Plus Group CIC
- Focus Independent Social Work Practice CIC
- Northern Lincolnshire and Goole NHS Foundation Trust
- St Hughes Hospital (part of Hospitals Management Trust)
- Navigo CIC
- NEL VCSE
- PCNs – Apollo, Genesis, Meridian, Panacea, Freshney Pelham
- NEL Council

This contribution sits alongside any responses received from any of the above partners and is therefore more generic in nature to any organisation specific responses.

The HCP has been kept briefed on the HASR programme and related engagement processes and is assured of the integrity of the process to date.

The HCP also recognises and endorses the local challenges identified within the consultation document which, when taken together, establishes a strong case for change. 'No change' is clearly not an option and we would hope that the post consultation decisions about any changes to be made reflect the scale of the challenges we face. We must make such changes to secure the provision of sustainable acute services and we therefore support the proposed

model of care which best achieves this for the people of North East Lincolnshire. Specifically, we support the model of care which brings together at one hospital a 24/7 Trauma unit; 24/7 emergency surgery and IP care (over 24 hours); 24/7 specialty Medicine Inpatient Care (over 72 hours) and Paediatric overnight care. We have a strong preference for those services to be sited at the Diana Princess of Wales Hospital.

The focus of this consultation is Urgent and Emergency Care only and we understand that there will be a review of the future of Maternity and related services, and Planned Care. We urge that these reviews are concluded very quickly so that we can better understand the totality of any changes and the extent to which they will or will not lead to sustainable services in the South Bank.

As part of our HCP discussions relating to the review more detailed assumptions about patient activity levels, patient flows and process efficiency improvements have been shared with us. Meeting these assumptions are critical to delivering the stated benefits of the proposed model of care. Whilst most of the assumptions are founded on best practice benchmarks, we are not sighted on any plans in place, or in development, to ensure that they are delivered in reality. We recognise that some of the actions to delivery the assumptions are solely within the control of NLaG, however many of them can only be met by the collective actions of Health and Care Partnership. Put another way we need to set out range of actions or interventions very quickly out with the acute hospital setting.

As a partnership we are committed to working with NLaG to develop an 'Out of Hospital' offer which:

- Establish integrated models of care, through the rapid expansion of our Connected Health Network (CHN) model, which reduce emergency admissions/length of stay/re-admissions to optimise the use of acute care capacity.

- Agrees how collectively we can reduce elective demand on NLAG, increasing elective capacity within the acute setting to support patients with more complex clinical conditions. We believe that we need to exploit local IS provision and are therefore concerned about, and would not support, the assumption of reducing IS use locally.

- Improve access to assessment and diagnostic services including the use of the proposed CDC facility. This would increase total capacity within NEL allowing acute sector to focus on patients requiring highly specialised clinicians and equipment. It would complement evidence-based assessment and diagnostic pathways with bespoke solutions for patients not suitable for approved pathways. To do that we ask for clarity over the vison from the acute sector and ICB around the future model of assessment, diagnosis and management of patients without a clear explanation of their presenting symptoms.

- Improves the ongoing management and surveillance of patients with a clear diagnosis. Using the CHN model we believe that high volumes of patients under regular review in the acute sector outpatient environment could be better managed in the Out of Hospital setting. To achieve this, we would need a commitment and active clinical engagement from within NLaG to extend the CHN model to other services such as gastro, cardiology, respiratory, endocrinology, rheumatology and MSK.

To deliver this commitment we need to extend and strengthen our partnership working between clinical and professional communities both within and out with the acute hospital setting and empower our clinical and professional communities to drive forward the improvements and change we need. We need to back this up with clear resource and funding flow models designed to stimulate and facilitate clinical change, at the same time as ensuring the clinical viability of services with the hospital setting.

The HCP have also set out a number of enabling workstreams to support the NEL Place collectively with a particular focus on Workforce, Estates and Digital. These are vehicles for developing more joined up thinking across all Health and Care partners which will in turn make significant inroads into some of the challenges faced within services delivered by all partners. For them to be successful we urge NLaG to play a full and active part in them.

Kevin Turner
Independent Chair of the NEL Health and Care Partnership Leadership Group

Yorkshire & Humber Paediatric Critical Care Operational Delivery Network

Yorkshire & Humber Paediatric Critical Care Operational Delivery Network

Introduction:

This paper is written in relation to the proposed changes to service provision within the Humber Acute Service Review (HASR). These changes will affect paediatric acute inpatient provision across Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby – both within Northern Lincolnshire & Goole Hospitals (NLaG) NHS Foundation Trust, and bring a new link with Hull University Teaching Hospitals NHS Trust (HUTH).

We write in relation to Paediatric Critical Care delivered at Levels 1 & 2 at each of these NLaG sites, and the projected impact across the wider Yorkshire & Humber system.

We would like to thank the Karry Carroll within the HASR team for engaging with us so openly in this process and working together to understand the associated risks of any changes made.

We ask that the proposed HASR service reconfiguration be reconsidered, as we believe the current arrangements to be better for patient safety, and patient and family experience.

Paediatric Critical Care Services in the YH PCC ODN:

As a Paediatric Critical Care Operational Delivery Network (PCC ODN), we work in collaboration with 14 Hospital Trusts across the Yorkshire & Humber region, including two tertiary centres for children (Leeds & Sheffield Children's Hospitals), and Embrace - Yorkshire & Humber Infant and Children's Specialist Transport Service.

We have a focus on equity of access to high quality care for infants, children and young people which should not be affected by postcode. Our role includes advocating for patient flow across all levels of critical care; facilitating education, guidance, support and shared learning and supporting equitable access to specialised Long Term Ventilation services in a networked approach.

Paediatric Intensive Care (PCC Level 3) is a 'National Resource' and as such, the PCC ODN have a responsibility to ensure appropriate use of those beds, with an aim to support the skills of staff within the DGHs, to care for children closer to home who don't require the interventions and expertise of a paediatric intensive care unit and/or tertiary level services.

Paediatric Critical Care (PCC) is delivered at Levels 1, 2 & 3 within Yorkshire & Humber, and each of these services are interdependent:

Level	Descriptor	Relevant Clinical Interventions i.e.,
1	**Basic Critical Care** Provided by all hospitals admitting children (This includes resuscitation & stabilisation of all children who require higher levels of care, prior to transfer to specialist services)	• Upper airway obstruction - nebulised adrenaline • High Flow Nasal Cannula Oxygen therapy • Diabetic Ketoacidosis - continuous insulin infusion • Reduced Conscious level GCS<12 • Severe/Life threatening Asthma - IV bronchodilator/continuous nebulisers
2	**Intermediate Critical Care** Provided by some DGH's, PCC Level 2 Units, & Tertiary Centres	• Non-Invasive Ventilation (CPAP/BiPAP) • Long Term Ventilation via Tracheostomy • Status Epilepticus requiring continuous IV infusion • Vasoactive infusion - inotropes/prostaglandin
3 / 3+	**Paediatric Intensive Care** Provided in Specialist Tertiary Centres	• Invasive Mechanical Ventilation

		• Support of two or more organ systems i.e., Vasoactive Infusion, Haemofiltration, Haemodialysis, ICP Monitoring • Advanced Respiratory Support (HFOV) • Extra Corporeal Membrane Oxygenation (ECMO)

Changes proposed with HASR reconfiguration:

In recent months we have supported the HASR team with data to understand how the proposed changes may impact the flow of patients between these services, any additional ask of Embrace, any additional use of tertiary PCC beds, and any risks to patients being transferred between sites.

We have also been contacted by the Paediatric team at Northern Lincolnshire and Goole Hospitals NHS Trust, who raise a number of risks and concerns for their local population of Children and Young People if the current inpatient beds are lost from the Scunthorpe site, in favour of a 23hr 59minute short stay assessment unit.

We know that projections suggest there will be a 5% increase in demand for paediatric critical care year on year, and so we need to look at planning services which accommodate this increasing demand.

It is not yet clear to us how the changes proposed to paediatric inpatient services within the HASR model will enhance care provision, or outweigh the potential risks introduced for infants, children, young people, and their families.

Consequences of HASR reconfiguration:

We wish to highlight concerns regarding the following key areas, each discussed more fully below:

- The displacement of PCC Level 1 & 2 paediatric inpatients currently being cared for at Scunthorpe General Hospital
- The risk of transfer of PCC Level 1 & 2 critically ill children between hospital sites, and further away from specialist Tertiary provision
- Concerns around a secondary transfer service in Yorkshire & Humber and/or any additional impact on Embrace transport service
- The impact on Long Term Ventilation (LTV) patients, as a rapidly increasing patient cohort
- Learning from other models

The displacement of PCC Level 1 & 2 inpatients cared for at Scunthorpe General Hospital:

There is concern around risks associated with the displacement of all paediatric inpatients, particularly PCC level 1 & 2 inpatients from Scunthorpe General Hospital, and the resultant impact on the child, their family, and interdependent services.

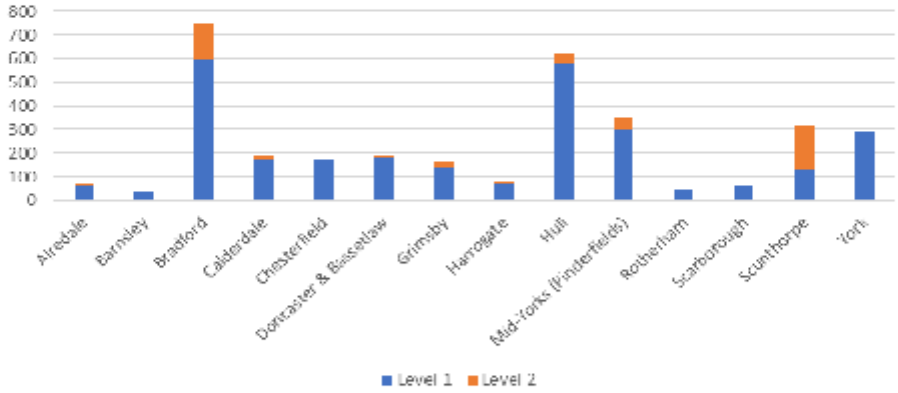
The YHPCC ODN collects yearly data in the form of a 3-month winter HDU audit across all 14 Trusts (16 sites) within the Yorkshire & Humber region. In 2022/2023, data was collected from 31/10/2022 to 29/01/23. This information provides evidence of the patient group which will be most affected by the proposed HASR reconfiguration.

We collect this data against defined critical care interventions, in both patient numbers and 'bed days'. In this 2022/2023 3-month winter audit period Scunthorpe cared for 57 patients meeting the audit criteria vs 34 patients in Grimsby. Whilst the number of patients can sometimes be small at any one hospital, the bed days can be significant for these often-complex children requiring lengthy periods of inpatient care.

The audit data shows that excluding Leeds and Sheffield Children's Hospitals, Scunthorpe was the provider of the most 'level 2 bed days' (184 level 2 bed days in the 3-month period) across all the District General Hospitals within Yorkshire & Humber. In this same period the Scunthorpe level 2 (bed days) provision was greater than at Hull (47) and Pinderfields Hospitals (49) – both designated DGH PCC Level 2 services, although they have seen a higher total number of patients when including level 1 bed days.

In the 16 participating sites for the HDU audit, Hull, Pinderfields, and Bradford hospitals also consistently see increased numbers of patients, with these sites feeding into Leeds Children's Hospital. Scunthorpe is the largest level 1 / 2 PCC provider feeding into Sheffield Children's Hospital, in the south of our Yorkshire & Humber region.

DGH bed days by Care Level. PCC ODN Annual Winter HDU audit 31/10/2022 to 29/01/23:



The loss of paediatric inpatient care in Scunthorpe 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.

The impact of this model doesn't support a move to provide 'green' and sustainable services within the NHS, with an increased CO_2 footprint in longer distances travelled from home, and a financial burden for families travelling frequently to visit their child.

The HASR model data currently details an average of 2.6 children per day from Scunthorpe who would require transfer for ongoing inpatient care. The future modelling suggests that 3 inpatients per day would require transfer, with 0.6 of those as PCC level 1 or 2 children per day (229/year), and the remaining patients being low dependency (non critical care). These are children who will not be

positively impacted by the implementation of Hospital@Home services or other alternative models of care, and who will continue to require high quality inpatient care close to home.

Transfer of PCC Level 1 & 2 critically ill children between hospital sites, and further away from specialist Tertiary provision:

The transfer of Paediatric Critical Care patients carries a certain amount of risk in all formats.

We know that it can sometimes be riskier to transfer a level 1 or 2 Paediatric Critical Care patient, than a Level 3 patient who has a secure airway and a certain level of induced stability. Level 2 patients can be considerably unwell and unstable when presenting to hospital, and the act of the transfer itself may be enough to destabilise them further.

The transfer of this group of patients to the Diana Princess of Wales Hospital in Grimsby as proposed, would incur a 30 mile/45 minute journey via motorway, and so is not insignificant. Current PCC ODN guidance would suggest that should any patient moves be necessary between hospital sites for capacity reasons, then the most stable patients should always 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 across the ODNs nationally, pathways do not recommend transfer of level 1 / 2 patients between hospital sites. This is detailed in the Paediatric Critical Care GIRFT Programme, National Specialty Report, 2022 stating 'This concept is no longer felt to be realistic as these children may deteriorate further, requiring a second transfer from L2 to L3 provider in up to 50% of cases'. Current regional and national pathways would support that the child who requires escalation of care be transferred to a tertiary paediatric service, and then later stepped down to level 1 or 2 care.

The HASR model proposes paediatric inpatient moves from Scunthorpe to Grimsby, transferring the child 30 miles in the wrong direction further away from Specialist Tertiary and Paediatric Intensive Care at Sheffield Children's Hospital.

Should children be transferred from Scunthorpe to Grimsby, then as detailed above up to 50% of those patients will go on to require a secondary transfer from Grimsby to Sheffield Children's Hospital. This is another 72 miles/ 1-hour 25minute journey, on top of the initial 30 mile/45 minute transfer.

Whilst Hull (HUTH) provides Tertiary care to Neonates, and is a regional Major Trauma Centre to Adult Patients only, it does not provide any enhanced provision for children aged 0-16 years over and above the care delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby. It functions as a large DGH for Infants, Children and Young People within the network model.

All existing pathways for escalation of care for children from NLaG continue to be delivered at Sheffield Children's Hospital (including Major Trauma referrals), and for some clinical indications (e.g., tertiary cardiology and liver) Leeds Children's Hospital.

With this in mind, the HASR model would see Level 1 & 2 Paediatric Critical Care patients displaced from Scunthorpe and likely to be transferred to Sheffield Children's Hospital, thus having a direct impact on the service provided in Sheffield. Scunthorpe PCC level 1 & 2 patients would be utilising

regional/tertiary HDU beds which will reduce the availability of those beds to acutely unwell children in other hospitals across the region and impact on the capacity to provide L2 postoperative care for surgery.

Any loss of loss of paediatric inpatient beds also directly affects flow out of PICU, with reduced step-down capability and the necessary turnover of Level 3 beds available for other regional patients to access.

Concerns around a secondary transfer service in Yorkshire & Humber and/or any additional impact on Embrace Specialist Transport service:

The loss of paediatric inpatient beds at Scunthorpe may impact on Embrace Transport service when being asked to move the displaced PCC level 1 / 2 patients from Scunthorpe to Sheffield Children's Hospital, or if there is no capacity, potentially to other Level 2 providers.

It is important to note that Embrace are not commissioned to provide a service for the transfer of non critical care paediatric patients, in the same way they facilitate transfer of neonates between units.

The HASR model proposes a secondary paediatric transport service to facilitate the transfer of paediatric patients from Scunthorpe to Grimsby, requiring ongoing inpatient care beyond 24 hours.

For patients who require simple transport between sites there may be minimal risk involved, but some level 1 / 2 children will require continued nursing, medical and/or anaesthetic care to facilitate a safe transfer and will be subject to considerable risks described above, and this pathway- moving children further away from specialist paediatric tertiary services, is not supported regionally or nationally.

The proposed new NLaG paediatric transport service would be required to meet the same standards as set out by the NHS England Paediatric Critical Care Transport Service Specification, if transferring critically ill children between providers.

This same service specification highlights the importance of dedicated paediatric specialist transport services, and describes how 'Published descriptive studies have highlighted the benefits of a dedicated transport team over non specialist teams, where inter hospital transfer of critically ill children by personnel not trained in paediatric intensive care transport has been shown to be associated with **unacceptable transport related morbidity,** and that dedicated transport personnel may be an important determinant of morbidity and mortality.'

Recruitment of skilled and experienced nursing and medical staff, with the necessary skills and competencies, 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.

If paediatric inpatients are moved to Grimsby, and then deteriorate requiring tertiary paediatric critical care, Embrace would be required to undertake a longer journey to Grimsby from their base in Barnsley to support stabilisation and transfer of that child. This will increase the time taken to reach the patient, increase the time away from base, and longer journeys may impact on availability of the team to reach other children across the region.

There are other areas where a transport service exists to shuttle stable paediatric patients between sites, however these primary sites were not and are not significant providers of Level 1 & 2 paediatric critical care. This is not comparable to the situation in Scunthorpe with a known existing patient group, who would now be displaced.

If a critically ill child does occasionally or unexpectedly arrive to an ED/Paediatric Assessment Unit in areas with no inpatient provision, then Embrace do facilitate transfer for escalation of care to a tertiary service. These patients are not usually transported to the sister site as is proposed in the HASR arrangement.

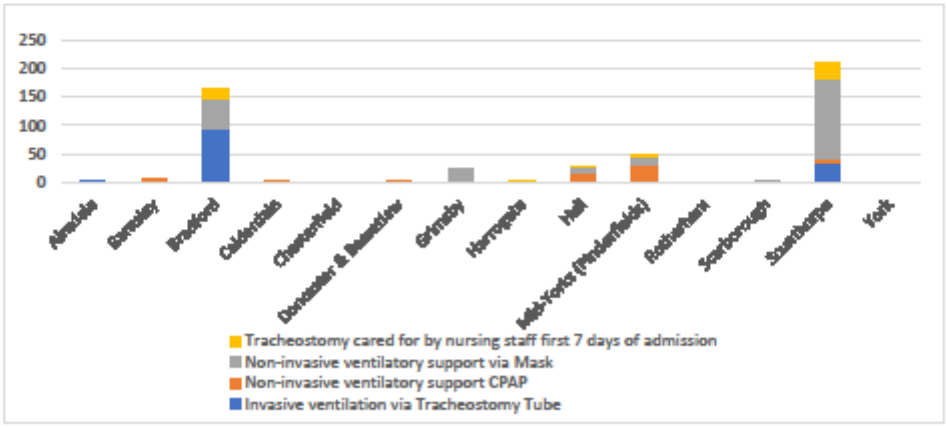
The impact on Long Term Ventilation (LTV) patients, as a rapidly increasing patient cohort:

The number of children who require Long Term Ventilation (LTV) has grown exponentially over the past 5-10 years. Within Yorkshire & Humber there were 92 LTV patients feeding into Sheffield Children's Hospital in 2019, and this number has now grown to 193 patients in 2023. This group of technology dependent children and young people often have other comorbidities and complex health needs, requiring specialist input from multiple speciality teams, both locally and regionally.

LTV is classified as a Level 2 Paediatric Critical Care activity, and needs can range from a child requiring additional non-invasive ventilatory support at times of sleep, to children invasively ventilated 24/7 via a tracheostomy.

The PCC level 2 activity recorded through the winter audit is largely made up of this group of LTV patients, with a small number of patients requiring CPAP or care of a tracheostomy. This is shown in the table below as LTV/respiratory bed days across the DGHs, demonstrating the high proportion of Level 2 care consisting of this activity in both Scunthorpe and Bradford, when compared against other similar services.

DGH LTV/Respiratory Level 2 bed days. PCC ODN Annual Winter HDU audit 31/10/2022 to 29/01/23:



These services are both models for other providers to aim for, in delivering 'care closer to home.'

The Paediatric Critical Care GIRFT report, 2022 sets the goal to develop improved long-term ventilation pathways, by delivering hospital care- when it is necessary, as close to the child and family home as possible, and in a non-critical care environment unless the child is clinically unstable.

We do not support the move of these patients to Grimsby – a service without the relationships and less experience (than Scunthorpe) of caring for this patient group within their children's ward, and families are unlikely to want to actively move their child further away from the specialist and tertiary services whose care they are under.

We also do not support a move of 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. This is backed up by a statement from the Paediatric critical care and surgery in children review: Summary report. 'Too often a child and family are transferred to a tertiary centre when care closer to home should be possible. This is not good for the family, and it places a strain on PICU beds which are under ever increasing pressure.'

It would not be sensible to support a move of these patients to Hull, where the 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 Children's Hospital, rather than Sheffield Children's Hospital.

Learning from other models:

In seeking to understand the risks and benefits of the proposed HASR changes, we have engaged with others who have previously embarked on service transformation and implemented a similar model of one short stay assessment service and one paediatric inpatient site.

There are a number of consistent findings to share from these conversations:

- Service reconfigurations were implemented due to a critical lack of necessary staff. i.e., one lone Paediatric Nurse on shift, lack of suitably skilled staff, lack of interdependent services provided to safely deliver care. This is not the case in Scunthorpe.
- Any 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 from tertiary specialist paediatric services.
- Short stay assessment teams became skilled in rapid assessment of children, with confident decisions to discharge or transfer.
- No existing or established services successfully providing Level 2 paediatric critical care were lost in these other models.
- The short stay assessment model was successful for a majority of patients, however those that required transfer for admission had what was described as 'an awful patient experience' with disjointed care.
- The provision of additional paediatric inpatient beds at the receiving hospital site did not materialise due to an inability to recruit sufficient paediatric nursing staff. As such, much effort and energy was focused on finding an inpatient bed at another provider trust within the region. This resulted in either moving patients across the region, or Consultant led decisions to keep the child beyond the 24-hour short stay period, believing that the risk of a

transfer was too great to warrant the adverse effect of a longer distance transfer, on the patient and family.

- At one site the conversion rate for admission of children presenting to their short stay unit was as much as 30%, with up to 2/3 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 of these patients described above, despite not being commissioned to do so, and where Level 3 patients took priority there was no transport offer and/or a prolonged wait for the next available team.
- Sites that are not regularly providing elective surgery to children saw an increase in adverse incidents when critically ill or injured children presented to their care needing to be resuscitated and stabilised. The lack of opportunity for anaesthetic teams to retain confidence and competence in anaesthetising and managing children when not regularly practiced, is recognised by the PCCODN.
- All teams spoken to, describe the aim to reverse their service reconfiguration and loss of paediatric inpatient beds, in recognition of increasing patient numbers, increased acuity, transfer and transport risks, and strong feelings around adverse patient and family experience.

Conclusion:

In summary, the risks clearly outweigh any benefits to staff, patients, and their families within the proposed HASR service reconfiguration.

Transfer risks, displacement of level 1 & 2 PCC patients to other services, increased use of regional beds, a move away from the desired care closer to home model, and the impact on Embrace all suggest that no change should be made to the current model of paediatric care delivery at NLaG.

Learning from other models reveals increased risks to patients, and adverse patient and family experiences as the key concerns for staff.

Demand for paediatric services is increasing year on year, and the increased acuity and complexity of our patients should dictate that all provider trusts prioritise and invest in enhancing existing services for children and young people.

We ask that the proposed HASR service reconfiguration be reconsidered in the light of the above concerns.

This paper is produced by the Yorkshire & Humber Paediatric Critical Care Operational Delivery Network Leads and is supported by Embrace- Yorkshire & Humber Infant and Children's Transport Service.

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Dr Sian Cooper	Clinical Lead	YHPCC ODN
Dr Kelechi Ugonna	LTV Clinical Lead	YHPCC ODN
Jo Whiston	Lead Nurse	Embrace
Dr Ross Cronin	Transport Consultant	Embrace

Supportive materials and References:

- Edge WE, Kanter RK, Weigle CG, Walsh RF. Reduction of morbidity in inter-hospital transport by specialized paediatric staff. Crit care Med 1994;22(7):1186-91
- https://www.england.nhs.uk/publication/paediatric-critical-care-and-surgery-in-children-review-summary-report/
- Morris, K (2022) Paediatric Critical Care GIRFT Programme National Speciality Report, NHS England & NHS Improvement
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- Ramnarayan P, Thiru K, Parslow RC, Harrison DA, Draper ES, Rowan KM. Effects of a specialist retrieval team on outcomes in children admitted to paediatric intensive care units in England and Wales: a retrospective cohort study. Lancet 2010;376(9742):698-704
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Hull University Teaching Hospital NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust

NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Northern Lincolnshire and Goole
NHS Foundation Trust

Diana, Princess of Wales Hospital
Scartho Road
Grimsby
North East Lincolnshire
DN33 2BA

JLo/SL/IMc/CR

4 January 2024

Humber Acute Services
Your Health, Your Hospitals
Public Consultation team

By email only hnyicb.consultation@nhs.net

Dear Colleagues,

Re: Humber Acute Services – Your Health, Your Hospitals – public consultation

Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) provide a wide range of secondary care services from five hospital sites: Hull Royal Infirmary (HRI), Castle Hill Hospital (CHH) in Cottingham, Scunthorpe General Hospital (SGH), Diana, Princess of Wales Hospital (DPoW) in Grimsby and Goole and District Hospital (GDH). In addition, HUTH provides a range of specialist (tertiary) services for the wider region and NLaG provides community services in the North Lincolnshire area.

As a hospital group (the Group), we represent one of the 12 largest hospital group organisations in the country. We are extremely ambitious for our population and want to provide the best quality healthcare for local residents across both sides of the River Humber.

We face a number of significant challenges that impact on our ability to provide high quality, sustainable hospital services for the population of the Humber:

- The way our services are organised leads to inefficiency, double-running and makes it difficult to meet national clinical standards.
- Our services do not deliver the NHS Constitutional Standards or performance standards, particularly in relation to waiting times and patient access.
- Our staff are spread too thinly across our existing services, and we are not able to recruit and retain the workforce we need.
- We face significant financial challenges, and we are not delivering efficient services due to their site configuration and service models.

Over the past three years, the five hospitals in the Group have worked collaboratively with the Integrated Care Board (ICB) and other partners to develop potential solutions to these challenges. Clinical teams, nursing and AHP leads and a wide range of other professionals from across the Group have been actively involved in developing and evaluating the potential options for change. The proposal that the ICB is consulting on has been shaped by extensive involvement from NLaG and HUTH teams. In developing the Pre-Consultation Business Case (PCBC), more than 50 workshops took place involving 1,000+ clinical colleagues from across the Group.

The Group fully supports the ICB's proposal to change the way some more complex medical, urgent and emergency care and paediatric services are delivered at our hospitals in Scunthorpe and Grimsby.

Adopting a new model of care for urgent and emergency care services across the south bank of the Humber will provide a number of key benefits for our patients, which the PCBC sets out, and help to ensure services can be sustainable for the future. In particular, consolidating specialist teams will help to tackle the

.../

south bank's 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.
We recognise that further detailed engagement with clinical and operational teams across the Group is required as planning for implementation continues. Our teams across the Group are primed for this and will continue to fully commit to this planning. This continued engagement will help to ensure any proposed changes are implemented in the most effective, efficient, timely and safe manner.

We trust that the ICB will continue to work with colleagues across the Group to develop detailed plans for implementation, building on the extensive work undertaken by our teams over the past 14 weeks to review and update all the underpinning activity modelling, bed assumptions, workforce modelling and financial analysis. This work has also identified key dependencies with pre-hospital and out of hospital care, as well as services provided by partners in the primary, community, social care and voluntary, community and social enterprise (VCSE) sectors.

The implementation of the programme will be reliant upon changes within community and primary care. Work has been undertaken during implementation planning to scope the range of work required to be in place prior to the proposed acute care changes. It is essential that these enabling changes are in place prior to implementation of any acute pathway changes.

We are fully supportive of the proposed plans that have been subject to consultation and are prepared to mobilise our teams to implement any changes required in line with ICB approvals.

Yours faithfully,

Sean Lyons
Group Chairman

Jonathan Lofthouse
Group Chief Executive

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Re Humber Acute Services – Consultation on Changes to Some Services Provided at Scunthorpe and Grimsby Hospitals

Dear colleagues at NHS Humber and North Yorkshire Integrated Care Board,

Thank you for presenting Doncaster and Bassetlaw Teaching Hospitals (DBTH) with the opportunity to respond to the consultation on the proposed changes to the way some services are delivered at Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby.

We understand that our response will be considered in conjunction with feedback from other stakeholders and we have linked in with South Yorkshire Integrated Care Board to ensure that they are aware of the changes you are proposing and the potential implications wider than DBTH.

Whilst we understand the rationale and appreciate the challenges and the priorities the Integrated Care Board are facing we have some points which we feel need to be considered and responded in your decision making. These are set out below:

1. Understanding the total potential additional activity at DBTH

The changes which are being proposed will impact on some patient populations who currently choose to receive care at Scunthorpe General Infirmary (SGI) but who will subsequently be geographically equidistant to Doncaster Royal Infirmary (DRI). Therefore we anticipate there would be a significant impact on activity, specifically to DRI.

On 28th December 2023 in a meeting with DBTH's Chief Operating Officer, and Strategic Lead from South Yorkshire ICB you explained that modelling suggests between 44 and 104 trauma patients annually (depending on if you apply a 10 min threshold re distance) would present at DBTH.

It would be helpful to understand more details within the modelling, for example in trauma the guidance is clear regarding hip fractures but there are no details on a host of other injuries such as comminuted ankles, peri-prosthetic femur, dislocated hip replacements etc. Do they fall in the categories of patients who would now be treated at The Diana Princess of Wales Hospital? Or are these numbers included in the 44 to 104 likely to attend DRI?

As a trust DBTH is under significant pressure from an urgent and emergency care perspective and therefore further work needs to be undertaken regarding the impact and what potential mitigations could be made and how we can minimise the implications for additional patient flow to DBTH.

2. Impact on 'out of area' patient outcomes

Care for patients out of area has a tendency to be prolonged, due to limited access to records in different systems often leading to repeat investigations, which constitutes poorer care for those patients. Whilst your proposals clearly set out the intention for patient pathways to stay local, it is unclear whether public/ patient behaviour has been accounted for in the modelling. Communicating the proposed changes to services will advertise that some 'specific' care is no longer available at Scunthorpe and we would anticipate that some patients would chose to self-present at DRI in place of risking being transferred to Grimsby, due to the distance from home.

As a result DBTH would require additional beds, and require the funding for those additional beds. It would also require special agreements in place with DBTH and social care providers across NHS Humber and North Yorkshire to minimise delays to discharge.

3. Impact on capital/estate depreciation

One of the greatest challenges to DBTH, and the South Yorkshire ICB, is the risks to the depreciated estate at DRI. If changes are made to patient flow which would see increased numbers of patients arriving at DRI relevant investment in capital depreciation has to be aligned to it. Quite simply the DRI estate cannot support additional activity without the relevant capital investment to ensure that activity is delivered safely. At present, there seems to be no provision for this additional capital required in DBTH

4. Workforce, education and training

The proposed changes may negatively impact on locally trained people (fewer people being trained on the specialities concerned local to Scunthorpe and Doncaster) and potentially the future workforce provision.

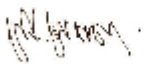
We would also seek assurance that there is full support from the local YH NHSE Team for any impact for doctors in training from this proposed change in service delivery model.

5. Engagement, communications and patient behaviours

One of the most significant challenges with the proposed changes is how these will be communicated and how patient populations respond. We have experience of making a similar change to paediatric (overnight) care at Bassetlaw Hospital a number of years ago. Despite clear, extensive communications that patient behaviour should not change (paediatric patients should continue to present to Bassetlaw ED) a significant proportion of patients chose to attend DRI and Sheffield Children's NHS FT.

We are already anecdotally experiencing more patients arriving to DRI by choice, from the geographic area that will be most affected by the proposed changes and we have concerns that patient initiated choice for both maternity and paediatric services could also impact on activity at DRI in the future and would want to keep this under review.

Yours sincerely,



Richard Parker OBE
Chief Executive Officer
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Leeds Childrens Hospital

Subject line: RE: Formal Consultation - closing date approaching

Hello,

It is the view of Leeds Children's Hospital that this appears to a very sensible and measured proposal to continue to offer services in their area in East Yorkshire/North Lincolnshire.

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.

Many thanks,

East Midlands Ambulance Service NHS Trust

NHS
East Midlands
Ambulance Service
NHS Trust

Trust Headquarters
1 Horizon Place
Mellors Way
Nottingham Business Park
Nottingham
NG8 6PY
Head office telephone: 0115 884 5000
Website: www.emas.nhs.uk

Anja Hazebroek / Alex Seale
Health House
Grange Park Lane
Willerby
HU10 6DT

4 January 2024

Dear Anja Hazebroek and Alex Seale

Re: Humber Acute Services – Consultation on Changes to Some Services Provided at Scunthorpe and Grimsby Hospitals

Thank you for the opportunity to provide our views as part of the Humber Acute Services Programme. I can confirm that EMAS colleagues have been actively involved and engaged throughout the process thus far and will continue to work closely with colleagues from the ICB, North Lincolnshire and Goole Hospital Trusts and wider system partners. Whilst being completely cognisant of the rationale for the review of Acute Service provision in the Humber, we acknowledge and are supportive of the benefits to patients and wider NHS delivery. As a Health provider and partner we recognise the proposals will enable patients to access more skilled specialist care, deliver more sustainable staffing models and offer best value for money.
We recognise that a small number of our patients, and the service we provide to them, will be affected by the consolidation of services at Grimsby. However, if someone from in or around Goole or Scunthorpe were to have an accident and needed to be treated in a Trauma Unit or Major Trauma Centre, EMAS will continue to utilise appropriate trauma pathways to convey to the most appropriate destination as we currently operate.

We are grateful that the joint work has acknowledged the impact upon EMAS resourcing based upon the proposed changes and we hope the recognition of required increase will be sufficient to mitigate the impact of any longer journeys on wider ambulance response times and subsequent patient outcomes.

We look forward to continuing to work with the HAS programme to further understand the impact and collectively ensuring the delivery of these proposals

Respond | Develop | Collaborate

improves patient outcomes. both within the hospital settings and for the wider population awaiting an ambulance response. We are keen to explore further opportunities with the ICB and acute partners to provide a safe transfer service between the acute sites.

To ensure we can maximise the best outcomes for our patients without a detrimental affect on system flow, we are also keen that the HAS Programme understands the impact on neighbouring acute organisations that may receive additional activity, as recommended in the senate review undertaken earlier this year.

Thank you again for the opportunity to provide feedback on these proposals and I look forward to continued partnership working in delivery.

Yours sincerely

Will Legge, Director of Strategy and Transformation

Yorkshire Ambulance Service NHS Trust

NHS
Yorkshire
Ambulance Service
NHS Trust

Trust Headquarters
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Wakefield 41 Business Park
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NHS Humber and North Yorkshire Integrated Care Board

Hnyicb.consultation@nhs.net

21 December 2023

Dear colleague

Humber Acute Services – Consultation on changes to some services provided at Scunthorpe and Grimsby Hospitals

Thank you for the opportunity to respond to your consultation on changes to some of the services provided in the Scunthorpe and Grimsby areas. Based on your consultation questions, our responses are set out below.

Section 1 - Current local challenges
To what extent do you agree or disagree that NHS Humber and North Yorkshire ICB needs to make changes to respond to these challenges?

Response

Strongly agree

YAS recognises the increasing patient demand experienced in the area, along with the complexity of conditions that patients are experiencing. YAS also recognises the challenges of staff recruitment and retention in the NHS and experienced in the region and the limited capital funding available to NHS organisations to invest in and improve their buildings and estate.

Section 2 - What is being proposed – A better model of care
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?

Strongly agree

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?

Strongly agree

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?

Strongly agree

Please explain the reasons for your answers and tell us if you have particular concerns about:
• Keeping most urgent and emergency care services in both hospitals;
• Bringing the four specific services together at one hospital – including if you have specific concerns or comments about any particular service;
• The hospital site where the four specific services are proposed to be brought together;

Please also explain any alternative solutions or improvements that address the challenges, which you think should be considered instead.

Response
YAS supports the proposal to provide urgent and emergency care services at both hospitals, ensuring availability of services close the local populations. For more complex and specialised services, YAS supports the provision of these in one location, recognising the clinical and patient benefits and sustainability of running these services together as one service.

The location of the four services at the hospital in Grimsby may lead to some extended journey times for a small number of patients that YAS conveys to hospital and a subsequent impact on our crews returning to their base station. However, given the likely numbers of patients involved, the impact for YAS is expected to be small. We would expect that 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.

Previous experiences of reconfigurations of services have not led to any significant issues and our staff have the knowledge and experience to identify the most clinically appropriate destination for patients.

<u>Section 3 – Equalities Impact</u>
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?

Yorkshire Ambulance Service NHS Trust Headquarters: Springhill, Brindley Way,
Wakefield 41 Business Park, Wakefield, WF2 0XQ. Tel: 0845 124 1241. Fax: 01924 582217.

Response
There are likely to be transport challenges for those patients who are not treated at their local hospital and with NHS England changes to the eligibility criteria for those able to claim for support in transport, some groups of patients may be disadvantaged.

Should you require any further information or clarification from us, please do not hesitate to contact us.

Your faithfully

Peter Reading
Interim Chief Executive

Yorkshire Ambulance Service NHS Trust Headquarters: Springhill, Brindley Way,
Wakefield 41 Business Park, Wakefield, WF2 0XQ. Tel: 0845 124 1241. Fax: 01924 582217.

The Roxton Practice, St Hugh's Hospital and Illumina Diagnostics

Humber Acute Services
Consultation on Changes to Some Services Provided at Scunthorpe and Grimsby Hospitals

Roxton Practice, Illumina and HMT are making this submission jointly as we are discussing how we can work more closely in partnership in the future

1. Whilst the focus of the consultation is on acute care, we would be interested in exploring how as a partnership we could compliment and add value to modern evidence based effective acute care pathways by optimising outcomes for people through personalised bespoke solutions and improved continuity of care. We would like to explore how we can work with the Acute provider to develop single comprehensive pathways for people from primary care, through diagnostics, pre-hab, surgery through to re-hab in order to deliver holistic health outcomes. With Roxton, Illumina and St Hughes working together we could offer rapid access to effective MSK pathways. We could offer a single point of assessment and management for patients with or at risk of MSK conditions allowing the acute sector to focus on those patients requiring very specialised support and intervention. By utilising our innovative approach with the introduction of Patient Activation Measures we can quickly start to evidence patient optimisation and improved outcomes across the board. We could ensure that patients waiting for acute interventions have their physical, mental, social and occupational health maximised. We would support primary care to manage the physical presentations and expectations of patients presenting with MSK conditions to reduce future demand on the acute sector through effective preventative approaches.

2. Given the acknowledged changes in demographics locally towards an aging population, continuity of care would offer significant benefits for this group of patients and offer additional benefits of people exiting hospitals back home, rather than into residential or nursing care, learning from the intermediate care model. We would be keen to explore specialist pathways for patients with complications due to dementia and frailty and provide enhanced community support to these individuals to reduce their LOS in the acute sector and improve their personal experience and outcomes.

3. St Hughes and Illumina currently both deliver diagnostics for NHS pathways. We have the potential to provide comprehensive imaging assessment and diagnostic services that would complement the current CDC plans. We would be keen to explore the potential role of the independent sector to improve the workforce attraction and retention in assessment, imaging, investigations and diagnosis for Northern Lincolnshire. We would be keen to explore how the independent sector could help to reduce the large current budget in the acute sector on locum and agency staff.

4. HMT own land on the Peaks Lane site that sits between services delivered by St Andrews Hospice, Navigo and St Hugh's Hospital. We are working with Roxton to explore and vision how we could use the opportunity this land represents to bring together and optimise the resources that, as a broad health partnership, we can share to respond to the emerging needs of the NEL population and reduce health inequalities. With potential increased demand on the DPOW site as a consequence of managing some of the more complex cases needing acute sector support, we are keen explore how the current and future estate out of hospital could be used more effectively to manage outpatient and low risk in patient work to create more capacity on the DPOW site.

19th December 2023

In conclusion, we welcome the opportunity to input into this public consultation. we support the proposals but would be keen develop a working relationship with the acute sector to explore these ideas further

Peter Melton
GP Partner
The Roxton Practice

Liz Oke
Hospital Director
Healthcare Management Trust
(St Hugh's Hospital)

William Melton
Business Manager
Illumina Diagnostics

ROXTON

HMT HOSPITALS ST HUGHS

ILLUMINA DIAGNOSTICS

19th December 2023

2. 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, Care and Wellbeing Overview and Scrutiny Committee

Health Scrutiny Committee for Lincolnshire

North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel

HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC).

FORMAL RESPONSE TO THE 'HUMBER ACUTE SERVICES PROGRAMME' CONSULTATION BY HUMBER AND NORTH YORKSHIRE INTEGATED CARE BOARD.

1. Introduction

1.1 The Humber and Lincolnshire Joint Health Overview and Scrutiny Committee (JHOSC) is the statutory, democratic body responsible for scrutinising substantial development and variations to local NHS services. The JHOSC was formally constituted on 17 October 2023 to undertake this work.

1.2 The JHOSC is comprised of non-executive elected members of the following local authorities.

- East Riding of Yorkshire Council,
- Hull City Council,
- Lincolnshire County Council,
- North East Lincolnshire Council, and
- North Lincolnshire Council.

1.3 The JHOSC has undertaken this role by speaking to senior members of the Integrated Care Board, local NHS leaders, and clinicians. The JHOSC has also reviewed a large number of supporting documentation.

1.4 The JHOSC would like to place on record its sincere thanks to the above NHS representatives, who have acted in a responsive, open and productive manner throughout.

1.5 This response will take the form of a general overview, followed by short submissions from each of the above local authorities, and ending with commonly held conclusions and a summary.

2. General overview

2.1 The JHOSC fully understands the rationale for the proposals, both in terms of the challenges that the health and care system face, and the desire to provide the best possible services for the residents of the Humber and Lincolnshire. These have been articulated eloquently by the ICB, and reviewed by external specialists, and we are confident that the ICB are genuine in their attempts to ensure safe and quality care.

2.2 Despite this, we do have a number of concerns about the implications of the proposals, some of which are acknowledged by the ICB, or have been identified as areas for further work. These are discussed in section four (the JHOSC's views) and summarised in section five.

3. Responses from Constituent Scrutiny Committees

Response from East Riding of Yorkshire Council's Health, Care and Wellbeing Overview and Scrutiny Sub-Committee.

EAST RIDING OF YORKSHIRE COUNCIL HUMBER ACUTE SERVICES RESPONSE	
Quality of Care - How does the authority feel patient outcomes, safety measures, equalities and patient satisfaction be affected by the HASR	Some disquiet was raised regarding the impact to the convenience of family and friends to visit patients now being treated further away and how this would impact on the patient experience, particular for paediatric care. Transport more generally was a point of contention for Members, with some concerned that the issue had not yet been given adequate consideration. As the proposals progressed towards implementation, Members hoped these issues would be revisited.
Consultation - Does the authority feel the extend of consultation has been sufficient for the HASR	Though the reception to the extent of consultation was generally positive, there were some concerns that there were no realistic alternatives presented beyond that of those proposed within the Humber Acute Services Review. Moreover, Members were pleased to see that community groups were directly engaged with. However, they were aware that responses from service users would likely only be received from those currently affected and not future user.

Long Term Sustainability - How does the authority feel overall quality improvements, changing patient demographics, and growing patient volume be affected by the HASR	While supportive, East Riding of Yorkshire Council were enthusiastic to see how the changes proposed in the Humber Acute Services review would affect work force planning to ensure long term sustainability of acute services moving forward. 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	Despite the fact some impacts to patient amenity were observed, a net gain to the quality of care was the consensus of the Members of East Riding of Yorkshire Council. This was however subject to effective implementation and appropriate forward work force planning. Members of East Riding of Yorkshire Council took repeated assurance that no changes provision in Goole was planned. East Riding of Yorkshire Council presented no significant objections to the scoped changes affected by the Humber Acute Services Review and cautiously gave their endorsement.

Response from Hull City Council's Health and Social Wellbeing Overview and Scrutiny Committee.

Hull City Council welcomes the opportunity to take part in this consultation, acknowledging and appreciating the difficulties faced by the NHS and all public sector organisations at this time. Whilst the planned changes being consulted upon may currently only touch on the peripheral of the Hull and East Riding services, Hull may be impacted by the same issues in the future and therefore supports our fellow Humber authorities in their concerns.

Our primary concerns are outlined below:

1. Map 2.2 on Page 65 of the consultation document shows that a number of staff commute from north of the River Humber to the Scunthorpe and Grimsby hospitals, and also across the south bank region. Has enough consideration been given, especially as recruitment is emphasised as being difficult, to those whose roles move / change? They may consider leaving to secure a job closer to home and therefore exacerbate the staffing situation.

2. Engagement table on page 82 shows that this process has been ongoing since 2018, with impacts being evaluated since Oct 2022. It is disappointing that the local authorities, whose Councillors are elected to represent those affected, have been engaged so late into this process.

3. It is questioned as to whether an ambulance crew responding to an emergency at the west of the region would choose the longer journey to Grimsby, or choose for patient care needs to use instead Lincoln, Doncaster or Hull, which may be shorter journey times, resulting in a knock-on effect to those hospitals. We would seek assurances that in the case of this resources will be made available to the Hull hospitals to ensure no degradation of service.

4. We are disappointed to see that the only way forward being considered involves the withdrawal of services from these hospitals, and are highly concerned that should these proposals be implemented only the statistical results will be considered and not the real impact on real people in their real lives. Losing health

services in your community contributes to poorer wellness which contributes to deprivation.

5. We also join colleagues from the affected areas in voicing our concerns that patient outcome and recovery from in-patient stays will be negatively impacted by the additional difficulty of having family visit. Some journeys across the catchment area are difficult to complete using public transport, and the cost of additional travel at a time of a cost-of-living crisis could hit the most deprived residents hardest. This could also impact on out-patients travelling regularly to appointments. In addition we are concerned that consideration of transport issues for patients and their families seems to be an after-thought, introduced at a very late stage of the process.

Response from the Health Scrutiny Committee for Lincolnshire

Introduction

This document sets out the response of the Health Scrutiny Committee for Lincolnshire to the consultation *Your Health, Your Hospitals – Let's Get Better Hospital Care*, undertaken by the NHS Humber and North Yorkshire Integrated Care Board. This response was approved by the Committee on 6 December 2023.

The Committee would like to record its thanks to representatives of the NHS Humber and North Yorkshire Integrated Care Board and Northern Lincolnshire and Goole NHS Foundation Trust who attended a meeting of the Committee on 8 November 2023, to present the consultation materials and respond to questions.

The Health Scrutiny Committee for Lincolnshire has noted the role of the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee as the statutory consultee on *Your Health, Your Hospitals – Let's Get Better Hospital Care* for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. On this basis, this response is submitted by the Health Scrutiny Committee for Lincolnshire as a non-statutory consultee for the purposes of these regulations.

The response is in three parts:

A. Response to the Consultation Questions
B. Other Comments
C. Summary and Conclusion

A. Response to Consultation Questions

Questions 1-4

> The Committee does not wish to use the 'tick-boxes' in response to questions 1 to 4, but has included a brief statement on each question. More details on the views of the Committee are found in the responses to questions 5 and 6.

Question 1

To what extent do you agree or disagree that NHS Humber and North Yorkshire Integrated Care Board needs to make changes to respond to the challenges (as set out pages 4 – 5 of the consultation document)?

> The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 2

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 and Diana Princess of Wales Hospital in Grimsby?

> Although the Committee accepts that most urgent and emergency care services for the majority of patients would remain at each hospital, it is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 3

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 at one hospital?

> The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 4

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

> The Committee is aware that one of the key drivers in the proposal to consolidate these services at Diana Princess of Wales Hospital was the substantial capital funding required for improvements at Scunthorpe General Hospital. 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.

Question 5

Please explain the reasons for your answers and tell us if you have particular concerns about:

- keeping most urgent and emergency care services on both hospitals;
- bringing the four specific services together at one hospital, including if you have specific concerns or comments about any particular service;
- the hospital site, where the four specific services are proposed to be brought together.

> Heart Patients at Weekends

The Committee welcomes the fact that cardiology patients will receive an improved service, including at weekends, where patients attending Scunthorpe General Hospital would have access to cardiologists sooner than currently.

Step-Down Services

The Committee has been advised that step-down services for cardiology patients would be similar under the proposals to those for existing stroke patients. Essentially, local facilities, such as those in Lincolnshire, would be used where this was appropriate for patients to undertaken rehabilitation, and this would be nearer to home, where possible.

Sharing Patient Records

The Committee would like to be re-assured 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, so that essential information about a patient is not lost or overlooked.

Waiting Lists

The Committee accepts that these proposals are likely to have minimal impact on waiting lists, as the proposals relate to urgent and emergency care, rather than elective care.

Impact on Neighbouring Trusts

The Committee is not convinced that these proposals will have limited impact on the services provided by neighbouring trusts. For this reason, the Committee intends to request monitoring information on their impact on United Lincolnshire Hospitals NHS Trust, in particular on its accident and emergency department.

NHS Planning Across the Greater Lincolnshire Area

The Committee recognises that for NHS purposes, Greater Lincolnshire has always been divided into two separate NHS regions, currently the North East and Yorkshire Region, and the Midlands Region. This approach has not always helped the overall planning for NHS services. For example, in 2014 there was a public consultation on proposals to consolidate hyperacute stroke services at Scunthorpe General Hospital, discontinuing these services at Diana Princess of Wales Hospital in Grimsby. These proposals were supported by the Health Scrutiny Committee for Lincolnshire at that time, on the basis that this approach had been recommended in the 2013 Keogh Review of Urgent and Emergency Care, which highlighted a reduction in London from 32 to eight stroke units and improved patient outcomes as a result.

In 2021, there was a consultation to consolidate acute stroke services at Lincoln County Hospital, in effect reducing these services at Pilgrim Hospital Boston. This was not supported by the Health Scrutiny Committee for Lincolnshire, but was approved by the former NHS Lincolnshire Clinical Commissioning Group in May 2022; and as of December 2023, the decision continues to be implemented.

The effect of these two separate consultations is a movement of services away from the east coast to hospitals in the west of the county: in Lincoln and Scunthorpe. This remains a concern for the Committee. Although stroke services do not form part of this consultation, the Committee would like to record its view that the decisions on the proposals should take account the wider impacts on the NHS, across NHS regional boundaries, as well seeking workable solutions, not just fit for purpose for the next five to ten years, but for the next thirty to fifty years.

Again, although not the subject of this consultation, the Committee would also like to cite the use of the accident and

emergency department at Diana Princess of Wales Hospital in Grimsby by residents in Lincolnshire, particularly on the east coast, including as far south as Skegness. This is another example of how changes to NHS services impact over NHS regional boundaries.

Question 6

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 negative impacts reduced?

Use of Virtual Wards and Virtual Appointments

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, patients would continue to be seen in person.

The Committee would like to refer to initiatives such as virtual wards and virtual appointments, which are much wider than this consultation and form part of national policies for the NHS. The Committee would like to put on record its support for each patient to be treated in an appropriate way, including recognition that virtual appointments in several circumstances would not be appropriate. Furthermore, virtual treatments rely on patients having both accessible IT equipment and adequate broadband coverage in their areas, as well as the means to subscribe to a household broadband provider. Where patients are affected by the proposals, there is the potential for a negative impact on deprived communities.

Transport

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, and patients would often be transported to hospital by ambulance, rather than using personal or public transport. However, when patients are discharged, they will need transport. Thus, the Committee is concerned that many people in Gainsborough and the surrounding area, who currently use Scunthorpe General Hospital, do not have access to private transport, and rely on public transport will be adversely affected. This makes journeys from Diana Princess of Wales Hospital in Grimsby to Gainsborough area, both for patients and their friends and families, more difficult and expensive than existing journeys from Scunthorpe. This will have a negative impact on deprived communities.

The Committee understands that the high level transport action plan, which was included in the Pre-Consultation Business Case, would be developed into a series of actions for discussion with partners. The Committee looks forward to these actions forming part of a more detailed action plan in response to the transport issues. The Committee would like to be advised of progress with the detailed action plan for transport, and subsequently its implementation.

B. Other Comments from the Committee

Consultation Arrangements

The Committee would like to record its disappointment and concerns over the arrangements for the consultation events, and the extent to which these were adequate, as no event was initially planned in the administrative county of Lincolnshire. The Committee acknowledges that two events were subsequently arranged and took place in Lincolnshire: a community roadshow at Louth Library; and an exhibition event at Morton Village Hall, Morton. 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, as individuals may have had questions, which might not have been answered in the consultation period. Furthermore, the Committee 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. This was the approach taken by the former NHS Lincolnshire Clinical Commissioning Group on its Lincolnshire Acute Services Review proposals in 2021. As above, the

absence of a leaflet delivered to each household raises a question over the adequacy of the consultation.

The Committee is mindful of the specific health needs of armed forces veterans, and the duties, which are placed on commissioners and providers of NHS services. Further to the above, a leaflet delivered to each household in the affected area would include these groups.

C. Summary and Conclusion

The Committee acknowledges the case for change, but is not convinced by the rationale put forward in the consultation document and the Pre-Consultation Business Case for the proposed changes to hospital services at Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby. The Committee's concerns regarding transport and travel, and the likely impact on patients using neighbouring hospital trusts, as stated above, are key considerations in reaching this conclusion.

In the event of the proposals being implemented, the Committee would like to consider the details of the transport plan, and intends to review the impact of the changes on patients using the hospitals of neighbouring trusts, as well as those Lincolnshire patients treated at Scunthorpe General Hospital, and at Diana Princess of Wales Hospital in Grimsby.

Response from North East Lincolnshire Council's Health and Adult Social Care Scrutiny Panel

NORTH EAST LINCOLNSHIRE COUNCIL HUMBER ACUTE SERVICES RESPONSE	
Quality of Care - How does the authority feel patient outcomes, safety measures, equalities and patient satisfaction have been addressed by the HASR	The panel respects that the proposals are trying to get better outcomes for patients by going to seven days a week service. Accepts that the trust will be able to retain staff, keep developing their skills, and maintaining competences, which the panel see as a positive. Patients will be seen at weekends; therefore, this will shorten hospital stays and enable people to return back to their own homes where outcomes are better for individuals in certain cases. The panel recognises the importance of treating people seven days a week and is pleased this incorporates the weekends. The panel wanted to seek reassurance that at worst there will be no detriment to patient flow and at best an improvement to flow due to the seven days working with senior decision makers. Given current performance of the ambulance service the panel were concerned about the impact of the changes to the service and response times. Work should be in collaboration with the ambulance services, to make sure that there isn't a decline in outcomes for all transport patients due to the proposed changes. The panel are seeking reassurance that the capacity of the

	ambulance services is in place before any of the proposed changes takes place. Within the process, ensure that there is clarity around which patient transport is used, to transfer people in-between sites and back to their homes. How this will work efficiently, to ensure there is no impact on the patients and the ambulance service. The panel is concerned about the impact of family and friends of the extra travel in terms of cost. The panel understands that outcomes are better for patients, when they have people visiting and that provision within the car parks is made. For those people who don't have cars the panel hope to see support for them to be able to make the journey to DPOW.
Consultation - Does the authority feel the extent of consultation has been sufficient for the HASR	The panel welcomed the consultation documents and the impact it would have on people e.g., the case studies. They found the sessions by the team useful and informative at both at the JHOSC meetings and scrutiny panel meetings.
Long Term Sustainability - How does the authority feel overall quality improvements, changing patient demographics, and growing patient	The panel recognises it is a five year programme, however after each proposed change has been up and running, an update would be welcome within the first year. This update should include any impacts for patients, staff and hospitals also if possible, the ambulance service.

volume be affected by the HASR	Need to make sure patients are being treated within in good time and seek reassurance and that a review of this is undertaken over time.
Other Considerations -	The panel is not convinced by the rationale to move children to DPOW, especially as maternity is staying on both sites.
Summary and Conclusions -	Overall, the panel welcomes the proposals in the consultation, which attempts to mitigate staff shortages, improve patient outcomes and improve services.

Response from North Lincolnshire Council's Health, Integration and Performance Scrutiny Panel.

As voted through as Chair of the collective arrangement, the document and its commentary represents fully the views of the Health, Integration and Performance Scrutiny Panel on behalf of key stakeholders.

4. Common Conclusions

4.1 Travel Implications and Health Inequalities

The ICB has adopted four values to govern its activity. One of these is to 'tackle inequalities in outcomes, experience and access'. This is aligned to the requirements of the Health and Care Act (2022) which states "Each integrated care board must, in the exercise of its functions, have regard to the need to —

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

As part of the documentation supporting the consultation, the ICB published an Integrated Impact Assessment. This identifies "Potential increased stress and anxiety for both patients and family members from North Lincolnshire" if services were transferred to the Diana, Princess of Wales (DPoW) site in Grimsby. The Assessment states that "modelling indicates this will impact approx. 5,059 people per year (including paediatric patients)"

The Assessment also reports a "potential negative impact on families/carers living in North Lincs and/or Goole area in being able to visit, as DPoW is further away" The ICB's modelling "indicates that 3,714 patients per year would have more than 30mins additional travel".

The JHOSC raised this issue with the ICB as part of their work, and were told that the ICB acknowledge that the proposals represented a 'least worst' model. The ICB highlight that the alternate model of centralising some services at Scunthorpe General Hospital (SGH) rather than DPoW would result in higher number of people travelling (and presumably increased stress and anxiety). Whilst this is supported by the modelling figures

within the Assessment, the JHOSC cannot support proposals which, by design, increase health inequalities around accessibility; a move that we believe is in direct contradiction of the ICB's stated value (above) and potentially their legal responsibilities under the 2022 Act.

The Integrated Impact Assessment which supports this consultation is, in the JHOSC's view, wholly incomplete. Whole sections including 'how will these impacts be monitored', 'how often will actions be monitored' and the identification of leads for each action/risk are blank. See examples in Appendix 1.

The JHOSC 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.

4.2 Long Term Sustainability of Services

The JHOSC, in general terms, does not fully accept the rationale for the proposed changes, and is concerned that the proposals will impact on the long-term sustainability of both Scunthorpe General Hospital and local acute care generally. The future model of care for residents is largely unclear.

In addition, we note that the ICB are clear that these proposals will not resolve the financial or infrastructure issues that we face locally.

4.3 Consultation Process

The JHOSC is concerned that the consultation process was launched prior to a range of issues being resolved. Whilst we acknowledge that the relatively lengthy implementation period will allow for this work to be completed, it would have been better, in our view, to complete this work and allow for a fully informed consultation, where the implications are clearer. We therefore

cannot support the ICB's view that 'this is the beginning of a journey'.

During the discussions both at the JHOSC and in our respective councils, we note that the following issues were highlighted as either 'work in progress' or 'future work'. Some of this included working with other partners, including local authorities. However, we have yet to see any substantial evidence of this within our respective councils.

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, given the pressures to the service, and the suggestion that this be funded by efficiencies,
- 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,
- As above, the detrimental impact on health inequalities for residents accessing services, particularly for North Lincolnshire patients, but also for those who live in areas around Goole, Gainsborough, and surrounding towns and villages.

Given this list of unresolved issues, we have serious concerns that the consultation is premature and not fully informed, and could result in implications which have not been made clear to residents and stakeholders.

5. Summary of the Response from the JHOSC.

5.1 The JHOSC fully understands the rationale for the proposals submitted by the ICB. The JHOSC generally welcomes proposals that improve services to residents, and can certainly see the merit in some aspects. For example, moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms is very welcome.

5.2 Despite this, the JHOSC strongly believes that, as outlined above, these proposals are unequal, will inevitably increase health inequalities for residents, and will do nothing to address either the financial or capital estate situation.

5.3 The JHOSC also does not agree with the ICB's position that the many other unresolved issues described at paragraph 4.3 are matters for future discussion. Many of these will require a fundamental shift of resources, primarily from acute to community settings. There is very little clarity of what these changes may look like, or what they mean for the future of the hospital site, or for services that local people rely on, pay for, and have a right to expect.

5.4 In summary, we believe the proposals to be significantly premature, potentially damaging to local healthcare services, and widely unsupported by informed representatives, including many clinicians. The changes will increase health inequalities and reduce choice and accessibility for patients, including worried families with sick children. We believe this may breach the requirements of the Health and Social Care Act 2012, the NHS Constitution, and potentially all four of the still-extant 'Lansley Tests'. These are:

- There must be clarity about the clinical evidence base underpinning the proposals,

- They must have the support of the GP commissioners involved,
- They must genuinely promote choice for their patients,
- The process must have genuinely engaged the public, patients and local authorities.

5.5 Given the fundamental concerns outlined in this document, we reserve the right to take further action as deemed necessary.

Appendix 1 – Extracts from the Integrated Impact Assessment

Page 7 Clinical Effectiveness Impact Assessment - Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
Introduction/development of UCS co-located within an ED department could reduce ED attendance by 35-48% each year	
An improved SDEC and Acute Assessment will support a 4% reduction in admissions and improve efficiency by enabling teams to assess treat and discharge more quickly	
Reduction in those people who attend and ED 5 times or more per year	
This proposed model of care for urgent and emergency services will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	
The proposed new pathway of urgent and emergency services will improve performance on waiting time standards	
Fewer cancelled operations and reduction in waiting times for treatment	
Working as multi-disciplinary teams across pathways creates opportunities for different staff *(GPs, specialty doctors, allied health professionals, and advanced clinical practitioners)* to develop their skills and provide effective and efficient care for our population	
By concentrating the workforce in fewer locations for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
Competency of staff in dealing with more complex cases improves	
The proposed model of care will improve the quality of specialist care and ensure everyone across the Humber can access the most highly skilled professionals when they need them	
Better utilisation of theatres and more efficient workflow	
Swifter discharge of patients by working more closely with local authorities and social care	
Work in a joined up way with ambulance services to ensure patients who need hospital care are directed to a specified area in the most appropriate local, acute or specialist hospital and/or supported by 'hear and treat' / ' see and treat' - ensuring as far as possible patients get to the right place for their care needs first time	
This proposed model of care for emergency services will reduce the number of handovers within and between services, help to improve the flow of patients through the hospital, **reduce ambulance handover delays** and ensure that patients do not stay in hospital any longer than they have to.	
Ambulance services, GPs, primary care practitioners and consultants will be able to send patients directly through to AAU referring via a single point of access or following clinical advice and guidance. Where appropriate this will reduce the delay to handovers and improve flow within the Emergency Department	
Direct booking into UCS, SDEC, AAU and other diversionary pathways will result in better outcomes - patients get to the right place, first time	
Patients can get directly to the service the need and by-pass the Emergency Department	
This proposed model of care is built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access	
H@H/ Virtual wards could reduce the number of clinical contacts	
People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Reduction in emergency admissions as more frail or elderly patients would be seen in a community service e.g. Integrated Frailty service	

Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Paediatric Care	
Through H@H children can get home more quickly or avoid an admission to hospital in the first place *The impact of Hospital @ Home on paediatric ED attendances and admissions was not included in the activity modelling due to the pilot being in a very early stage when this work was undertaken. Further modelling will be undertaken as part of the development of the Decision-Making Business Case (DMBC) to quantify the impact of H@H on paediatric activity in ED, PAU and inpatients.*	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	
By concentrating the workforce into a single location for the most specialist care, those delivering specialist services will have more opportunities to develop their skills, treating a higher number of complex cases and a wider variety of experiences.	
This proposed model will develop improved advice and guidance so that hospital-based, specialist teams can support parents, carers, GPs and community staff, to aid prevention and self-management and reduce the need for children to attend hospital unnecessarily	
Consolidation of paediatric inpatient services onto the acute site will help to improve the quality of care and ensure long-term safety and sustainability of inpatient care ensuring everyone across the Humber can access the most highly skilled professionals when they need them	
This proposed model of care for paediatric care will improve compliance with constitutional and clinical standards and will meet the national set criteria of activity numbers	

Page 7 Clinical Effectiveness Impact Assessment – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and emergency care				
It is not guaranteed that this model will enable all college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			
If Trauma and emergency surgical needs are not identified at Source *(e.g. at the scene by ambulance)* and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential for delays in transferring patients from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers	*Right-sized services*			
Paediatric care				
It is not guaranteed that this model will enable college guidelines, constitutional standards and clinical standards to be fully met.	*Review as part of planning for implementation*			
If Trauma and emergency surgical needs are not identified at Source (e.g. at the scene by ambulance) and patients are taken to LEH (SGH) site this increases the potential of time to treatment standards being breached.	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital*			
Potential for delays in transferring children from LEH (SGH), affecting patient flow and clinical effectiveness	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right-sized to meet anticipated demand.*			
Potential for delays if insufficient capacity at the acute site to accept transfers to paeds inpatient ward	*Right-sized services*			

Page 8 Patient Experience – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
The proposed model of care retains local urgent and emergency care services at each of the three existing sites and enables the NHS across the Humber to continue to operate three ED in the three main localities; Hull, Grimsby and Scunthorpe	
The proposed model of care would reduce waiting times for patients in the Emergency Department (ED)	
Integrated Acute Assessment model to improve flow through the hospital will provide a better experience for patient (quicker diagnosis and treatment and fewer handoffs)	
The development of an AAU and SDEC would ensure patients can get directly to the service they need and by-pass the Emergency Department	
Better integration of urgent and emergency care across all health and social partners *(including mental health)* would enable patients to be treated and discharged more quickly.	
Improvements to NHS 111 and implementation of 'any-to-any' booking could benefit patients as they would get directed to the service they need and by-pass the Emergency Department.	
Improved continuity of care and patient experience	
Services will be easier to navigate for the public, helping to reduce inequalities and barriers to access	
Developing centres of excellence for acute medical specialties will also build confidence in patients, many of whom have told us through our engagement that they would prefer to be treated where the specialists are and have full specialist team wrapped around them *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
A UCS co-located within an ED woud improve patient experience as it is easier to navigate and signpost to the most appropriate service *(right place, first time)* - public feedback has shown local people are confused about where to go for what care *(Reference: Accident and Emergency - Feedback Report / Healthwatch ED Enter and View - Feedback Report / What Matters to You -Feedback Report).*	
More services provided within the patients home (e.g. virtual wards/hospital@home/pathway changes) would allow patients to be supported at home and recover faster.	
It would be easier for family, friends and loved ones to provide support to the patient if more care was provided at the patient's home.	
People will be able to manage their own conditions better and go to hospital less often for check-ups.	
Integrated frailty services and other proposed pathway changes would improve outcomes and support faster recovery for patients	
Improved discharge prcoessess and investing in social care workforce will help to reduce the length of stay for particularly frail or elderly patients	
Improved use of digital support remote monitoring, more responsive services *(e.g. patient-initiated follow-up)* , and reduce the overall need for patients to travel to hospital	
Paediatric Care	
The proposed model of care retains local paediatric services at each of the three existing sites and enables children to be seen and treated initially at their local hospital in the Paediatric Assessment Unit (PAU)	
A 24/7 PAU provides better care and a better experience for patients than a time limited PAU	
A 24/7 PAU will enable children to be seen, treated and discharged more quickly	
A 24/7 PAU will reduce hospital admissions. CYP told us that they don't like staying in hospital. *(Source: What Matters to You: Children and Young People)*	
Hospital at Home - Could support a reduction of paediatric inpatients by enabling children to get home more quickly or avoid admission to hospital in the first place, improving experiences and outcomes for patients and their families.	
Hospital at Home improves continuity of carer as the needs of the child and family are known	
Hospital at Home improves mental and emotional wellbeing for children and their families as they feel more comfortable and at ease in their own environment	

Page 8 Patient Experience – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Urgent and Emergency Care				
Potential increased stress and anxiety for both patients and family members from North Lincolnshire area if there is a need for the patient to be transferred from the LEH (SGH) to the acute site (DPoW), which is likely to be further away from their home. *modelling indicates this will impact approx 5,059 people per year (including paediatric patients) - this is compared to 5,604 people per year in the option where SGH is the Acute site*	*Extensive work has been undertaken to develop clear transfer conditions and close working with ambulance providers will continue to ensure patients who are likely to need more specialist input at taken directly to the Acute Hospital wherever possible.*			
Potential delays for patients in transferring from LEH (SGH) site to the acute site (DPoW) could negatively impact patient experience.	*Inter-hospital transport working group established to develop options for inter-hospital transport services which will be right- sized to meet anticipated demand.*			
Potential negative impact on families/carers living in North Lincs and/or Goole area in being able to visit as DPoW is further away *modelling indicates that 3,714 patients per year would have more than 30mins additional travel in this model - this is compared to 4,635 people per year in the option where SGH is the Acute site*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site (DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Potential delay in recovery and/or if admitted to a hospital further away or in another local authority from home with reduced access to relatives to support recovery.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Poor, expensive and unreliable public transport links between hospital sites would impact patients/families and carers being able to visit	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Patients and service users have told us that availability of parking and cost of parking makes travelling to hospital difficult. Consolidating specialst and inpatient care onto one site could reduce the availabilty of parking event more. *Source: Travel and Transport Feedback Report*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Paediatric Care				
Children from North Lincs needing to be admitted will have to be transferred from the LEH (SGH) to DPOW (acute), this could have a negative impact on their experience and that of their families.	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
Children and young people told us that being at home, with their family and toys would help them to feel better more quickly, being in a hospital further from home and family is contrary to this. *Reference: What Matters to You: Children and Young People*	*Continued development of the Hospital at Home model to support reduction in admissions and length of stay*			
18.5% of households in North Lincs do not own a car or have access to a car so would potentially find it difficult to visit the young person in hospital at the acute site as alternative travel options could be expensive. *Car ownership rates are lowest in the central wards of Scunthorpe where deprivation is highest - in North Lincs 18.5% of households do not own a car (Compared with 26.9% of households in North East Lincolnshire)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Harder to arrange child care for other dependents if a child is admitted into a hospital further away from home				
The young person may not know any of the nurses or clincal teams looking after them at the acute site (DPoW), this could have a negative impact on their experience				

Page 9 Patient Safety – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
24/7 PAU will continue to improve safety for paediatric patients because a paediatrician would be available 24/7.	
Children and young people will continue to be assessed at their local hospital, treated and discharged within 24 hours in the Paediatric Assessment Unit (PAU).	
Consolidating paediatric inpatient services onto the Acute site enables CYP with more complex needs to access the specialist care they need from well- supported, experienced teams of highly skilled professionals where the needs of the child and their family are known	
Children can have shorter hospital stays or avoid them all together and be investigated and treated at home instead	
Re-designing pathways for paediatric care will improve the safety, quality and effectiveness of services	

Page 9 Patient Safety – Negative Impacts

Description of negative impacts	**Mitigating actions of negative impacts**	**How will this action be monitored**	**How often will this action be reviewed**	**Lead**
Paediatric Care				
Potential risk to CYP patients needing to be transferred from the LEH (SGH) to the acute (DPoW) or specialist hospital (HRI) due to travel time/distance if any delays are incurred *(e.g. lack of staff/ambulances)* - their condition could deteriorate whilst waiting for the transfer or on route.	*Safe transfer & inreach*			
This proposed model of care may deter clinicians and nurses living near the LEH (SGH) from remaining within the Trust and look for alternative employment, putting the sustainability of services at risk.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential risk if no beds available at the acute/specialist hospital resulting in delays and the patient not receiving a quick responsive service for more serious or life-threatening emergencies in the right place with the right skilled staff and facilities available.	*Right-sized services* *Inreach*			
Increased risk that North Lincs parents may discharge the patients themselves before they are clincially ready to be discharged to get home quicker if transferred to the acute site, especially if they have other dependants at home.	*pathways of care /support of clinical teams*			

Page 10 Equality Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Socio-economic background	
Improved pathways to provide more holistic care, that is more responsive and better at supporting people with multiple co-morbidities to stay well.	
Freeing up staff to improve outreach provision and support *(e.g. outreach clinics, virtual wards, hospital @ home)*	
Reducing waiting times for care and prioritising those most in need	
Improving opportunities for local people to access well-paid jobs and rewarding career pathways *(supporting workforce strategy will develop local workforce of the future in partnership with local education partners, industry etc.).*	
Continued investment in the two major towns *(Grimsby and Scunthorpe)* – keeping money in the local economy.	
When considering the travel impact as a whole, the proposed model (where DPoW is the acute hospital) does not have a disproportionate impact on people living in the most deprived quintile (IMD 1 and 2) - the travel time impact broadly follows the aggregate pattern of deprivation across Northern Lincs	
Age	

Improved experience for CYP due to better joined-up services *(H@H, properly staffed PAU, better quality of care)*	
CYP said that it was really important to them that could be in a place that they feel safe *(toys/home comforts)* H@H will deliver this. *(Reference: What Matters to You: Children and Young People)*	
PCG told us that it was really important that there was well trained staff treating their children. The proposed model supports improved workforce for paeds, specialists in one place. *(Reference: What Matters to You: Parents, Carers and Guardians)*	
Improved frailty services. Enhanced care in care homes and OOH enablers *(falls prevention)*	
Disability	
More care closer to home – reduces overall need to travel *19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
People with LD – co-located UCS, easy access to local services. Easier to navigate system and find where they need to be	
Standardising pathways across the Humber – same type of care will make it easier for people with disabilities to navigate	
Ethnicity	
Having a co-located UCS on-site would make it easier for people from BAME backgrounds to access to local services.	
Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . Ethnicity: Asian - 3.3%, Mixed/Multiple Ethnic Group - 0.5%, Black/African/Caribbean/Black British - 1.1% Other Ethnic Groups -0.8%. Language: Cannot speak English well - 0.8%, cannot speak English -0.1%	
Improve opportunities for staff training *(unconscious bias/awareness/equality/disability etc)* – *Patients/Members of the public told us they want this through our engagement. Source: Equality Groups - Combined Feedback Report*	
Religion or Belief	
Improve opportunities for staff training (unconscious bias/awareness/equality/disability etc) – *Patients/Members of the public told us they want this through our engagement. Source: Equality Groups - Combined Feedback Report*	
Sex	
Sexual Orientation	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their sexual orientation - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Gender Reassignment	
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender identity - in relation to the proposals	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*
Carers	
More care closer to home – reduces overall need for carers to travel *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week*	
Virtual wards will allow for more accessible care – reduces overall need to travel	
Care closer to home will reduce the financial strain on carers, particularly unpaid carers	
Any other Groups	
Sex Workers - The proposed model of care would reduce waiting times for patients in ED. Sex workers in North East Lincs told us during our engagement with them that waiting times are one of the main barierrs when accessing care as they feel judged in waiting rooms, so if waiting for any length of time will get up and leave. This proposed model could reduce this barrier for this group of people. *(Source: Equality Groups - Combined Feedback Report)*	
Sex Workers - This proposed model of care allows for increased opportunities for improved joined up working with primary, secondary and community providers and allow sex workers to be looked after by people they trust and who support them on a day-to-day basis *(Source: Equality Groups - Combined Feedback Report)*	
Asylum Seekers - Have told us that they have a lack of knowledge and/or accessible information about what services do exist, what they may be eligible for and what rights they have to access healthcare. Standardising pathways across the Humber will make it easier for people from BAME backgrounds, and people where English is not their first language to navigate the system . *North Lincs Ethnicity: Asian/Asian British - 3.3%, Mixed/Multiple Ethnic Group - 1.1%, Black/African/Caribbean/Black British - 0.5%. White 94.3% North Lincs Language: Cannot speak English well - 1.5%, cannot speak English -0.2%* *Migrant Indicator: 0.5% of people living in NL were living at an address outside the UK one year ago* *(Source: Census Data 2021)*	

Page 10/11 Equality Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Socio-economic background				
Some people in North Lincs and Goole would have to travel further to access care. The proposals increase travel times for some patients, service-users, families and staffmembers.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
NL has high levels of deprivation and areas of low car ownership so families may not be able to afford to travel to visit the patient at the acute site(DPoW) *In North Lincs 18.5% of households do not own a car, and 20% of neighbourhoods are in the most income deprived quintile in England (Compared with 26.9% of households do not have a car and 40% of neighbourhoods are in the most income deprived quintile in North EastLincolnshire)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Low-income families from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs 13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty .)* *(Source: Fingertips Data)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Looking only at maternity and paediatric activity only, both site options (DPoW as the Acute site or SGH as the Acute site) have a disproportionate impact on people living in the most deprived communities, compared with the overall spread of deprivation across the region. This could be accounted for when considering the age profile of deprivation across our region - notably that those living in the most deprived communities are more likely to be younger.				
Age				
Consolidation of paediatric inpatient services would have an impact on people below the age of 18 from North Lincs *Activty modelling tells us that this is approximately 935 paediatric patients per year (compared with 990 in the scenario where these services are consolidated at Scunthorpe)*				
Consolidation of specialist medical inpatient services (Cardiology, Respiratory and Gastroenterology) is likely to have a higher number of impacted patients age 65+ *Activity modelling tells us that this is approximately 1,069 patients per year (compared with 1,584 in the scenario where these services are consolidated at Scunthorpe)*				
Disability				
Disabled people in North Lincolnshire and Goole could face longer journeys to visit relatives or loved ones in hosptial, if they are admitted for care at DPoW 19% of the population in North Lincs are disabled - compared with 20% in North East Lincolnshire	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people have told us that wheelchairs are not able to travel with patients and that they have no independence when they get to the hospital site	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Disabled people could face more barriers being discharged from hospital if they are admitted to DPoW when this is not their local hospital				
Disabled people from North Lincs have further to travel and may experience difficulties parking *(feedback has told us that there is a lack of accessible parking on sites - Reference: Combined Equalities Group Feedback Report / Transport Survey - Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Ethnicity				
There is strong evidence that people from Black, Asian and Minority Ethnic (BAME) backgrounds face greater health inequalities. This was highlighted through the COVID-19 pandemic, which had a disproportionate impact on BAME populations in terms of incidence of disease andmortality.	*Ongoing engagement to increase understanding of potential impacts on BAME (in particular Asian/Asian British) communities and develop mitigations*			
The neighbourhoods with the largest concentration of Asian/Asian British Population in the Humber are all in North Lincolnshire, in the areas close to Scunthorpe Hospital - people living in these communities could be impacted if they or a family member is admitted toDPoW.	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback with the BAME and Eastern European community have told us that translation services are currently a barrier - it is unclear whether the proposed model would improve this or not				
Religion or Belief				
Feedback from the Muslim community: Muslim women are less likely to drive or have access to a car, making it more difficult if they have an ill child admitted as an inpatient at DPoW (Acute)	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Feedback from Muslim community: women often chaperoned by male member the family, which could be more difficult if care was further away	*Ongoing engagement to increase understanding of potential impacts on Muslim communities and develop mitigations*			
Sex				
In North Lincs men have a shorter life expectancy than women. *(England Average - Men = 78.7 years, Women = 82.8 years)* *Men = 78.9 years Women = 83.3 years* *(Source: Census Data 2021 - Life expectancy at birth)*				

Sexual Orientation				
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Gender reassignment				
Of the LGBTQ+ people we have engaged with so far nobody has identified any barriers to accessing care based on their gender reassignment.	*We would like to engage with more members of the LGBTQ+ community as part of the consultation to help provide assurance that this feedback is reflective of the wider experiences of the LGBTQ+ community.*			
Carers				
Some carers in North Lincs would have to travel further so that the people/person they look after could access care and/or to visit the person they care for should they be admitted to the acute site (DPoW) *Approximately 3.1% of the population in North Lincs provides 50+ hours of unpaid care per week, broadly similar to North East LIncolnshire (3.2%)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Low income carers / unpaid carers from North Lincs would find it more difficult to afford the additional travel. *(In North Lincs there are approximately 19,000 carers.* *13.3% of the population are classed as being income deprived and 1 in 5 children in North Lincs are classed as living in poverty)* *(Source: Census Data 2021)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Any other Groups				
Sex Workers - We engaged with sex workers in North East Lincs. A key barrier for them when trying to access services is ease of access, for example if the appointment is too dicicult to get too, they wont attend. By consolidating specialst/maternity services onto one site further away from where they live could create further health inequalites for this group as they will find getting to an appointment too difficult so wont go and get the medical care/treatment they need. *(Source: Equality Groups - Combined Feedback Report)*				
Sex Workers - Many sex workers won't get in an ambulance as they feel it resembles a police car and they are going to be judged by people in uniform. If these women are needing to be transferred to from the LEH (DPoW) to the Acute site (SGH) this could have a negative impact on them and create further barriers and health inequalties. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Many asylum seekers don't have the right paperwork to access means-tested benefits. Many don't drive or have access to a car. By consolidating services onto the acute site (DPoW) could create further barrier for access and health inequalties for this group as they are unable to travel to the appropriate site and cannot afford public transport. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			
Asylum Seekers - Fear often prevents people from accessing services and/or asking for help – particularly, fear that doing so might impact on asylum status or application process. Lack of knowledge and/or accessible information about what services do exist and where they are may only compound that fear and inhibit them from accessing services at all. *(Source: Equality Groups - Combined Feedback Report)*	*Multi-agency transport working group established to develop innovative transport solutions for families, carers and loved ones.*			

Page 12 Workforce Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Paediatric Care	
The proposed model of care has embraced the concept of joint appointments where retiring staff from paediatrics and children's services could return to provide education support, advice and guidance.	
The proposed pathway re-design will ensure staff working in paediatric services have the opportunities they need to keep their skills up to date and have the confidence to handle more complex cases when they arise.	
Consolidation will enable more effective deployment of our skilled and specialist staff by concentrating teams in one location rather than spreading them across multiple units.	
The proposed staffing model for paediatrics has been developed considering the requirements set out in the *National Quality Board on Safe Staffing* and *Facing the Future* standards to deliver their services	
Opportunities for new roles and ways of working across paediatrics, including; rotational induction/preceptorship programmes, dedicated apprenticeship programmes, retire and return mentorship/educational support, young person's nurse specialist roles	
Staff will be able to work in larger teams, which improves resilience and enables us to design rotas to cover services that will be more attractive to current and future workforce. Improved retention and recruitment of staff ensures the sustainability of services over the long term.	

Page 12 Workforce Impact – Negative Impacts

Description of negative impacts	Mitigating actions of negative impacts	How will this action be monitored	How often will this action be reviewed	Lead
Paediatric Care				
Still requires multiple rotas for some specialties, paediatrics/neonatal and ED				
Additional workforce would be needed to support the additional transfers	*Development of transport solutions for inter- hosptial transfers*			
Can the staff working at the LEH sufficiently maintain skills and experience	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Additional travel and financial impact for staff rotating between sites, staff with young families would be particularly impacted	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			
Potential for dissatisfaction/low morale amongst staff at the LEH whose site base may change. These existing staff members may choose an alternative role or organisation rather than travel to the acute site, this could potentially have a negative impact on staff vacancy rates	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Potential for reduced career opportunities/progresion for specialist, paediatric workforce at the LEH and/or perception of reduced opportunities.This could make the LEH a less attractive place to work, and make recruitment difficult.	*Development of rotational posts and new career pathways to ensure strong pipeline of new staff coming through*			
Vacancy rates in NLaG could continue to rise if recruitment/retention initiatives aren't successful making it unsustainable to maintain services.				
Staff have told us that parking and lack of spaces makes travelling to work difficult for them, consolidating some staff/services onto one site could reduce the availabilty of parking event more. *(Source: Travel and Transport Feedback Report)*	*Transport working group to include estates team members to explore potential options to improve car parking*			
Staff have told us that poor public transport links make it difficult for them when travelling to work, and public transport between hospital sites is poor. This could have a negative impact on staff who rely on public transport if required to work at alternative sites as a result of the changes proposed within this model of care. *(Source: Travel and Transport Feedback Report)*	*Work is ongoing with local authority partners to review and potentially redesign bus routes, exploring the possibility for direct transport between the hospital sites for patients, visitors and staff.*			

Page 13 Sustainability Impact – Positive Impacts

Description of positive impacts (must include rationale and be evidence based)	**How will these impacts be monitored**
Urgent and Emergency Care	
Improves financial sustainability by reducing the cost of using agency and locum staff to fill vacancies *(In 2022/23 - HUTH spent £18million and NLaG spent £37.7 million)*	
Design and build 'smart buildings' promoting increased environmental sustainability and efficiency. This will also support the delivery of the ICS's Green Plan.	
Improved use of digital to support remote monitoring, more responsive and efficient services will help to reduce the overall need for patients to travel to hospital.	
Digital Infrastrature - systems that interact with each other /providing remote assessments,monitoring, shared care planning and diagnostics access	
Boost economic and productivity growth across the Humber's thriving industries, leveraging the benefits of Freeport status and working with a range of partners to support investment in the region. Our investment plans are backed by a strong "Anchor Network" across the region and integral to the delivery of regional regeneration strategies, Local Authority Master Plans and Town Deals. Planning has been undertaken collaboratively with Local Authorities and wider partners (Universities, LEPs), adopting a "One Public Estate" approach, to ensure maximum return on investment, leveraging wider economic benefits through increased private sector investment in allied industries.	
Raise the Humber's prominence as the UK's Energy Estuary within the emerging green energy sector and generate solutions to help meet the NHS Zero Carbon goals	
Built on a digitally delivered support infrastructure, providing remote assessments, monitoring, shared care planning and diagnostics access.	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	
Paediatric Care	
Put in place virtual wards to achieve a sustainable shift from hospital to home-based care when safe to do so	

Page 13 Sustainability Impact – Negative Impacts

Description of negative impacts	**Mitigating actions of negative impacts**	**How will this action be monitored**	**How often will this action be reviewed**	**Lead**
Urgent and emergency care				
Our current buildings are not flexible and cannot easily by adapted to deliver new models of care.				
Paediatric Care				

Health Scrutiny Committee for Lincolnshire

Lincolnshire COUNTY COUNCIL *Working for a better future*		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Your Health, Your Hospitals – Let's Get Better Hospital Care
Consultation by NHS Humber and North Yorkshire Integrated Care Board

Response of the Health Scrutiny Committee for Lincolnshire

Introduction

This document sets out the response of the Health Scrutiny Committee for Lincolnshire to the consultation *Your Health, Your Hospitals – Let's Get Better Hospital Care*, undertaken by the NHS Humber and North Yorkshire Integrated Care Board. This response was approved by the Committee on 6 December 2023.

The Committee would like to record its thanks to representatives of the NHS Humber and North Yorkshire Integrated Care Board and Northern Lincolnshire and Goole NHS Foundation Trust who attended a meeting of the Committee on 8 November 2023, to present the consultation materials and respond to questions.

The Health Scrutiny Committee for Lincolnshire has noted the role of the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee as the statutory consultee on *Your Health, Your Hospitals – Let's Get Better Hospital Care* for the purposes of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. On this basis, this response is submitted by the Health Scrutiny Committee for Lincolnshire as a non-statutory consultee for the purposes of these regulations.

The response is in three parts:

A. Response to the Consultation Questions
B. Other Comments
C. Summary and Conclusion

1

A. Response to Consultation Questions

Questions 1-4

The Committee does not wish to use the 'tick-boxes' in response to questions 1 to 4, but has included a brief statement on each question. More details on the views of the Committee are found in the responses to questions 5 and 6.

Question 1

To what extent do you agree or disagree that NHS Humber and North Yorkshire Integrated Care Board needs to make changes to respond to the challenges (as set out pages 4 – 5 of the consultation document)?

The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 2

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 and Diana Princess of Wales Hospital in Grimsby?

Although the Committee accepts that most urgent and emergency care services for the majority of patients would remain at each hospital, it is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 3

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 at one hospital?

The Committee does not fully accept the rationale for change, and furthermore is not convinced by the proposals put forward. Please refer to the Committee's response to question 5.

Question 4

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

The Committee is aware that one of the key drivers in the proposal to consolidate these services at Diana Princess of Wales Hospital was the substantial capital funding required for improvements at Scunthorpe General Hospital. 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.

Question 5

Please explain the reasons for your answers and tell us if you have particular concerns about:

- keeping most urgent and emergency care services on both hospitals;
- bringing the four specific services together at one hospital, including if you have specific concerns or comments about any particular service;
- the hospital site, where the four specific services are proposed to be brought together.

Heart Patients at Weekends

The Committee welcomes the fact that cardiology patients will receive an improved service, including at weekends, where patients attending Scunthorpe General Hospital would have access to cardiologists sooner than currently.

Step-Down Services

The Committee has been advised that step-down services for cardiology patients would be similar under the proposals to those for existing stroke patients. Essentially, local facilities, such as those in Lincolnshire, would be used where this was appropriate for patients to undertaken rehabilitation, and this would be nearer to home, where possible.

Sharing Patient Records

The Committee would like to be re-assured 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, so that essential information about a patient is not lost or overlooked.

Waiting Lists

The Committee accepts that these proposals are likely to have minimal impact on waiting lists, as the proposals relate to urgent and emergency care, rather than elective care.

Impact on Neighbouring Trusts

The Committee is not convinced that these proposals will have limited impact on the services provided by neighbouring trusts. For this reason, the Committee intends to request monitoring information on their impact on United Lincolnshire Hospitals NHS Trust, in particular on its accident and emergency department.

NHS Planning Across the Greater Lincolnshire Area

The Committee recognises that for NHS purposes, Greater Lincolnshire has always been divided into two separate NHS regions, currently the North East and Yorkshire Region, and the Midlands Region. This approach has not always helped the overall planning for NHS services. For example, in 2014 there was a public consultation on proposals to consolidate hyperacute stroke services at Scunthorpe General Hospital, discontinuing these services at Diana Princess of Wales Hospital in Grimsby. These proposals were supported by the Health Scrutiny Committee for Lincolnshire at that time, on the basis that this approach had been recommended in the 2013 Keogh Review of Urgent and Emergency Care, which highlighted a reduction in London from 32 to eight stroke units and improved patient outcomes as a result.

In 2021, there was a consultation to consolidate acute stroke services at Lincoln County Hospital, in effect reducing these services at Pilgrim Hospital Boston. This was not supported by the Health Scrutiny Committee for Lincolnshire, but was approved by the former NHS Lincolnshire Clinical Commissioning Group in May 2022; and as of December 2023, the decision continues to be implemented.

The effect of these two separate consultations is a movement of services away from the east coast to hospitals in the west of the county: in Lincoln and Scunthorpe. This remains a concern for the Committee. Although stroke services do not form part of this consultation, the Committee would like to record its view that the decisions on the proposals should take account the wider impacts on the NHS, across NHS regional boundaries, as well seeking workable solutions, not just fit for purpose for the next five to ten years, but for the next thirty to fifty years.

Again, although not the subject of this consultation, the Committee would also like to cite the use of the accident and emergency department at Diana Princess of Wales Hospital in Grimsby by residents in Lincolnshire, particularly on the east coast, including as far south as Skegness. This is another example of how changes to NHS services impact over NHS regional boundaries.

Question 6

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 negative impacts reduced?

Use of Virtual Wards and Virtual Appointments

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, patients would continue to be seen in person.

The Committee would like to refer to initiatives such as virtual wards and virtual appointments, which are much wider than this consultation and form part of national policies for the NHS. The Committee would like to put on record its support for each patient to be treated in an appropriate way, including recognition that virtual appointments in several circumstances would not be appropriate. Furthermore, virtual treatments rely on patients having both accessible IT equipment and adequate broadband coverage in their areas, as well as the means to subscribe to a household broadband provider. Where patients are affected by the proposals, there is the potential for a negative impact on deprived communities.

Transport

The Committee recognises that the proposals relate to trauma, emergency admissions overnight or for longer than three days, and patients would often be transported to hospital by ambulance, rather than using personal or public transport. However, when patients are discharged, they will need transport. Thus, the Committee is concerned that many people in Gainsborough and the surrounding area, who currently use Scunthorpe General Hospital, do not have access to private transport, and rely on public transport will be adversely affected. This makes journeys from Diana Princess of Wales Hospital in Grimsby to Gainsborough area, both for patients and their friends and families, more difficult and expensive than existing journeys from Scunthorpe. This will have a negative impact on deprived communities.

The Committee understands that the high level transport action plan, which was included in the Pre-Consultation Business Case, would be developed into a series of actions for discussion with partners. The Committee looks forward to these actions forming part of a more detailed action plan in response to the transport issues. The Committee would like to be advised of progress with the detailed action plan for transport, and subsequently its implementation.

B. Other Comments from the Committee

Consultation Arrangements

The Committee would like to record its disappointment and concerns over the arrangements for the consultation events, and the extent to which these were adequate, as no event was initially planned in the administrative county of Lincolnshire. The Committee acknowledges that two events were subsequently arranged and took place in Lincolnshire: a community roadshow at Louth Library; and an exhibition event at Morton Village Hall, Morton. 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, as individuals may have had questions, which might not have been answered in the consultation period. Furthermore, the Committee 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. This was the approach taken by the former NHS Lincolnshire Clinical Commissioning Group on its Lincolnshire Acute Services Review proposals in 2021. As above, the absence of a leaflet delivered to each household raises a question over the adequacy of the consultation.

The Committee is mindful of the specific health needs of armed forces veterans, and the duties, which are placed on commissioners and providers of NHS services. Further to the above, a leaflet delivered to each household in the affected area would include these groups.

C. Summary and Conclusion

The Committee acknowledges the case for change, but is not convinced by the rationale put forward in the consultation document and the Pre-Consultation Business Case for the proposed changes to hospital services at Scunthorpe General Hospital and Diana Princess of Wales Hospital in Grimsby. The Committee's concerns regarding transport and travel, and the likely impact on patients using neighbouring hospital trusts, as stated above, are key considerations in reaching this conclusion.

In the event of the proposals being implemented, the Committee would like to consider the details of the transport plan, and intends to review the impact of the changes on patients using the hospitals of neighbouring trusts, as well as those Lincolnshire patients treated at Scunthorpe General Hospital, and at Diana Princess of Wales Hospital in Grimsby.

North Lincolnshire Health and Wellbeing Board

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NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD

FORMAL RESPONSE TO THE 'HUMBER ACUTE SERVICES PROGRAMME' CONSULTATION BY HUMBER AND NORTH YORKSHIRE INTEGATED CARE BOARD.

1. Introduction

1.1 North Lincolnshire Health and Wellbeing Board is the key strategic, multi-agency body at the 'Place' level, which works to promote integration, improve the health and wellbeing of the local population, and reduce health inequalities.

1.2 Given the potential implications of the ICB's proposals on each of those priorities, the Board has taken a keen interest and has reviewed all supporting documentation.

1.3 The Board would like to place on record its sincere thanks to NHS partners and representatives, who have acted in a responsive, open and productive manner throughout.

1.4 This response will take the form of a general overview (2), short responses to the consultation questions (3), followed by a wider discussion of our views with a particular focus on the impact of health inequalities (4) and (5).

1.5 This response is designed to align with, and endorse, the formal responses from the Joint Health Overview and Scrutiny Committee (JHOSC) for Humber and Lincolnshire, from North Lincolnshire Council's Cabinet, and from relevant Directors.

2. General overview

2.1 The Board understands in part the rationale for the proposals, both in terms of the challenges that the health system faces, and the desire to provide the best possible services for the residents of the Humber and Lincolnshire. These have been articulated eloquently by the ICB, and reviewed by external specialists, and

we are confident that the ICB are striving to ensure safe and quality care.

2.2 However, we do have a significant number of concerns about the implications of the proposals, some of which are acknowledged by the ICB, or have been identified as areas for further work. These are discussed in section four (The Board's Views) and summarised in section five.

3. Response to Consultation Questions

The Board would like to place on record that we do have some concerns about the methodological validity of some of the following questions. In particular, we believe that question 2 is designed to lead the respondent to a certain outcome, which may be indicative of a flawed consultation process. We believe that, in future, consultation questions should be posed in a neutral manner, in line with best practice.

Question 1

To what extent do you agree or disagree that NHS Humber and North Yorkshire Integrated Care Board needs to make changes to respond to the challenges?

> The Board accepts that services develop over time, and will need to change depending on circumstances, finances and demographics. However, the Board does have concerns that the challenges outlined by the ICB in the consultation document were not tackled at an earlier stage, which may have largely avoided the need to alter services at this point. The Board would like further opportunity to discuss alternative options which exist to tackle these challenges.

Question 2

To what extent do you agree or disagree with the proposal to keep most urgent and emergency care services for the majority of

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patients, at both Scunthorpe and Diana Princess of Wales Hospital in Grimsby?

The Board wishes to see the majority of residents receive the most urgent and emergency care services locally.

Question 3

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 at one hospital?

The Board does not fully accept the rationale for the proposed changes. We believe that, if centralisation was clinically appropriate, then this should have been delivered more equitably, with some services centralised in Scunthorpe. We are concerned that the proposals may impact negatively on the longer term sustainability of acute care in North Lincolnshire. We also have concerns around capacity and resource issues at Diana, Princess of Wales Hospital for these specialties if centralisation goes ahead.

Question 4

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

See answer to question 3. 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.

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Question 5

Please explain the reasons for your answers and tell us if you have particular concerns about:

- keeping most urgent and emergency care services on both hospitals;
- bringing the four specific services together at one hospital, including if you have specific concerns or comments about any particular service;
- the hospital site, where the four specific services are proposed to be brought together.

> See answer to questions 3 and 4, and also the next section of this response. Whilst we would always support ensuring services are effective, we are concerned that these proposals are not equitable or deliver this aim.

Question 6

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 negative impacts reduced?

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The Integrated Impact Assessment which accompanies the proposals is clear that this will have a detrimental impact on thousands of North Lincolnshire residents every year. This will be particularly so for those residents who are most vulnerable, deprived or are without a car.

We believe that this will exacerbate health inequalities in North Lincolnshire, and could adversely affect health outcomes for many residents.

The ICB has suggested 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. Deprivation and inequalities impact residents in North and North East Lincolnshire and therefore the Board would support a more equitable configuration of services.

4. The Board's Views

4.1 Travel Implications and Health Inequalities

The ICB has adopted four values to govern its activity. One of these is to 'tackle inequalities in outcomes, experience and access'. This is aligned to the requirements of the Health and Care Act (2022) which states "Each integrated care board must, in the exercise of its functions, have regard to the need to —

(a) reduce inequalities between persons with respect to their ability to access health services, and

(b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

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As part of the documentation supporting the consultation, the ICB published an Integrated Impact Assessment. This identifies "Potential increased stress and anxiety for both patients and family members from North Lincolnshire" if services were transferred to the Diana, Princess of Wales (DPoW) site in Grimsby. The Assessment states that "modelling indicates this will impact approx. 5,059 people per year (including paediatric patients)"

The Assessment also reports a "potential negative impact on families/carers living in North Lincs [...] in being able to visit, as DPoW is further away" The ICB's modelling "indicates that 3,714 patients per year would have more than 30mins additional travel".

This has been raised with the ICB by the Board, as well as the Joint Health Overview Scrutiny Committee, as part of their work. During the discussions, the ICB acknowledge that the proposals represent a 'least worst' model. The ICB highlight that the alternate model of centralising some services at Scunthorpe General Hospital (SGH) rather than DPoW would result in higher number of people travelling (and presumably increased stress and anxiety). Whilst this is supported by the modelling figures within the Assessment, the Board could never support proposals which increase health inequalities around accessibility for North Lincolnshire residents.

The Integrated Impact Assessment which supports this consultation is incomplete. Whole sections including 'how will these impacts be monitored', 'how often will actions be monitored' and the identification of leads for each action/risk are blank. See examples in Appendix 1.

The Board notes the creation of a 'multi-agency transport working group' to address the issues that the proposals inevitably create. However, our view is that this work should have been developed prior to consultation, so solutions were clear to all. The Board is also concerned that travel data requested by Healthwatch was not supplied.

4.2 Long Term Sustainability of Services

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The Board and is concerned that the proposals will impact on the long-term sustainability of both Scunthorpe General Hospital and local acute care generally. The future model of care for residents is largely unclear.

In addition, we note that the ICB are clear that these proposals will not resolve the financial or infrastructure issues that we face locally.

4.3 Consultation Process

The Board is concerned that the consultation process was launched prior to a range of critical issues being resolved. Whilst we acknowledge that the relatively lengthy implementation period may allow for this work to be completed, it would have been better, in our view, to complete this work and allow for a fully informed consultation, where the implications are clearer.

During the discussions, both in formal and informal meetings, we note that the following issues were highlighted as either 'work in progress' or 'future work'. Some of this included working with other partners, including local authorities. However, we are unclear if this work has commenced and an update is required.

- 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 or patient transport provision, given the long-standing and apparent pressures to the service, and the suggestion that this be funded by efficiencies,
- The need for a long term, funded plan for the capital estate, including the prioritisation of funds specifically towards Scunthorpe General Hospital in order to match the respective levels of risk in infrastructure.
- The outlined steps to move some acute services into the community, including a sustainable clinical model for some outpatient care and diagnostics, with associated funding.

- The long-term implications of the above funding shift on the capital sites at SGH, DPoW and other acute sites.
- A joint, integrated workforce and development plan, at place level.
- The safeguarding implications of centralisation of services,
- As above, the required steps to reduce and ameliorate the detrimental impact on health inequalities for North Lincolnshire residents.

We are concerned that the consultation is premature and could result in implications which have not been made clear to residents and stakeholders.

The consultation documents appear to suggest that no viable alternative exists. The Board would like the opportunity to discuss this further.

Residents have not been asked if they want local services to move outside North Lincolnshire, and the Board feels the consultation document is written in a manner which minimises the potential of impact.

5. Conclusions

5.1 The Board acknowledges the rationale for the proposals submitted by the ICB. The Board generally welcomes proposals that improve services to the residents of North Lincolnshire, and can certainly see the merit in some aspects. For example, moving to a genuine 24/7 model for emergency surgery and some inpatient clinical specialisms is very welcome.

5.2 Despite this, the Board strongly believes that, as outlined above, these proposals are unequal and will inevitably increase health inequalities for North Lincolnshire residents.

5.3 The Board does not agree with the ICB's position that the many other unresolved issues described at paragraph 4.3 are matters for future discussion. Many of these will require a fundamental shift of resources, primarily from acute to community settings.

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5.4 In summary, we believe the proposals to be premature. The changes will increase health inequalities and reduce choice and accessibility for patients, including families with sick children.

2.1 North Lincolnshire Health and Wellbeing Board also attached "Appendix 1: Extract from the Integrated Impact Assessment" to their response. This extract is already included above within the response from the Humber and Lincolnshire JSOC, and so is not repeated again here.

Overview and Scrutiny Committee for Doncaster City Council

Subject line: FINAL CALL for responses - formal consultation

Dear Colleague,

Please note there are no comments from the Overview and Scrutiny Committee at Doncaster City Council

Kind regards

3. Local Councils and Elected Representatives

Barton Upon Humber Town Council

Barton Upon Humber Town Council with to support the objections raised by North Lincolnshire Council below.

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.

North Lincolnshire Council (Ashby Lakeside Ward)

Contact: Labour Group Office
Direct Dial: 01724 297391
E-mail: labourgroupoffice@northlincs.gov.uk
Web address: www.northlincs.gov.uk
Your Ref:
Our Ref: MBJM/NHS
Date: 5th January 2024

North Lincolnshire Council

Church Square House
30-40 High Street
Scunthorpe
North Lincolnshire
DN15 6NL

Humber and North Yorkshire Integrated Care Board
FREEPOST SS1018
PO Box 530
Swansea
SA1 1ZL

Dear all whom it may concern,

As district councillors elected to represent Ashby Lakeside ward on North Lincolnshire Council, we regularly receive correspondence and feedback from local residents who are concerned about the threat currently faced to the provision of high-quality, locally-accessible health services.

To advocate for residents and our community, we have thus been moved to formally **respond to the ongoing consultation regarding the proposed moving of vital NHS services from Scunthorpe General Hospital** to Diana, Princess of Wales Hospital in Grimsby. Namely - the complete removal of the Trauma Unit; Emergency surgery (overnight); Heart, Lung and Stomach inpatients (over three days); and overnight children / young people inpatient care (paediatrics) from North Lincolnshire.

Our strong opposition to this de-facto downgrade of Scunthorpe General Hospital boils down to three over-arching concerns, which we have consistently raised with the senior Integrated Care Board (ICB) staff pushing for these cuts.

Firstly, the flawed decision-making process which has led to this proposal being consulted on. Secondly, the failures in how this consultation has been undertaken. And finally, the wide-ranging negative impacts that this proposal (if moved forward) would have on local residents' care and their ability to safely and effectively access it.

THE PRE-CONSULTATION DECISION-MAKING PROCESS

Throughout the consultation, the ICB have claimed that 120 options were considered for the future of local NHS service delivery. Furthermore, Page 4 of the public consultation document openly states that the current proposal "is the only option that is affordable."

If the latter claim is true – then this consultation exercise is a sham. You cannot possibly edit or withdraw any proposal, if "it is the only option that is affordable" and thus - everything except what you are proposing cannot be paid for. However, it is our view that both of these claims are at best extremely misleading, and at worst a deliberate attempt to have consultation respondents believe something which is not true.

This is because only 4 of the potential 120 proposals, (and not the status quo), were taken to the most important assessment stage: financial viability assessment.

That the ICB only fully assessed; the proposal currently being consulted on, the reverse relocation of the aforementioned services from Grimsby to Scunthorpe, plus these two options alongside the removal of all maternity services from North Lincolnshire - is in our view a wholly unacceptable failure.

Indeed, we were particularly shocked by an admission from the ICB's Group Chief Strategy and Partnerships Officer at a recent meeting with North Lincolnshire Labour Councillors. Chiefly, that if the Care Quality Commission had not recently assessed maternity care at Hull Royal Infirmary as "chaotic, unsafe, and not fit for purpose", then they would be consulting on removing maternity services from all of North Lincolnshire.

We would therefore urge all stakeholders to pause the current proposal until a time that the status quo, and retention of all respective single, double, and triple combinations of the Trauma Unit; Emergency surgery (overnight); Heart, Lung and Stomach inpatients; and overnight children inpatient care have all been assessed for their financial viability.

If these vital reviews are not done, then this deliberate inaction would only add strength to the case for a Judicial Review of any decision to force the current proposal through.

THE CONSULTATION

In addition to the above, we furthermore have significant doubts relating to the integrity and effectiveness of the consultation itself.

Within the consultation document, it is acknowledged that patients, families and carers would be negatively impacted owing to increased travel to Grimsby from Scunthorpe and further away, for basic but vital hospital services. It is a significant failure to have not had concrete transport solutions identified prior to consultation on a singular proposal.

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. How often has this group met? What is its budget? Who sits on it? Who chairs it? Is there independent oversight? Is there input from disabled people?

One does not need to be overly cynical, to note how promises of future mitigations are very often not met by large organisations making significant cuts to services. The Humber and North Yorkshire Integrated Care Board has done nothing throughout this consultation to show that it is any different.

We would therefore urge all stakeholders to pause this proposal, until a detailed, fully-funded transport mitigation plan has been co-produced with all relevant expert stakeholders, successfully consulted on, and is ready for immediate implementation. Otherwise, residents and NHS management cannot meet the legal tests required by consultations - in being able to fully judge the aggregate harm caused by this proposal.

The formal questions asked throughout the online consultation response form fail to provide any meaningful opportunity for these structural issues to be raised. The questions are both leading and extremely limited – leading us to the conclusion that they have been designed to facilitate easier 'coding' by the third-party contractor, rather than giving patients and their families the opportunity to raise potentially life-saving concerns.

We must also further re-emphasise the point that if, as the official consultation document claims, no other "option" is "affordable", then this consultation is purely performative. When residents tell us that the decision to move these vital hospital services "has already been made", it has been extremely difficult for us, as elected representatives, to find concrete evidence to refute their claims.

No guarantees have been given, either, that any weight of feeling adequately expressed throughout the consultation, will be accurately reflected in any post-consultation decision(s). What is the threshold for the percentage of negative responses within Scunthorpe and / or North Lincolnshire, for a change to the decision? To remove vital

NHS services from an entire local authority in the face of such an overwhelming lack of public consent would place the local NHS in an untenable position and potentially irrevocably damage its reputation across the whole county and its communities.

We are also pleased to note the significant cross-party opposition to this proposal. This includes every single district Councillor across all of North Lincolnshire publicly opposing the proposal, Labour's Prospective Parliamentary Candidate for Scunthorpe Sir Nic Dakin running a successful petition on the issue, and the Conservative Party MPs for the Scunthorpe and Don Valley constituencies coming out against the proposed removal of services from Scunthorpe General Hospital.

Given all of the above, we further hope that the Conservative-controlled North Lincolnshire Council will stay true to its recent unanimously-passed motion; proposing a Judicial Review should the ICB attempt to push these cuts through in despite of the fatal flaws with the pre-consultation process, the consultation, and the proposal itself.

HARM TO PATIENTS, CARERS, FAMILIES, AND THEIR DEPENDENTS

We are extremely pleased to see that barely a week ago, Scunthorpe General Hospital earned a Gold Award from the National Joint Registry Quality Data Providers, for high-quality care, patient safety, and overall value in replacement hip, knee, ankle, elbow and shoulder surgery. Meanwhile, Diana, Princess of Wales Hospital in Grimsby only received a lower silver-level classification.

This is yet another nail in the coffin of the proposal's central conceit that superior care can only be achieved by removing healthcare services from Scunthorpe General Hospital.

Zero concrete evidence has been presented to prove that the complete removal of the Trauma Unit; Emergency surgery (overnight); three-day Heart, Lung and Stomach inpatients; and overnight children inpatient care from North Lincolnshire will secure such an improved service that cannot either be secured within the status quo's framework, or that would outweigh the significant harm directly caused by the proposal.

The long-standing maintenance backlog at our local hospitals and underfunding of the Northern Lincolnshire and Goole NHS Trust, is not going to go away with these cuts. 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 – meaning future generations will be robbed of the chance of their children being born in Scunthorpe ever again. This is in addition to the significant negative economic impact that moving major numbers of secure, well-respected NHS jobs out of Scunthorpe will have on our community.

The COVID-19 pandemic and associated lockdowns proved that if you place barriers between people and their care, then they will not access it. Key areas of the ward we represent and across 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. This possesses a significant risk to public and private health, and of NHS funds being wasted.

During this consultation period, we have experienced significant road closures of both the M180 and the A180 – which are the main roads to get from the Isle of Axholme and Scunthorpe to Grimsby. The patient transport eligibility criteria is already extremely limited and does not apply to visitors. Public transport access to Diana, Princess of Wales Hospital is poor (a 35-minute walk to the nearest railway station), between Scunthorpe

and Grimsby holistically it is patchy at best (with a two-hour wait between trains not uncommon), and for rural communities it is practically non-existent.

ICB senior management likes to boast positive public values, but forcing significant extra costs on to patients, families and carers (in a cost-of-living crisis!) is completely alien to those claims. The public health benefits of patients receiving regular visits is well-documented, but the forced increase of time missed from employment and family commitments will inevitably reduce visits, increase the costs faced by the public, and hit vulnerable patients the hardest – especially the sick children this proposal wants to move.

Should there be a major incident at either Scunthorpe Steelworks or any nearby industrial site, which is far from historically unprecedented, there is ample evidence available that neither the local transport network nor the infrastructure around Grimsby's Diana, Princess of Wales Hospital would be able to cope. To force through such an unpopular move under this context possesses a significant risk to public and private health.

Labour Councillor for Ashby Lakeside ward Max Bell says:

"Only four days after the consultation response deadline, I am escorting my Mother (for whom I care full time) to Grimsby hospital via patient transport. Because of the system's well-documented failures, including the lack of ambulances and mandatory two-hour pre- and post-appointment windows, we are looking at an additional four hours to an already hugely stressful and difficult patient experience. If this proposal is forced through, using the consultation's own numbers – every patient having just one carer, escort or visitor will mean that over 10,000 North Lincolnshire residents will suffer similar torture every year."

Labour Councillor for Ashby Lakeside ward Judith Matthews adds:

"Having previously suffered a heart attack, had they been required to transport me to Grimsby – I would likely have not survived. Think of how much money could have been spent on local services instead of this consultation. Moth-balling large swathes of Scunthorpe General Hospital will be a lengthy and expensive process: I would much rather that the NHS is allowed to hire more nurses, doctors, and cleaners; increase bed numbers; and secure new equipment. Especially with a General Election on the horizon, and an incoming Labour government committed to improving NHS practices and funding."

CONCLUSION

Thank you for taking the time to read our formal consultation response. We sincerely hope that you will take our well-evidenced concerns into account, alongside the overwhelming response from North Lincolnshire residents and patients against the currently proposed removal of numerous vital services from Scunthorpe General Hospital.

Pausing this process so that you can produce more detailed financial assessments and a fully-funded transport mitigation plan, is absolutely vital.

We look forward to working with you to help secure a sustainable, locally-focused, well-funded and world-class National Health Service for all of Scunthorpe and North Lincolnshire - for generations to come.

Yours Sincerely,

CLLR MAX BELL **CLLR JUDITH MATTHEWS**

ASHBY LAKESIDE WARD

SAFE | WELL | PROSPEROUS | CONNECTED

4. Patient Participation Groups

Killingholme Surgery Patient Participant Group

Patient Participation Group.
Killingholme Surgery
Town St.
Sth Killingholme
DN40 3EL.

To whom it may concern,

Following an Extraordinary Meeting of the P.P.G. Killingholme Surgery on 20th November 2023, to discuss the proposed changes to some of your services, as laid out in your consultation summary document, The P.P.G unanimously opposed the proposed changes for the following reasons:

1) All four disciplines would require specialist beds, a trauma unit, emergency surgery overnight, medical specialities and paediatric overnight in patient care. As it stands at the moment, before any of the changes, there is and has been a shortage of beds. As a consequence some patients are having to spend more than 24 hours in the new A.&E. department taking up valuable bed space and staff to look after them until a bed can be found. This is not acceptable. It creates a stressful environment for both staff and patients. It prevents other patients from being treated. This causes a delay and anxiety to patients waiting to enter A.&E, all because the cubicle cannot be vacated.

2) Ambulances.
Your proposal to transfer patients from Scunthorpe to Grimsby, will put even greater pressure on the ambulance service. Ambulances are still queueing outside A&E Departments with patients on board waiting to enter A&E, which will reduce even further the publics access to ambulance services.

3) Increase in clinical appointments.

There will be a knock on effect in follow-up clinic appointments at Grimsby, as the Specialists will be based there. There will only be a certain number of clinic appointments available, reducing the number to the local population.

4) Travel

It will be extremely difficult for families, carers and visitors to travel from Scunthorpe to Grimsby to be with their families at what will be a very difficult time, if they do not have their own transport. Visits from family aids the recovery process.

5) Parking

Since changes have been made to the parking facilities at Grimsby, it has become extremely difficult, if not impossible to park on-site, whether for appointments or visiting, which makes it extremely difficult for members of the public bringing elderly and sick patients to the hospital.

6) Staffing

The big issue driving the proposed changes is recruitment and retention of staff. This is not a new problem for the Hospital Trust. It has been on-going for decades.

Surely N.H.S. England, the Government and the Trust, should be able to put their heads together and resolve the problem. With adequate staffing on both Scunthorpe and Grimsby sites, it would not be necessary to make the proposed changes as stated in your documents.

The Killingholme Patient Participation Group unanimously object to the proposals for the reasons stated above. Implementing the said proposals would not serve the communities of Grimsby and Scunthorpe area.

For and on behalf of
Killingholme Surgery P.P.G.
JOHN BERRY
CHAIRMAN.

Oswald Road Medical Centre Patient Participant Group

Dear

I am writing as the Chairman of the Patient Participation Group for the Oswald Road Medical Centre. As you will be aware, the PPGs represent, and are a voice for, the patients of this practice. At our recent PPG meeting we discussed the proposals to move some of the services from Scunthorpe General Hospital to Diana, Princess of Wales Hospital in Grimsby. Very little information regarding this appears to have been made available to the general public and in particular to those groups that represent patients and their practices.

It would be more understandable if the project was to split the services equally between the two sites, but 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 is also clear that if this plan is followed there will be a degradation and reduction, in the quality of the services currently available which will seriously impact the residents of Scunthorpe and its environs. It will also affect the recruitment and retention of specialists/doctors/staff who will understandably want to work at a bigger site with more facilities. **How do you propose to prevent this happening?**

For those patients with their own transport and the ability to use it, this will mean a round trip of 96km – even further for those who live in the surrounding rural areas. **What consideration has been given to this, and the already insufficient parking facilities at Diana, Princess of Wales Hospital?**

Those patients without cars may have to rely on the limited public transport or indeed hospital transport, which is already under strain and inadequate for the area. In both cases this will add to the stress and trauma being experienced by people who are already unwell and in a vulnerable state. Similar problems will also be experienced by those having to travel to visit their loved ones. **What support will be put in place to assist these patients and their families?**

Disquieting rumours are now circulating about the possible closure of Scunthorpe General Hospital's new Accident and Emergency Department after 9pm at night. In the well -known words of John McEnroe 'You cannot be serious!' North Lincolnshire is an area with a population of 164,000 plus (greater in fact than that of North East Lincolnshire) with a major industry operational 24 hours a day. Given the parlous state of the Ambulance Service which, one assumes, would be required to bear the brunt of getting patients to a hospital out of our area this would surely be an appalling admission of failure. **Are you able to offer our residents any re-assurance that this information is incorrect?**

I look forward to hearing from you.

5. Locally Organised Questionnaire

Holly Mumby-Croft MP

HOLLY MUMBY-CROFT MP

HOUSE OF COMMONS
LONDON SW1A 0AA

CONSULTATION ON CHANGES TO SOME SERVICES PROVIDED AT SCUNTHORPE AND GRIMSBY HOSPITALS – SCUNTHORPE RESIDENTS RESPONSE

Dear Sir/Madam,

I hope this finds you well.

You may be aware that following the announcement from yourselves that you were consulting on a number of services provided between Scunthorpe General and Diana, Princess of Wales Hospital and the transfer of some services to Grimsby, I set up a survey for residents to complete to ensure their voice was heard.

Within this survey, I asked my residents four key questions. Those were:

1. Are you satisfied with the level of care you currently receive at Scunthorpe General Hospital?
2. What services are most important to you at Scunthorpe General Hospital?
3. What kind of impact will the changing of Scunthorpe General Hospital's service have on you and your family?
4. Do you support the proposed changing of services provided at Scunthorpe General Hospital?

I have received an overwhelming response to this survey, as many residents voiced their opinions on what they believe to be in the best interest for our area. I have, of course, encouraged my constituents to submit their opinions directly to your own consultation in addition to this.

I strongly believe that when consulting on the proposed changes to our local services, it is highly important to consider the human element. While I recognise that combining services and workforces may allow you to provide improved care, this only positively impacts a small area that encompasses the Integrated Care Board, and will negatively affect the wider North Lincolnshire area for residents.

For your convenience, I have collated the responses below anonymously, with a series of arguments and data points that will be of interest to you as you consider the results of this consultation. It is my sincere hope that the below responses from my constituents and residents of the Greater Lincolnshire will highlight to you the importance of our local services here at Scunthorpe General Hospital, and encourage you to reconsider these proposals.

Throughout the process I have emphasised that I will only back changes that are supported by my constituents. The results I have received show that the changes do not have the backing of my constituents for the reasons set out below. Therefore, I similarly do not support the proposed changes.

Please accept this document as my stakeholder submission.

Yours sincerely,

Holly Mumby-Croft.

Holly Mumby-Croft
Member of Parliament for Scunthorpe

holly.mumbycroft.mp@parliament.uk | www.hollymumbycroft.org.uk | facebook.com/VoteHolly | 01724 276 644
Ground Floor Office, 45 Oswald Road, Scunthorpe, DN15 7PN

RESIDENT UPTAKE OF SURVEY

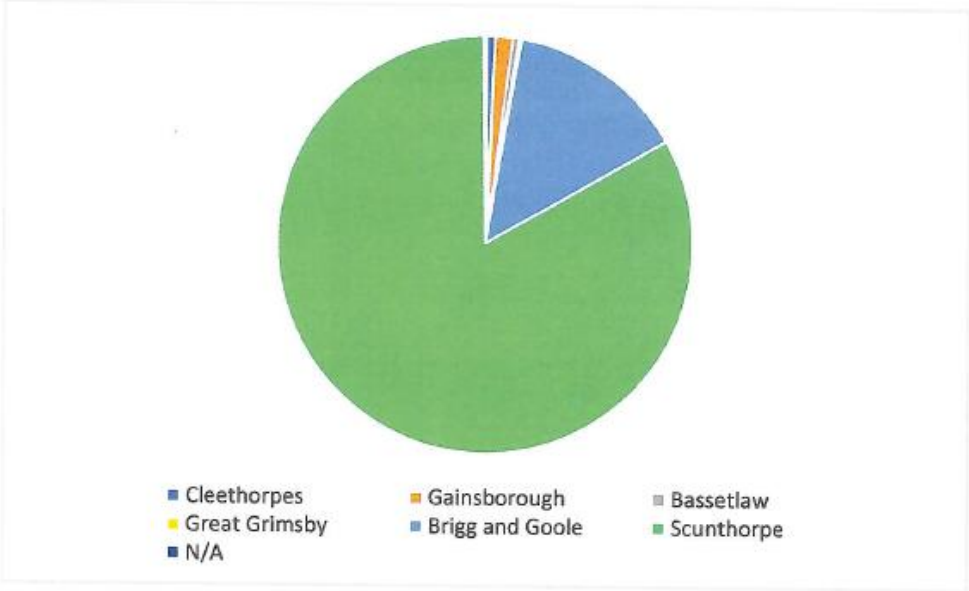
Total Number of Responses Received: 436

Constituencies Included: 6

My survey collected not only the voices of my constituents, but the residents of **five other constituencies** within the Greater Lincolnshire area. Constituencies that had residents complete my survey are as follows:

- Scunthorpe
- Brigg and Goole
- Cleethorpes
- Gainsborough
- Bassetlaw
- Great Grimsby

The below chart highlights the proportion of constituent submissions from each constituency.



1: A chart to show the number of submissions received per parliamentary constituency.

The above chart represents **363** Scunthorpe constituents, **63** Brigg and Goole constituents, **16** Gainsborough constituents, **3** Cleethorpes constituents, **2** Bassetlaw constituents, **1** Great Grimsby constituent and **1** who chose not to submit their constituency.

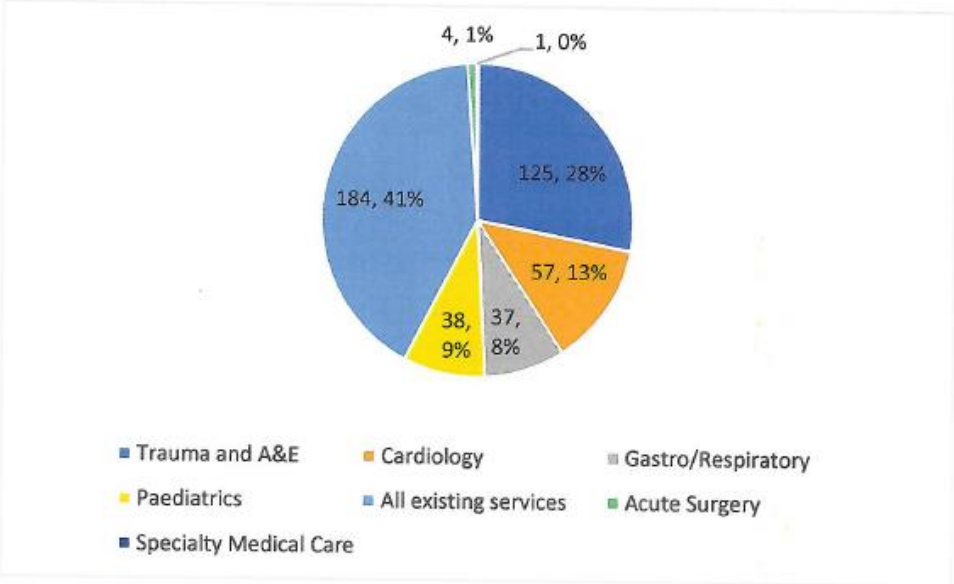
As expected, Scunthorpe constituents represent a large proportion of the data, the widespread uptake of this survey across Greater Lincolnshire highlights the impact that the changing of services has not only on Scunthorpe, but on residents across our Integrated Care Board area and others. This is not necessarily a local issue, but one that has wider and more significant effects than may be currently considered.

That being said, the strong response I have received from Scunthorpe residents both in numbers and reasonings showcases the real impact that such changes will have on a more local scale. It is vital that both an acute and wider perspective be acknowledged when understanding the impact that these changes will have.

WHAT SERVICES ARE MOST IMPORTANT TO YOU AT SCUNTHORPE GENERAL HOSPITAL?

Within survey, I gave residents the chance to share what services provided by Scunthorpe General Hospital are most important to them. This submission allowed for residents to submit multiple answers, and were not restricted to the services in question.

The data below highlights the number of constituents that mentioned the services in question, and highlights that with free choice, a large number of residents find that the proposed changes will impact upon them and the services that they require.



2: A chart to show the services most important to residents at Scunthorpe General Hospital

As previously mentioned, the survey response option was not solely restricted to the services under consultation, and allowed residents to provide multiple answers. The above chart highlights the number of times each relevant service was mentioned, regardless of whether they had previously entered another response.

This data reads that 125 of 436, or 26.8% find Scunthorpe General's Trauma and A&E Services to be the most important service to them. A&E and Trauma answers have been combined due to the fact that many trauma patients may initially present to A&E to be treated, before being directed to trauma services as a part of their treatment pathway. As shown in the chart above, this is a significantly high proportion of individuals. This indicates that the removal of these services would have a profound impact on a large number of residents across Greater Lincolnshire area.

57 individuals, or 13% have determined that Cardiology is the most important service to them. While it is my understanding that cardiology would only see a real impact on specialty medical inpatients staying over 72 hours, it is important to understand the importance that cardiac care as a whole is for residents, and that any cardiac case can turn into an inpatient stay at a moment's notice. The same can be said for Gastro/Respiratory Care, of which 37 (8.4%) deemed their most important service. One individual shared that

"I have grandchildren with autism and heart conditions. If either of them needed to stay in longer than 24 hours and had to stay at Grimsby, their parents would not be able to stay or travel every day as dad works and mum cannot drive, fuel is expensive to travel there and back every day and both patient, parents and siblings would also suffer with more anxiety."

These personal stories highlight the true impact that such changes can have – not only on patients, but on their families.

As shown above, paediatrics represents the most important service for 38 individuals, or 8.7% of all submissions. Again, while the consultation exclusively specifies paediatric inpatient services are proposed to be relocated, any paediatric case can unexpectedly turn into an inpatient case. Within my constituency alone, there are 38 schools with young people that may need inpatient hospital care. With this in mind, the question arises as to how we can guarantee safety for young people in our area without the proper and locational services necessary to facilitate as much.

Additionally, many of the residents responding to my survey are parents or grandparents, and as a result have expressed concern that without adequate transport, they would be unable to visit due to transport issues, among many other factors. One parent even stated that;

"I oppose as our town needs local immediate medical care within minutes. One of the reasons I moved to Scunthorpe was to be nearer paediatric care as a parent.".

This reinforces the argument that, if these proposals were to go through, the wider community would be negatively impacted. Individuals impacted by the transfer of services to Diana, Princess of Wales Hospital in Grimsby may make the decision to relocate out of Scunthorpe. This would have a detrimental impact to the success of our local economy, impacting businesses in our High Street and beyond.

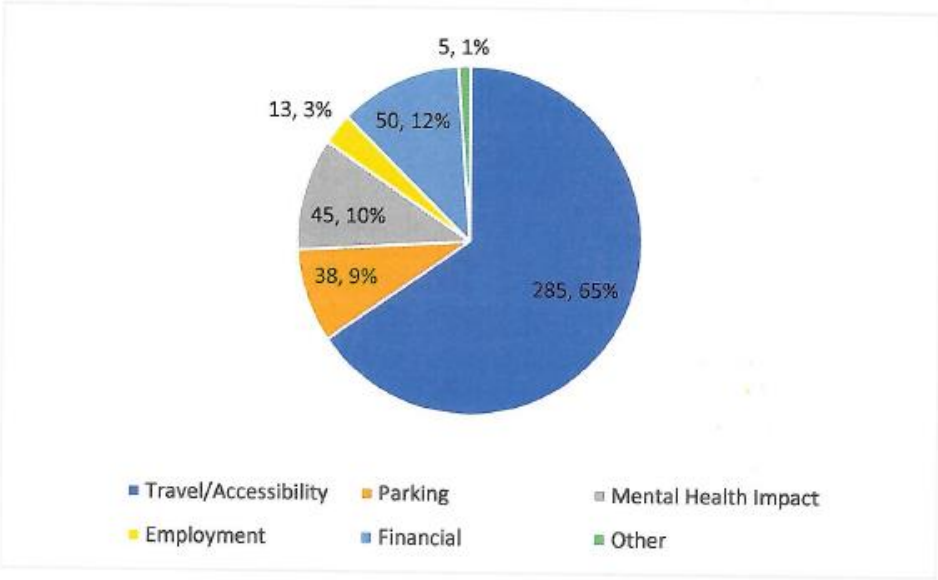
Acute Surgery and Speciality Medical Care were also named as the most important services for residents that completed my survey, with 4 and 1 mention respectively. While this is only a small proportion of the submissions I received, it is important to remember that this is only a small sample of the number of residents impacted by the changes, and that many others in our area will share a similar view. If the results of this survey were to be proportionately expanded to the electorate population in Scunthorpe (as of 2019), 138 would be impacted by the loss of specialty medical care services, and 552 by acute surgery. The same can be said for all other data included in this report.

Finally, the largest number of survey submissions stated that all currently existing services at Scunthorpe General Hospital are of equal importance to them. This equates to 184, or 42.2% of all submissions. While this may seem like a vague answer, residents supported this argument by making the valid point that you never know what services you may require at any given moment. People, of course, do not plan to have medical issues or emergencies, and having a comprehensive set of services allows for patients to get treated quickly and conveniently.

WHAT KIND OF IMPACT WILL THE CHANGING OF SCUNTHORPE GENERAL HOSPITAL'S SERVICES HAVE ON YOU AND YOUR FAMILY?

When considering the proposals that are currently under consultation, it can become easy to think of the benefits in terms of resolving staff shortages, meeting waiting time demands, and pooling financial resources. However, while these proposed changes may appear to offer a solution, the impact that such a change can have on residents that currently use Scunthorpe General Hospital has not been fully acknowledged.

It is for this reason that, within my survey, my primary focus was to determine what impact this would have for Scunthorpe General Hospital users. The below data represents what answers I received from residents, when asked what impact the proposed changes would have for them.



3: A chart to show the impact of the proposed changes to Scunthorpe General Hospital on residents

Within your own consultation document, you state that "Some of our communities have much poorer health and need hospital care more often or have issues accessing healthcare services". This is especially true for residents in our area, with 65% of all resident submissions stating that the largest impact these changes would have is the drastic change in travel to access healthcare services. Within this, residents submitted a variety of reasons as to why exactly this would pose a challenge for them. Reasons included:

- *Poor transport links:* For those that are unable to drive, their only option is to take public transport from the Scunthorpe area over to Diana, Princess of Wales Hospital in Grimsby. Using public transport, someone travelling can either travel over an hour by train and bus, or by taking 3 buses on a 2-and-a-half-hour journey. This is simply not reasonable or sustainable.
- *Traffic:* Using data provided by your consultation document, the average number of individuals using Scunthorpe General's A&E and emergency admissions, and paediatric assessments and admissions totals to 97,575, or 267 a day. If these numbers were to be taken as individual cases, this would mean over 100 extra cars on the route to Grimsby per day. This will undoubtedly cause extra traffic, causing additional delays in reaching Grimsby and affecting Grimsby's traffic flow more widely.

- *Financial Burden:* Using any means of transport to access healthcare services will incur costs – whether this is to Scunthorpe or Grimsby. However, costs will be severely inflated by having those local to Scunthorpe travelling across to Grimsby. Residents will be faced with inflated fuel costs, or having to pay for multiple taxi fares, bus or train tickets. Residents should not face financial burden or distress simply to obtain the necessary healthcare.
- *Travel Time:* As previously mentioned, travel time will be massively inflated by the movement of services to Grimsby. From the furthest point away in my constituency, Howsham, it takes a maximum of 30 minutes to reach Scunthorpe General by car. In comparison, from the furthest point away in my constituency, East Butterwick, it would take approximately an hour to reach Grimsby.

Parking is yet another issue raised by residents that they feel will cause a significant impact if these changes were to go through. 38 residents, or 9%, stated that parking was already an issue at Diana, Princess of Wales Hospital in Grimsby. With the combination of services, and subsequent influx of patients to the hospital, those that are able to drive will struggle to find a place to park their car. Diana, Princess of Wales car park has 316 spaces. With the previously mentioned influx of approximately 267 patients per day, the parking capacity at Grimsby becomes a clear and outstanding issue.

On top of the lack of infrastructure needed to facilitate this move, the impact that the transfer of services may have on individual's mental health is an incredibly important issue. Within 436 submissions to my survey, 45, or 10%, mentioned 'stress' or further mental health implications that these changes would cause. For many, this relates back to travel. Parents, grandparents and other family and friends that live in the Scunthorpe area may not have the facilities, whether that be financial or physical, to travel the extended distance to Grimsby. This can result in a decline in mental health for either the patient, with a lack of visitors, or for the family and friends concerned for the wellbeing of a loved one. This is particularly relevant in the case of children and pensioners. One resident shared that these long distances will leave patients *"Isolated, depressed and with longer recovery times."*.

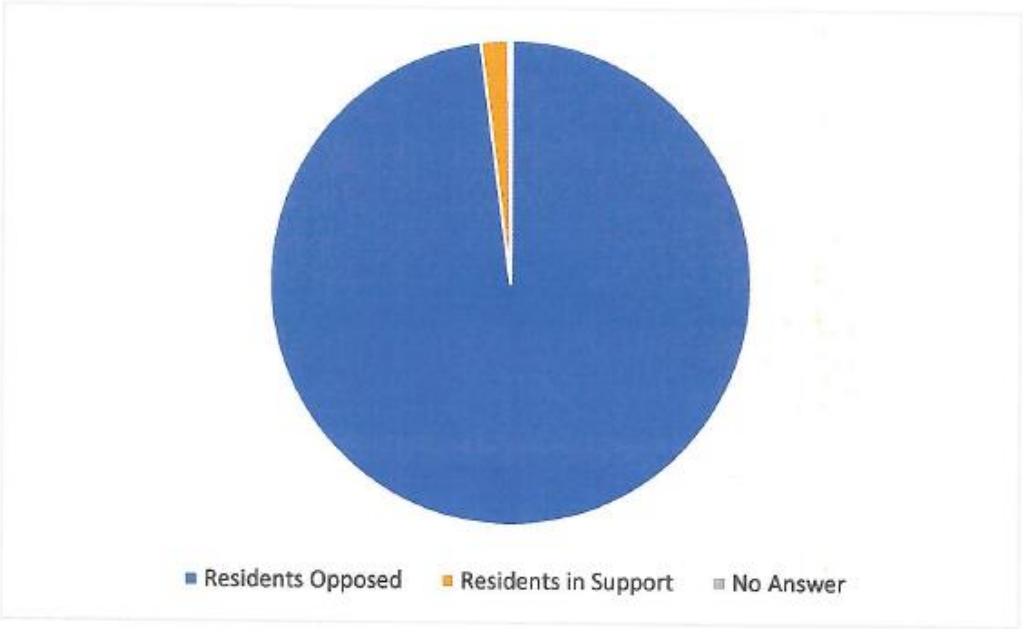
Employment is a further issue that was raised by 13 (3%) of residents. These residents voiced their concerns that they worried, either for their own job, the job of a loved one, or for staff more generally. While it may be argued that staff will be relocated to Grimsby, this is certainly not possible for every staff member affected, and holds the risk of causing serious distress to staff members who may need to uproot their lives solely to continue working. For working families this could mean moving schools for children, moving house, among many other factors outside of work.

Finally, 50 residents (12%) stated that the financial implications of such a move would have a significant impact on their ability to access healthcare in Grimsby. As previously mentioned, fuel costs, taxi fares and public transport costs are not sustainable nor reasonable to expect patients or their family members to pay, simply reach the care they require.

DO YOU SUPPORT THE PROPOSED CHANGING OF SERVICES PROVIDED AT SCUNTHORPE GENERAL HOSPITAL?

This final question is arguably the most important that must be asked of all affected by the proposed changes. The most important voice that must be heard is the voice of residents, as they will be left to face the consequences of this decision and is, of course, the ultimate purpose of your consultation.

It is for this reason that I asked residents the simple question of whether or not they supported the proposed changes, and received a strong answer in response, as shown below.



4: A chart to show the number of residents opposed versus in support of the proposed changes

To clarify, the data above shows that of 436 submissions, **426 residents (97.7%)** oppose the proposals. A further **2.3%** either supported the changes, or did not provide an answer. This clearly shows the resounding opposition that these proposals face in our local area, and is representative of the disagreement of Greater Lincolnshire residents with the assessment that this will benefit the wider community.

If nothing else, I hope that these statistics are a clear indicator of the feelings of the people of Scunthorpe and beyond, and that they categorically **do not** support these proposed changes.

Thank you for taking the time to read this report, and I strongly encourage you to take these submissions onboard when considering the final outcome of this consultation. I will continue to fight for the best interests of Scunthorpe, which includes continuing my campaign to upgrade Scunthorpe General Hospital.

DATA PROVIDED ABOVE

1: To show the number of submissions received per parliamentary constituency

Constituency	Number of Submissions
Cleethorpes	1
Gainsborough	16
Bassetlaw	2
Great Grimsby	1
Brigg and Goole	63
Scunthorpe	363
N/A	1

2: To show the services most important to residents at Scunthorpe General Hospital

Services	Number of Submissions
Trauma and A&E	125
Cardiology	57
Gastro/Respiratory	37
Paediatrics	38
All Existing Services	184
Acute Surgery	4
Specialty Medical Care	1

3: To show the impact of the proposed changes to Scunthorpe General Hospital on residents

Impact	Number of Submissions
Travel/Accessibility	285
Parking	38
Mental Health	45
Employment	13
Financial	50
Other	5

4: To show the number of residents opposed versus in support of the proposed changes

Resident Opinion	Number of Submissions
In Support	8
Opposed	426
N/A	2